Behavioral Health Workforce Challenges and Possible Solutions

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April 27, 2023

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Disclosure

Behavioral Health Crisis

HealthAffairs   **COVID-19**   Topics   Journal   Forefront   Podcasts

HEALTH AFFAIRS FOREFRONT

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New Behavioral Health Workforce Database Paints A Stark Picture

Clese Erikson, Ellen Schenk, Sara Westergaard, Edward S. Salsberg

AUGUST 30, 2022   10.1377/forefront.20220829.640971

Building the Database

- Prescription data (Any provider with 11+ Rx for psychotropics or MOUD):
  - Psychiatric and addiction specialists
  - Primary care physicians
  - Nurse practitioners and physician assistants
  - Other specialists

- Compiled state licensure data*:
  - Psychologists (PhD, PsyD, EdD)
  - Licensed clinical social workers (LCSW)
  - Licensed professional counselors (LPC)
  - Marriage & family therapists (LMFT)

* In cases where licensure data unavailable or incomplete, we supplemented with National Plan and Provider Enumeration Data

Behavioral Health Workforce, 2021

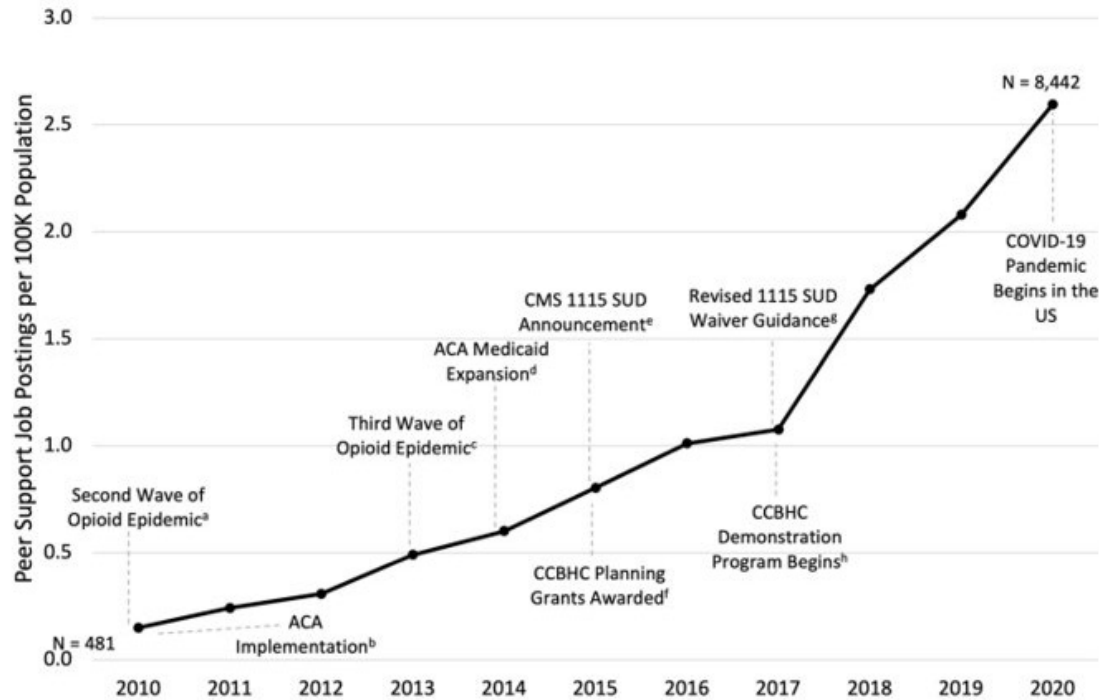| Specialty	Number
Behavioral Health Specialists	**699,220**
Psychiatric and Addiction Specialists	52,969
Psychologists	106,537
Counselors and Therapists (LCSW, LPC, MFT)	539,714
Other Prescribers of Psychotropics and MOUD	**617,796**
Primary Care Physicians	219,126
Advanced Practice Providers	215,799
Other Specialists	182,871
Total	**1,317,016**

Due to data limitations, excludes peer support providers, community health workers and substance use counselors.

