The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own anecdotal experiences to the show in addition to discussing ongoing research in the field.

Show Description: Recent options for treating of mental and substance use disorders are a significant development in improving the state of behavioral health in the U.S. However, additional coverage does not guarantee access or that the services provided will be effective. Sustaining a qualified, fully functioning behavioral health treatment and recovery support workforce is part of that equation. 1 This show highlights strategies to address the current and future workforce needs in behavioral health. Panelists discuss topics such as certified peer support and coaching, the role of specialists, linguistic and cultural competency, and how to educate workforce leadership about integral partners in recovery. Also featured are strategic programs designed to meet the workforce challenges of the 21st century, 2 including building an understanding of recovery-oriented practices. Leading educators speak about training strategies to develop practitioners skilled in trauma and trauma-related work and how to educate the behavioral health field about successful interventions. Finally, panelists examine ways to improve workforce competency and staff retention: identify the importance of proper recruitment, training, retraining and cross training to support a motivated, competent workforce in an integrated system of care.

1 Substance Abuse and Mental Health Administration. Report to Congress on the Nation’s Substance Abuse and Mental Health Workforce Issues. (January 24, 2013). Recent increases in insurance coverage of treatment for mental and substance use disorders is a significant development in improving the state of behavioral health in the U.S. However, coverage does not guarantee access or that the services provided will be effective. Sustaining a qualified, fully functioning addiction and recovery workforce is part of that equation. From https://www.store.samhsa.gov/product/Report-to-Congress-on-the-Nation-s-Substance-Abuse-and-Mental-Health-Workforce-Issues/PEP13-RTC-BHWORK (accessed on September 16, 2017).

Segment 1: Defining the Workforce Challenges Today

Key Questions:

1. What exactly are we speaking of when we talk about workforce development? Why is this an important issue for the behavioral healthcare field?
2. Please describe the kinds of challenges that the behavioral healthcare field has been confronted with and why some segments of our BH workforce have been challenged harder than others?
3. What are the key factors that are contributing to our vulnerabilities in this area? What contributes to staff turnover and the high burnout rates?
4. Is there any relationship between enhancements made in insurance coverage for mental and substance use treatment and workforce shortages?
5. How has the integration of behavioral health and primary care changed workforce needs?

Relevant Research, Information, and Resources:

Behavioral Health Treatment and Recovery Support Workforce Challenges


- As a whole, the workforce is too few, aging into retirement, inadequately reimbursed; inadequately supported and trained, and facing significant changes affecting practice, credentialing, funding, and ability to keep up with changes in practice models driven by changing science, technologies and systems.
- Shortages of qualified workers, recruitment and retention of staff and an aging workforce have long been cited as problems.
- Lack of workers in rural/frontier areas and the need for a workforce more reflective of the racial and ethnic composition of the U.S. population create additional barriers to accessing care for many.
- Recruitment and retention efforts are hampered by inadequate compensation, which discourages many from entering or remaining in the field.
- The misperceptions and prejudice surrounding mental and substance use disorders and those who experience them are imputed to those who work in the field.
- Pre-service education and continuing education and training of the workforce have been found wanting, as evidenced by the long delays in adoption of evidence-based practices, underutilization of technology, and lack of skills in critical thinking. These education and training deficiencies are even more problematic with the increasing integration of primary care and mental or substance use disorder treatment, and the focus on improving quality of care and outcomes.
- Of additional concern … the current workforce is unprepared to meet the mental and substance use disorder treatment needs of the rapidly growing population of older adults.


- Several themes emerged as common factors that are influencing workforce trends across the country.
• **The Affordable Care Act and Medicaid expansion:** The Patient Protection and Affordable Care Act (ACA) and accompanying reforms expanded access to SUD treatment to millions of Americans. Treatment agencies need more staff to treat more clients. Many existing SUD staff need to complete additional coursework or pursue master's level degrees.

• **Clinical supervision:** In many states, clinical supervision is also required when implementing evidence-based practices. Organizations that invest in their staff by providing good clinical supervision may have greater success with workforce recruitment and retention.

• **Healthcare integration:** The movement to integrate mental health and SUD treatment with primary care has had an impact on the workforce. SUD professionals are under increasing pressure to acquire skills that allow them to work in integrated healthcare settings, and primary care physicians, nurses, and other medical professionals are beginning to play larger roles in SUD treatment and recovery services.

• **The opioid epidemic** No state in the country has been spared from the devastation of the opioid epidemic. Building the capacity of the SUD workforce to provide effective evidence-based treatment for opioid use disorders has been a top priority.

### The Impact of Insurance Coverage on the Behavioral Health Workforce


- The Affordable Care Act will increase the number of people who are eligible for health care coverage through Medicaid and Exchanges and includes parity for services within its covered services.
- This growth in the number of people who will be identified with a mental or substance use disorder requires an expanded workforce. However, the composition of the workforce will be reshaped by the Affordable Care Act with the move toward more integrated primary and behavioral health care.
- New integrated care structures such as accountable care organizations and health homes funded or promoted by the Affordable Care Act offer new opportunities for persons with behavioral health conditions and will necessitate additional training for primary care workers as well as new specialty practitioners as part of the multi-disciplinary teams.
- Implementation of the Affordable Care Act will require an expanded and appropriately trained workforce. Many of the authorized workforce activities were delegated to HRSA for implementation either through the expansion of existing programs or new authorizations. To better integrate the delivery of behavioral health and primary care in this new environment, SAMHSA and HRSA began a number of collaborative efforts to enhance the workforce.


- As healthcare reform changes the reimbursement structure for substance use treatment services, advocates for the field should consider mounting a concerted effort to ensure substance use treatment practitioners are reimbursed on an equal level with other healthcare professionals.
- It is expected other healthcare providers will begin offering substance use treatment services such as primary care and emergency room practitioners who will need to have the capacity to provide some types of substance use treatment.
- In addition, mental health professionals need to become more familiar with treating substance use disorders specifically and not solely in patients with co-occurring disorders. Despite these changes, there will remain a need for specialized substance use treatment providers.
How Integration of Behavioral Health and Primary Care Impacts the Workforce


- As integration of primary and behavioral health services becomes the standard, there will be a greater emphasis on evidence-based practices and outcomes.
- Brief interventions and brief treatment will likely be delivered by staff in primary care settings as screening for depression, alcohol and substance abuse becomes a standard part of care.
- Staff will include health educators, nurse practitioners, care managers, physicians as well as counselors, social workers, psychologists, and addiction specialists.
- People with more severe and persistent mental and substance use disorders will receive longer term and more intensive treatment, either within a primary care setting or specialty setting.
- The use of peers to promote long-term recovery is also expanding across the country. These peer specialists, who in some states are now being certified, play a key role in the recovery process serving as role models, navigators, recovery coaches, as well as providing hope, a critical part of the recovery process. These peer specialists are also an important addition to the workforce to help meet the need for services and supports that can be provided by trained persons who are certified but not licensed as traditional health or behavioral health care practitioners.
- Creative retooling and repurposing of the existing behavioral health workforce will be required to support integration, with some workers in significantly expanded and changed roles with broader competencies.
- Great strides will need to be made in the adoption of evidence-based practices, team work skills and collaboration. In primary care setting a team–based approach is used which requires more flexibility in scheduling.
- New or expanded roles and types of workers are also likely to be needed to facilitate integration, including health educators, behavioral health specialists, and care managers.


- Greater uniformity in credentials, licenses, and educational degrees is important for the field as it becomes more integrated and standardized policies are needed for the workforce to be recognized by new payers coming into the system such as Medicaid and private insurance.
Segment 2: Workforce Needs to Sustain Quality Behavioral Healthcare in an Ever-Changing Society

Key Questions:

1. What is cultural awareness training and why is it so important that our workforce be trained in it to deliver quality care to BH consumers? How are various staff roles and capacities evolving in the behavioral healthcare field?

2. How has the field evolved to treat the trauma so prevalent among consumers of BH services? What kind of training is available in trauma-specific or trauma-informed approaches and for whom?

3. Primary care physicians, naturally, play a critical role in recognizing and treating patients with mental and substance use disorders. What kind of training is needed to help primary care providers become more efficient in recognizing BH issues among their patients and making appropriate referrals, when appropriate?

4. What role can technology play as part of the solution in keeping the workforce aware of and trained in the latest advancements in the field?

Relevant Research, Information, and Resources

Importance of Cultural Awareness Training


- Being culturally competent and aware is to be respectful and inclusive of the health beliefs and attitudes, healing practices, and cultural and linguistic needs of different population groups. Behavioral health practitioners can bring about positive change by better understanding the differing cultural context among various communities and being willing and able to work within that context.


- To produce positive change, prevention practitioners and other members of the behavioral health workforce must understand the cultural context of their target community. They must also have the willingness and skills to work within this context. This means drawing on community-based values and customs and working with knowledgeable people from the community in all prevention efforts.

- Practicing cultural competence throughout the program planning process ensures that all members of a community are represented and included. It can also prevent wasteful spending on programs and services that a community can’t or won’t use. This is why understanding the needs, risk and protective factors, and potential obstacles of a community or specific population is crucial.


- Culturally competent care involves “the delivery of services that are responsive to the cultural concerns of racial and ethnic minority groups, including their language, histories, traditions, beliefs, and values” (President’s New Freedom Commission on Mental Health).
• In order to provide culturally and linguistically competent services, however, it is not enough to increase the number of individuals in the workforce who are representative of underserved groups. Definitive action must be taken to emphasize the cultural competence of the entire workforce.

**Aligning Primary Care and Behavioral Health**


• A number of strong arguments underpin the growing momentum to integrate substance use disorder services and mainstream health care. The main argument is that substance use disorders are medical conditions like any other.

• A number of other realities support the need for integration:
  
  o Substance use, mental disorders, and other general medical conditions are often interconnected;
  o Integration has the potential to reduce health disparities;
  o Delivering substance use disorder services in mainstream health care can be cost-effective and may reduce intake/treatment wait times at substance use disorder treatment facilities; and
  o Integration can lead to improved health outcomes through better care coordination.

• With limited resources for prevention and treatment, matching patients to the appropriate level of care, delivered by the appropriate level of provider, is crucial for extending those resources to reach the most patients possible.

• Just as a diversity of health care settings is needed to meet the needs of patients, a diversity of health care professionals is also critical. Health care services can be delivered by a wide-range of providers including doctors, nurses, nurse practitioners, psychologists, licensed counselors, care managers, social workers, health educators, peer workers, and others.