GW Behavioral Health Workforce Tracker

https://www.gwhwi.org/behavioralhealth.html
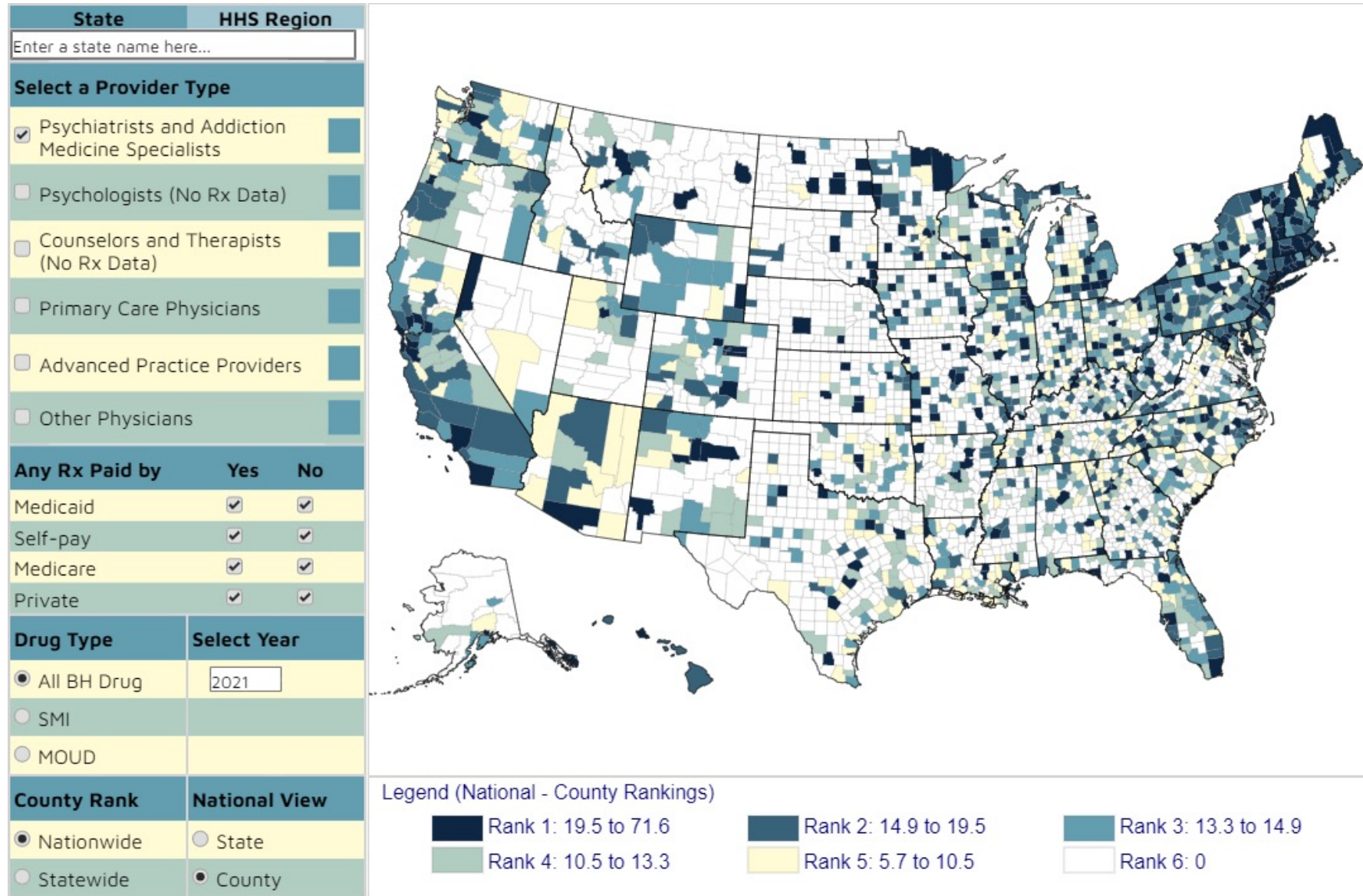
Need more data on peer support and CHWs

17-fold increase in demand for peer support providers

Figure: Peer Support Job Postings per 100K Population, 2010–2020. N = 481 (2010) to N = 8,442 (2020). Annotations: Second Wave of Opioid Epidemic[a]; ACA Implementation[b]; Third Wave of Opioid Epidemic[c]; ACA Medicaid Expansion[d]; CMS 1115 SUD Announcement[e]; CCBHC Planning Grants Awarded[f]; Revised 1115 SUD Waiver Guidance[g]; CCBHC Demonstration Program Begins[h]; COVID-19 Pandemic Begins in the US.

Documenting a Decade of Exponential Growth in Employer Demand for Peer Support Providers.