• Well-supported scientific evidence shows that the traditional separation of substance use disorder treatment and mental health services from mainstream health care has created obstacles to successful care coordination. Efforts are needed to support integrating screening, assessments, interventions, use of medications, and care coordination between general health systems and specialty substance use disorder treatment programs or services.

• [A range of promising health care structures, technologies and innovations] are helping to address challenges and facilitate integration. In so doing, they are broadening the focus of interventions beyond just the treatment of severe substance use disorders to encompass the entire spectrum of prevention, treatment, and recovery. These promising developments include:
  
  o Medicaid innovations;
  o EHRs and health IT;
  o Disease registries; and
  o Substance misuse and substance use disorder prevention through a public health approach.


• The Center for Integrated Health Solutions (CIHS) provides training and technical assistance on the bi-directional integration of primary and behavioral health care and related workforce development. The CIHS provides training and technical assistance to the currently funded 64 community behavioral health
organizations that have SAMHSA Primary and Behavioral Health Care Integration (PBHCI) grants as well as to community health centers and other primary care and behavioral health organizations.

- HRSA provides training and resources for professionals [in health centers] and for the primary care professionals to increase their knowledge and skills about the prevention and treatment of mental and substance use disorders. HRSA encourages its health center grantees to include the SBIRT approach; and SBIRT is now a service indicated on the yearly health center data reporting system that HRSA administers.

Importance of Trauma-Informed Approaches and Training for Workforce


- The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery. Additionally, it has become evident that addressing trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.

- In order to maximize the impact of these efforts, they need to be provided in an organizational or community context that is trauma-informed, that is, based on the knowledge and understanding of trauma and its far-reaching implications.


- Trauma-informed services bring to the forefront the belief that trauma can pervasively affect an individual’s well-being, including physical and mental health. By recognizing that traumatic experiences and their sequelae tie closely into behavioral health problems, front-line professionals and community-based programs can begin to build a trauma-informed environment across the continuum of care.

- Trauma-Informed Care (TIC) is an intervention and organizational approach that focuses on how trauma may affect an individual’s life and his or her response to behavioral health services from prevention through treatment.

- Integrating TIC into behavioral health services provides many benefits not only for clients, but also for their families and communities, for behavioral health service organizations, and for staff.

- For an organization to embrace a trauma-informed care (TIC) model fully, it must adopt a trauma-informed organizational mission and commit resources to support it. This entails implementing an agency-wide strategy for workforce development that is in alignment with the values and principles of TIC and the organization’s mission statement.

- Without a fully trained staff, an organization will not be able to implement the TIC model.

- An organizational environment of care for the health, well-being, and safety of, as well as respect for, its staff will enhance the ability of counselors to provide the best possible trauma-informed behavioral health services to clients. Addressing each of these areas is essential to building a trauma-informed workforce and an organizational culture that supports TIC:
  - Recruiting, hiring, and retaining trauma-informed staff.
  - Training behavioral health service providers on the principles of, and evidence-based and emerging best practices relevant to, TIC.
  - Developing and promoting a set of counselor competencies specific to TIC.
  - Delineating the responsibilities of counselors and addressing ethical considerations specifically relevant to promoting TIC.
  - Providing trauma-informed clinical supervision.
Committing to prevention and treatment of secondary trauma of behavioral health professionals within the organization.

Use of Health Technology and Telehealth


• There is a need for substance use treatment professionals to increase their technological competence. Vital Signs: Taking the Pulse of the Addiction Treatment Profession found almost one third of clinical directors are only somewhat proficient in web-based technologies, and almost half of substance use treatment facilities do not have an electronic health record system in place.

• The field needs to embrace HIT and support its implementation in order to survive in the more integrated healthcare system emerging through healthcare reform where compensation for services increasingly come from health insurance companies and Medicare who use EHRs.


• EHRs and health IT have the potential to support better coordination of services across primary care and specialty substance use disorder treatment, greater safety by reducing harmful drug-drug interactions, and improved monitoring of treatment outcomes and relapse risk in general health care.

• Strong health IT systems improve the organization and usability of clinical data, thereby helping patients, health care professionals, and health system leaders coordinate care, promote shared decision-making, and engage in quality improvement efforts. These systems have the capacity to easily provide information in multiple languages and to put patients in touch with culturally appropriate providers through telehealth.

• Health IT has shown benefits in improving care for patients with chronic conditions, and use is expected to greatly increase because of the Affordable Care Act and related incentives, such as grants supporting health center networks with the implementation and adoption of health IT.

• Health IT also holds great potential for improving services for individuals with substance misuse problems because they can provide up-to-date medical histories of patients to providers, and they can support care coordination by facilitating communications between primary and specialty care providers across health systems. Clinical decision support tools can also help support improvements in care and include clinical guidelines, diagnostic support, condition-specific order sets, computerized alerts and reminders to care providers as well as patients, focused patient data reports and summaries, documentation templates, and contextually relevant reference information, among others.

Integrating a Family-Centered Approach


• From the perspective of workforce planning and development, priority attention must be given to the fact that persons in recovery and their families have an enormous role in caring for themselves and each other. The amount of services provided by behavioral health professionals and other health and human
service providers pales in comparison to the amount of self-care, peer support, and family caregiving that is rendered continuously.

- Individuals with mental health and addiction problems, along with their families, are a human resource that has been too often overlooked or underutilized. A core strategic goal must be to recognize persons in recovery and their families as part of the workforce and to develop their capacity to care for themselves and each other effectively, just as attempts are made to strengthen the professional workforce.
- Training in peer- and family-support models should be routinely available in all provider settings.
- One of the largest gaps in the field is the absence of individuals in recovery and their families as teachers of the traditional workforce about the experience of illness and treatment and the process of recovery.
- Persons in recovery and family members too often are unrecognized as members of the workforce. They currently make enormous contributions caring for themselves and each other, but they can have even greater impact if provided with information, skills in shared decision-making, opportunities to provide formal peer and family support, and a role in educating the traditional workforce.

- Mainstream health care has long acknowledged the benefits of engaging family and social supports to improve treatment adherence and to promote behavioral changes needed to effectively treat many chronic illnesses.
- Studies of various family therapies have demonstrated positive findings for both adults and adolescents.
- Family therapies engage partners and/or parents and children to help the individual achieve positive outcomes based on behavior change. Several evidence-based family therapies have been evaluated.

- Research suggests that behavioral health treatment that includes family therapy works better than treatment that does not. For people with mental illness, family therapy in conjunction with individual treatment can increase medication adherence, reduce rates of relapse and re-hospitalization, reduce psychiatric symptoms, and relieve stress.
- By making positive changes in family dynamics, the therapy can reduce the burden of stress that other family members feel. It can prevent additional family members from moving into drug or alcohol use. Research also shows that family therapy can improve how couples treat each other, how children behave, how the whole family gets along, and how the family connects with its neighbors.
Segment 3: Expanding and Strengthening the Behavioral Health Workforce

Key Questions:

1. What are some strategies to increase the size of the workforce to better provide evidence-based mental health services and supports?
2. What are SAMHSA and other Federal agencies doing to address the workforce crisis and enhance recovery supports as an integral part of the solution?
3. What is the best way to ensure the behavioral health workforce has access to the information they need to remain current in advancing technologies in prevention, treatment and recovery support?
4. What kinds of training programs or strategies might BH managers adopt to enhance staff retention?
5. What is deterring young people from entering or staying the field of behavioral health today?
6. What kinds of incentives encourage entry into the field?

Relevant Research, Information, and Resources

SAMHSA and Other Federal Agency Programs to Address the Workforce Crisis


- HRSA has taken a number of steps to address these workforce challenges as part of its mission to prepare a diverse workforce and improve the workforce distribution to increase access for underserved communities. Among its many programs, HRSA awards health professional and graduate medical education training grants and operates scholarship and loan repayment programs.
- Of particular note is the National Health Service Corps, where, as of September 2015, roughly 30 percent of its field strength of 9,683 was composed of behavioral health providers, meeting service obligations by providing care in areas of high need.
- HRSA is also putting increased emphasis on expanding the delivery of medication-assisted treatment, increasing SBI, and coordinating RSS. The development of the workforce qualified to deliver these services and services to address co-occurring medical and mental disorders will have significant implications for the national workforce’s ability to reach the full potential of integration.


- [SAMHSA] will support active strategies to strengthen and expand the behavioral health workforce and improve the behavioral health knowledge and skills of those health care workers not considered behavioral health specialists. Through technical assistance, training, partnerships, and traditional and social media outreach, SAMHSA will promote an integrated, aligned, and competent workforce.
- This workforce will enhance the availability of prevention and treatment for substance abuse and mental illness, strengthen the capabilities of behavioral health professionals, and promote health system infrastructure that can deliver competent, organized behavioral health services.
- [SAMHSA] will monitor and assess the needs of youth, young adult and adult peers, communities, and health professionals in meeting behavioral health needs within America’s transforming health promotion and health care delivery systems.
• SAMHSA also recognizes the growing understanding and value of peer providers to assist with engagement, support, and peer services. Increasing the peer and paraprofessional workforce, and increasing the evidence base for the best uses of peer and paraprofessional behavioral health services and supports, will require additional commitment and will help to expand the reach of limited professional treatment and support professionals.


• HRSA recognizes the importance of behavioral health and the links among mental, physical and emotional wellbeing. This is reflected across HRSA’s broad portfolio of programs and services. HRSA promotes integrated behavioral health service delivery in primary care settings and effective referral arrangements, when indicated, to specialty behavioral health provider organizations.

• The framework HRSA uses is built on efforts to position primary care within the broader context of community health, to align primary care and behavioral health seamlessly, and to consistently build relationships with stakeholders to improve the delivery and access of health and behavioral health services to vulnerable populations.

Strategies and Incentives to Increase the Size of the Workforce


• [Incentives and strategies like the following can increase retention rates]:
  o Provide paid vacation time,
  o Provide paid sick time,
  o Allow for program input,
  o Offer group health insurance,
  o Provide ongoing training (i.e., direct care staff, management),
  o Cultivate a supportive facility culture,
  o Provide better management and supervision,
  o Reduce paperwork burden,
  o Assign smaller caseloads,
  o Offer promotion opportunities and higher salaries,
  o Create healthy work/life balance,
  o Offer paid educational assistance, and
  o Offer retirement plans.