Ziemann MP[1], Dent RB[1], Schenk ED[1], Strod D[2], Luo Q[3], Banawa RA[4], Westergaard S[5], Erikson CE[1]

Author information ▸

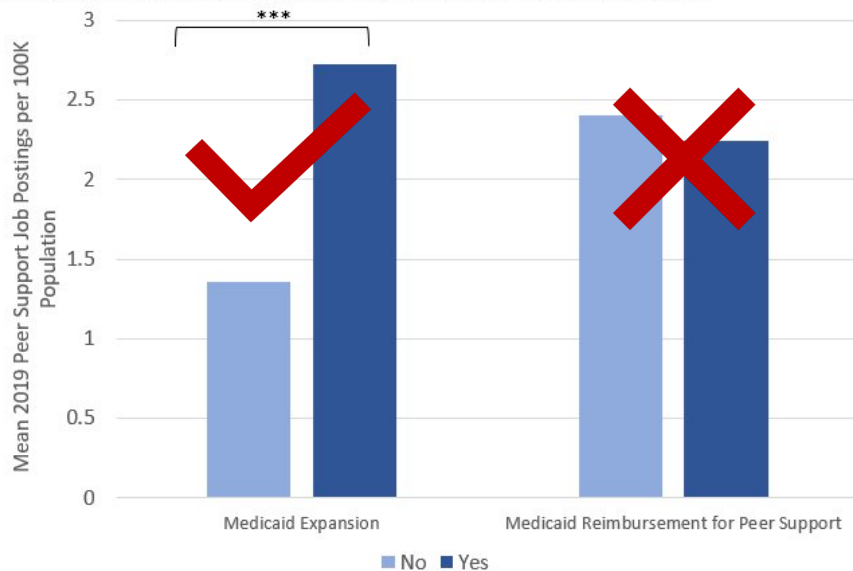Share this article ✉ 🐦 in f

Abstract

The past decade has seen peer support providers increasingly incorporated as part of a recovery-oriented approach to behavioral health (BH) services for mental illness and substance use disorder. Despite this, there are few data sources to track this sector of the BH workforce, and understanding of peer support provider supply, demand, distribution, and associated factors is limited. In this retrospective, observational study, the authors analyzed job postings from 2010 to 2020 to assess employer demand for peer support providers and the factors associated with its growth, using a labor market data set from Emsi Burning Glass. The authors identified peer support job postings using a three-pronged, stepwise approach. Then, bivariate regression analyses using robust standard errors were conducted to examine state-level relationships between the number of peer support job postings per 100,000 population and Medicaid policies and indicators of states' BH infrastructure. The authors identified approximately 35,000 unique postings, finding the number increased 17-fold between 2010 and 2020. Bivariate analysis found significant state-level associations between peer support job postings and Medicaid expansion, as well as states' mean number of mental health facilities. This analysis represents the first to quantify employer demand for peer support providers, clearly demonstrating robust growth over time. Findings underscore the importance of continuing to develop data on this workforce to better understand factors driving its growth.

Demand for Peer Support Providers NOT associated with Medicaid Reimbursement, but is with Medicaid Expansion

Demand for Peer Support by Medicaid Policies (Expansion and Reimbursement)

Exhibit 3. Peer Support Job Postings Per 100K Population by States' Medicaid Policies, 2019

SOURCE: Authors' analysis of Emsi Burning Glass job postings, 2010 – 2020; Analysis by Kaiser Family Foundation, University of Michigan Behavioral Health Workforce Research Center, and Medicaid & CHIP Payment and Access Commission, as referenced in the text.
NOTES: 34 states expanded Medicaid as of 2019. 44 states reimbursed for peer support services as of 2018. Significance: *** p<0.001, ** p<0.01, * p<.05.