• Implementing work/life balance strategies (e.g., flexible work hours, onsite daycare, free or low cost exercise programs) are becoming more common in other businesses and similar strategies could help the substance use field retain staff.

• Well-defined career paths can support retention efforts by helping individuals progress into leadership positions. Recommendations to address this problem include: encourage workforce to continue earning degrees, provide leadership training, and provide ongoing licensing and credentialing opportunities.

• Strategies are needed to recognize the value of the substance use field to the overall health of the population.

• Training staff in EBP implementation is increasingly important because it is linked with how providers are paid in the changing healthcare system ushered in through healthcare reform.
• There is a rising need for substance use practitioners to **reflect the diversity of the client’s served** in terms of age, ethnicity, and sexual orientation.


• **The Mental and Behavioral Health Education and Training Grants (MBHETG) Program** encourages education and training addressing the behavioral health needs of high-need and high-demand populations.

• **National Health Services Corps (NHSC)** builds healthy communities by strengthening the health care workforce and continues to support individuals in behavioral and mental disciplines and practices/sites.

• **HRSA’s Advanced Education Nursing Traineeship (AENT)** supports traineeships for primary care Nurse Practitioners (NP), some of which are psychiatric/mental health NPs. The Advanced Nursing Education (ANE) program and the Nurse Education, Practice, Quality, and Retention (NEPQR) program promote inter-professional education with behavioral health social workers.


• The strategic planning process has identified a range of practical strategies to foster improved recruitment and retention and to build a workforce that is more culturally and linguistically diverse:
  - Disseminate information and technical assistance in effective recruitment and retention strategies.
  - Select, implement, and evaluate recruitment and retention strategies tailored to the unique needs of each behavioral health organization.
  - Expand federal financial incentives, such as training stipends, tuition assistance, and loan forgiveness, to increase recruitment and retention.
  - Provide wages and benefits commensurate with education, experience, and levels of responsibility.
  - Implement a comprehensive public relations campaign to promote behavioral health as a career choice.
  - Develop career ladders.
  - Expand the use of “grow-your-own” recruitment and retention strategies focused on residents of rural areas, culturally diverse populations, and consumers and families.
  - Increase the cultural and linguistic competence of the behavioral health workforce.

**Ensuring Access to Information**


• SAMHSA will work to ensure that the behavioral health workforce has access to the information needed to provide successful prevention, treatment, and recovery services. SAMHSA also will support the workforce to engage people with mental and/or substance use disorders and empower them on the path to recovery. SAMHSA is committed to:
  - The development and dissemination of training and competencies
  - Supporting the deployment of peer providers in all public health and health care delivery settings
Increasing the capacity to address behavioral health in all prevention, treatment, and recovery settings
- Supporting adequate funding and payment structures.

- KAP provides substance use treatment professionals with publications, online education, and other resources that contain information on best treatment practices.
- KAP collects knowledge about best treatment practices for substance use and promotes it in a way to ensure widespread application in the field.

- SAMHSA is working with the Office of the National Coordinator (ONC) to facilitate the exchange of electronic health records (EHRs) to help Americans with behavioral health conditions benefit from an integrated health record while giving them options to protect the confidentiality of their sensitive health data.
- SAMHSA is working to promote the widespread implementation of HIT systems that support quality, integrated behavioral health care. HIT, such as web-based services, smart phones, telehealth, electronic applications (apps), and EHRs, can help connect behavioral health care workers to more people that previously lacked access to services.
- Federal and community stakeholders have developed standards and guidelines for enabling data segmentation and management of patient consent preferences. SAMHSA is using these standards to develop the application, branded Consent2Share, as an open source tool for consent management and data segmentation that is designed to integrate with existing EHR and health information exchange (HIE) systems.

- One of SAMHSA’s core missions is to provide practitioners, policy makers, and consumers with current behavioral health data and analyses. To help fulfill that mission, SAMHSA conducts surveys on drug and alcohol use, and mental illness demographics in the US; mental health and substance use treatment sites; and various behavioral health factors, such as drug-related hospital emergency room visits.
- SAMHSA also evaluates the process by which Americans access care, including how people choose health care providers and services, how they pay for care, and what happens to people as a result of the treatment they receive.
- SAMHSA’s integrated data strategy works to inform policy, measure the impact of programs, and improve the quality of mental health and substance use services and outcomes for individuals, families, and communities. SAMHSA’s work on data, outcomes, and quality supports efforts to enhance health care and health systems integration, identify and address behavioral health disparities, and strengthen and expand the behavioral health workforce. Data also bolster joint efforts by SAMHSA and its state, territorial, tribal, and community partners to improve the delivery of services and promote awareness.
The Problem of Recruiting and Sustaining Young People in the Field of Behavioral Health


- [Some reasons it is hard to recruit and retain professionals in the behavioral health field include]:
  - **Low salaries.** Inadequate compensation packages can act as a deterrent in attracting new individuals to the field as shown in many studies. In addition, as healthcare reform brings new payers into an integrated health care system, it becomes even more important to reimburse substance use treatment practitioners on an equal level with other healthcare professionals.
  - **Few incentives.** Financial barriers prevent many SUD treatment facilities from offering competitive salaries and benefit packages (e.g., retirement plans, group health care, sick/vacation pay, educational assistance), which is critical to recruit the best candidates to jobs within the SUD treatment field.
  - **Structural issues.** The amount of paperwork and heavy caseload of direct care staff are cited as barriers to successful recruitment. Vital Signs: Taking the Pulse of the Addiction Treatment Profession found 30 percent of licensed counselors had 30 or more clients.
  - **High workloads.** Staff shortages contribute to higher workloads.
  - **No defined career paths.** Although the substance use field is moving toward a more credentialed, licensed, and professional workforce, there continues to be no uniform educational standards or enough professional development and advancement opportunities that incorporate core competencies and provide credibility to the field.
  - **Stigma.** Substance use disorders are still not considered a legitimate healthcare issue by many and have not been integrated into mainstream healthcare; therefore, individuals who may be interested in a career in healthcare do not tend to investigate careers in substance use treatment.
  - **Lack of resources and insufficient funding.** Many substance use providers lack infrastructure to prioritize training, provide regular salary increases, make technology improvements, or implement evidence-based practices. Staff most commonly need training in EBPs and behavioral management of clients; however, many facilities experienced barriers in providing staff training and professional development mainly due to tight budgets and time needed to send staff for training.


- A meta-analysis found that burnout, stress and lack of social support are antecedents to worker turnover in the social service sector.
- Other studies found that better opportunities were key reasons for leaving.
- Another study by Knight et al. (2012) demonstrated that high turnover produced increased stress and workforce demand for the remaining staff.

Training Programs to Promote Staff Retention and Competency Development


- Members of the behavioral health workforce benefit from continued training and clinical supervision to maintain high-quality services. In addition, these practices and other organizational factors may prevent
staff from experiencing burnout and may assist in overcoming challenges in retention of qualified workers.

- For example, clinical supervision has been shown to serve as a protective factor in substance abuse treatment counselors’ turnover, emotional exhaustion, and job satisfaction. In the substance abuse treatment field, staff turnover has been found to be as high as 50 percent in some contexts, with average annual estimates around 32 percent for counselors. Substance abuse treatment facilities can play a key role in supporting their workforce through training and supervision practices.


- Recovery to Practice (RTP) promotes and strengthens recovery-oriented practices among the behavioral health and primary care workforce through training and resources.
- RTP offers limited onsite consultation and training on how to use recovery-oriented practices in a professional setting: using and adapting the RTP discipline-based curricula for workforce development and applying recovery-oriented practices to multidisciplinary systems and diverse service settings.
- SAMHSA worked with professional associations to develop recovery-oriented education and training curricula for use in discipline-sponsored professional development, academic training, and continuing education. The curricula and materials are geared toward psychiatrists, psychologists, social workers, psychiatric nurses, peer specialists, and addiction counselors.
- RTP now offers a variety of educational and training opportunities for behavioral health professionals and other general health or social services professionals who serve people with mental and/or substance use disorders.
- In addition to offering the curricula and new training resources, RTP produces 12 webinars annually on timely topics relevant to recovery-oriented practice.


- The overarching purpose of the Prevention Fellowship and Internship program is to develop and sustain a well-trained and knowledgeable cadre of prevention professionals who understand and exemplify the principles and best practices of substance misuse prevention. Fellows and interns have opportunities to develop critical research, writing, evaluation, and presentation skills within a structured training program.
- Through participation in Prevention Fellowship and Internship Program activities and trainings, and through work within State agencies (for fellows), and Tribes and Tribal Organizations (for interns), program participants can forge a strong network of peers and public, behavioral, and allied health professionals who can support and sustain their professional growth.

Initiatives That Increase Access to Providers in Underserved Areas and Integrate Behavioral Health and Primary Care


- The National Network to Eliminate Disparities (NNED) in Behavioral Health is dedicated to promoting equality in behavioral health services for individuals, families, and communities. NNED, with help from SAMHSA and the National Alliance for Multi-Ethnic Behavioral Health Associations, builds coalitions of racial, ethnic, cultural, and sexual minority communities and groups dedicated to removing disparities in behavioral health care.
The Minority Fellowship Programs (MFP) increase the knowledge of issues related to mental health conditions and addictions among minorities, and to improve the quality of mental health services and substance abuse prevention and treatment delivered to ethnic minority populations. SAMHSA provides grants to encourage and facilitate the doctoral and post-doctoral development of nurses, psychiatrists, social workers, psychologists, marriage and family therapists, and professional counselors by providing funding to organizations which oversee the fellowship opportunities.

Graduate Psychology Education (GPE) Program: HRSA grants in the GPE program support interdisciplinary training for health service psychologists to provide mental and behavioral health care services to underserved populations, such as those in rural areas, older adults, children, chronically ill or disabled persons, and victims of abuse or trauma, including returning military personnel.

HRSA’s National Health Service Corps are health professionals who provide primary health care services in underserved communities in exchange for either loan repayment assistance or scholarships to help pay the costs of their medical education.

SAMHSA’s cooperative agreement with Historically Black Colleges and Universities supports a Center for Excellence in Substance Abuse and Mental Health which provides student internships at minority serving institutions.

[Centers for Medicare and Medicaid Services, or CMS] is providing technical and program support to states to introduce policy, program, and payment reforms to identify individuals with substance use disorders, expand coverage for effective treatment, expand access to services, and develop data collection, measurement, and payment mechanisms that promote better outcomes.

Medicaid is also encouraging the trend to integration in other ways, including supporting new models for delivering primary care, expanding the role of existing community-based care delivery systems, enacting mental health and substance use disorder parity for Medicaid and Children’s Health Insurance Program (CHIP) as included in the final rule that CMS finalized in March 2016.
Segment 4: Workforce Strategies that Support Recovery-Oriented Practices

Key Questions:

1. How can peer training and certification bodies ensure that we have a peer workforce equipped to meet the demands of current and future BH challenges?
2. What are some examples of successful recovery-oriented workforce development strategies and what can we learn from them?
3. Could you please describe the family-centered approach to treatment and recovery support? Why it is important that clinicians and peer workers be trained in this approach?
4. What kinds of T/TA is available to community health centers, recovery community and peer run organizations and others engaged in the delivery of recovery support services to sustain and enhance their workforce?

Relevant Research, Information, and Resources

The Role of Certified Peer Specialist Services and Peer Recovery Coaching Programs


- One method [to address the workforce shortage] has been the use of peer recovery coaches and other types of community health workers (CHWs), such as health educators, medical assistants, and community health outreach workers. These workers are increasingly employed in physician offices and other health settings as care extenders. As such, they are uniquely positioned to be trained to provide substance use screening, brief intervention, referral management, and health and community linkages in primary care and emergency room settings, and to provide outreach and care to substance using homeless populations.
- New programs are emerging across the country to use CHWs and recovery coaches in a range of settings, including hospitals, to provide immediate and ongoing support and treatment linkages to individuals who have overdosed from opioids, or support individuals newly in recovery.
- Recovery coaches are often members of a recovery community organization (RCO), which can and do play unique rolls in helping individuals, families and communities respond to drug use, addiction, and their consequences; they are uniquely positioned to facilitate access to treatment, support retention and successful treatment completion, and provide ongoing services and support after treatment.


- As the field moves towards greater credentials and degrees, it is important to note that people in recovery providing peer support services are important in establishing a person-centered, recovery-oriented treatment environment as they can offer understanding of the disease, the culture, and how to exchange and interchange with clients coming in the system.
• People in recovery from behavioral health disorders and their family members are being trained as specialists and are contributing to the field in a variety of roles: as health educators, patient navigators, outreach and engagement workers, and crisis support among others. These evidence-based recovery supports have expanded the workforce and access to effective services. The real-world experiences of peer professionals bolster workforce expertise and guarantee inclusion at all levels of the delivery system.

• Fostering a strong and expanded role for persons in recovery and family members in formally helping their peers is a core workforce objective.
• For the adult mental health community, this objective has special meaning; the emergence of peer supports as a Medicaid reimbursable service has become a major theme in system reform. There is an emerging body of evidence supporting peer services for persons with serious mental illnesses.

Successful Workforce Development Programs


• Examples of strong infant and early childhood mental health consultation (IECMHC) programs that highlight components of workforce development (training, supervision, mentoring, qualifications, etc.) include:
  • The University of California-San Francisco Infant-Parent Program offers a yearlong multidisciplinary and intensive practice-based training program in mental health consultation to newly hired staff and graduate student interns (pre-docs, post-docs, and master’s level), which includes Infant and Early Childhood Mental Health Consultation (IECMHC) training.
  • Connecticut’s statewide Early Childhood Consultation Partnership (ECCP®) is a nationally recognized, evidenced-based early childhood mental health consultation program developed to meet the social and emotional needs of infants, toddlers, and preschoolers. ECCP® does this by building the capacity of families, providers, and systems.


• The State Solutions in Workforce: Innovations in Developing the Behavioral Health Workforce is a quarterly video series on hosted by SAMHSA, the Behavioral Health Education Center of Nebraska (BHECN), the Annapolis Coalition, the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD).
  o State Solutions In Workforce: Innovations in Developing the Behavioral Health Workforce (Video | 59:22). In this presentation, BHECN shares their innovative ideas around solving their behavioral health provider shortage challenge. (September 7, 2016)
  o State Solutions In Workforce Series: Innovations In Developing Behavioral Health Workforce (Part II) (Video | 52:23). In this presentation, Dr. Hoge from the Annapolis Coalition discusses the current behavioral health workforce transformation in the state of Connecticut. (January 25, 2017)
- **State Solutions in Workforce: Growing Alaska’s Future Behavioral Health Professionals (PART III) (Video | 49:02).** In this presentation, Dr. Hoge from the Annapolis Coalition and members of the Alaska Healthcare Workforce Coalition regarding behavioral health workforce transformation throughout Alaska. (April 19, 2017)

- **State Solutions in Workforce: Massachusetts Department of Public Health Bureau of Substance Abuse Services (BSAS) Careers of Substance Website (Video | 52:03).** In this presentation, the Massachusetts Department of Public Health Bureau of Substance Abuse Services shares an overview of their Careers of Substance Website. (July 19, 2017)

- **Behavioral Health Workforce Research Center: Projects Underway to Strengthen our Behavioral Health Workforce (Video | 57:23).** [In this video professionals from SAMHSA, HRSA and University of Michigan discuss new and continuing projects through the Behavioral Health Workforce Research Center.] (June 29, 2016)

- **Webinar: Enhancing Behavioral Workforce through the HRSA Nurse Corp Program (Video | 1:04:03).** This webinar is designed to provide an overview of the purpose and impact of the Nurse Corps Program and outline the basic eligibility, financial benefits, and service requirements of the two major Nurse Corps Programs: Loan Repayment and Scholarships.


- **Behavioral Health Workforce Education and Training (BHWET) Program:** [HRSA] funds paraprofessional and professional training programs to develop and expand the substance abuse and behavioral health workforce.

- [HRSA] works closely with the Substance Abuse and Mental Health Services Administration (SAMHSA), particularly via the SAMHSA-HRSA Center for Integrated Health Solutions to administer this program.

- **Graduate Psychology Education (GPE) Program:** [HRSA] funds schools, universities, and other nonprofit organizations to plan, develop, operate, or maintain graduate programs in behavioral health practice to train psychologists to work with underserved populations.

- **Leadership in Public Health and Social Work Education (LPHSWE):** [HRSA] funds training and education, faculty development, and curriculum enhancement to prepare students for leadership roles in public health social work through enrollment in a dual master’s degree program in social work and public health

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**Training, Technical Assistance and Clinical Support Systems**


- The ATTC is an international, multidisciplinary resource for professionals in the addictions treatment and recovery services field.

- The ATTC Network is comprised of 10 Domestic Regional Centers, 6 International HIV Centers (funded by PEPFAR) and a Network Coordinating Office.

- [Its mission and vision are to]:
  - Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
  - Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and
  - Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.
Training and technical assistance provided by Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) aims to transform behavioral health systems. The goal is to provide a diverse array of nonclinical supports, support person-directed treatment, increase access to recovery supports, and expand the peer workforce.

Recovery-oriented systems are developed with an understanding that long-term recovery happens in the community. Training and technical assistance is provided in a variety of formats, including consultations, virtual and in-person events and meetings, and online resources.

CAPT provides training and technical assistance services for SAMHSA substance misuse prevention grantees and resources for prevention professionals.

CAPT prevention specialists work across states, tribes, and jurisdictions to help prevention professionals get the resources and training they need to develop, implement, and evaluate programs.

CAPT offers a menu of T/TA services that include:

- **Customized technical assistance**, including one-on-one coaching, group informational sessions, facilitated planning, and resource sharing
- **In-person training**, ranging from small learning communities to statewide trainings-of-trainers
- **Online events**, including online courses, webinars, and Web-mediated teleconferences
- **Collaboration opportunities** designed to foster greater sharing of important lessons learned and expertise across SAMHSA prevention grantees
- **Information dissemination** via the CAPT website and multiple, grantee-specific mailing lists.

The Knowledge Network is SAMHSA's premier library of behavioral health training, technical assistance, collaboration, and workforce development resources for the health care community. It provides a single, searchable pathway to SAMHSA’s training and technical assistance content with the goal of improving the design and delivery of prevention, treatment, and recovery services. It is a central location for grantees, behavioral health practitioners, and general healthcare providers to more easily find specific tools and resources (such as webinars, white papers, fact sheets, trainings, and videos) that span SAMHSA’s broad portfolio across many disciplines and online locations.

The Annapolis Coalition, comprised of a broad constituency of stakeholders, was charged by SAMHSA to develop a comprehensive plan addressing the workforce development crisis and issues surrounding recruitment, retention, and training of a prevention and treatment workforce in the mental health and addiction field.

The Association of Addiction Professionals (NAADAC) is a membership organization serving addiction counselors, educators and other addiction-focused health care professionals who specialize in addiction prevention, treatment and education. One of its central objectives as an organization is to solidify the addiction professionals' place in the public health continuum.
Use of Health Technology and Telehealth


- There is a need for substance use treatment professionals to increase their technological competence. Vital Signs: Taking the Pulse of the Addiction Treatment Profession found almost one third of clinical directors are only somewhat proficient in web-based technologies, and almost half of substance use treatment facilities do not have an electronic health record system in place.
- The field needs to embrace HIT and support its implementation in order to survive in the more integrated healthcare system emerging through healthcare reform where compensation for services increasingly come from health insurance companies and Medicare who use EHRs.


- EHRs and health IT have the potential to support better coordination of services across primary care and specialty substance use disorder treatment, greater safety by reducing harmful drug-drug interactions, and improved monitoring of treatment outcomes and relapse risk in general health care.
- Strong health IT systems improve the organization and usability of clinical data, thereby helping patients, health care professionals, and health system leaders coordinate care, promote shared decision-making, and engage in quality improvement efforts. These systems have the capacity to easily provide information in multiple languages and to put patients in touch with culturally appropriate providers through telehealth.
- Health IT has shown benefits in improving care for patients with chronic conditions, and use is expected to greatly increase because of the Affordable Care Act and related incentives, such as grants supporting health center networks with the implementation and adoption of health IT.
- Health IT also holds great potential for improving services for individuals with substance misuse problems because they can provide up-to-date medical histories of patients to providers, and they can support care coordination by facilitating communications between primary and specialty care providers across health systems. Clinical decision support tools can also help support improvements in care and include clinical guidelines, diagnostic support, condition-specific order sets, computerized alerts and reminders to care providers as well as patients, focused patient data reports and summaries, documentation templates, and contextually relevant reference information, among others.