Limited Medicaid Billing, 2019 T-MSIS

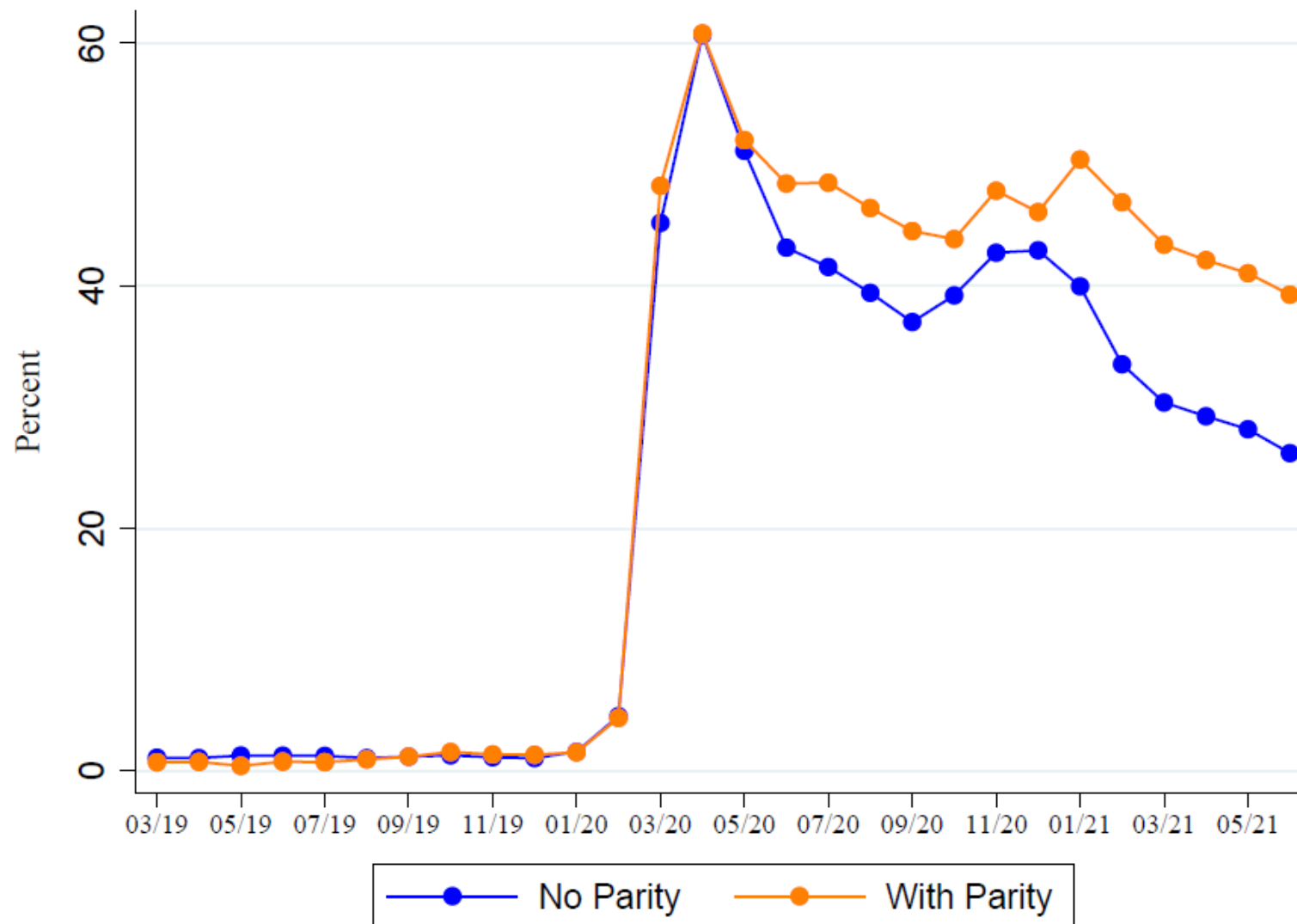- Number of Beneficiaries Receiving Peer Support Services paid for by Medicaid in 2019

  206,473 beneficiaries

Percent of CHC sites that used telehealth by state reimbursement parity requirement for private insurers
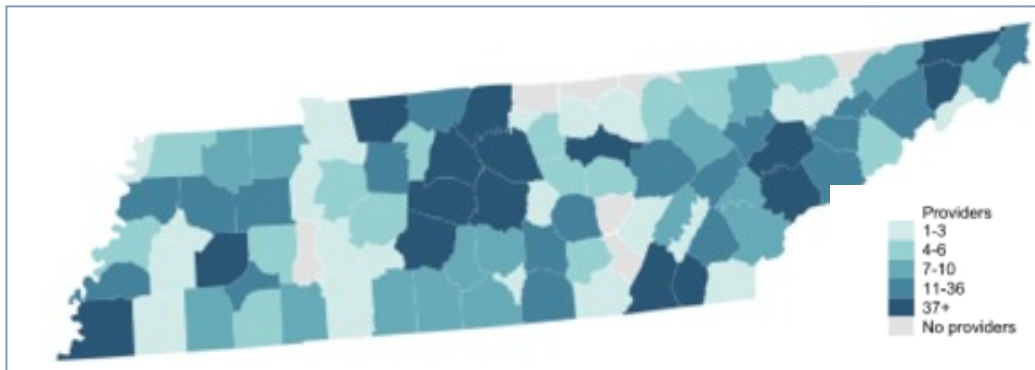
Payment parity and CHC telehealth use

Notes: FAIR Health. Based on privately insured visits at CHC sites. Parity requirements assigned based on time implemented (i.e. CHC sites located in states that adopted parity requirements in response to the pandemic would be included in the "No Parity" group prior to 03/20, but in the "With Parity" group starting in 03/20).

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Need to invest in data and liberate it! Like Tennessee does!

Supply of
Counselors and Therapists, 2021

Counties with 1+ Black
Counselors and Therapists, 2021

Providers
1-3
4-6
7-10
11-36
37+
No providers
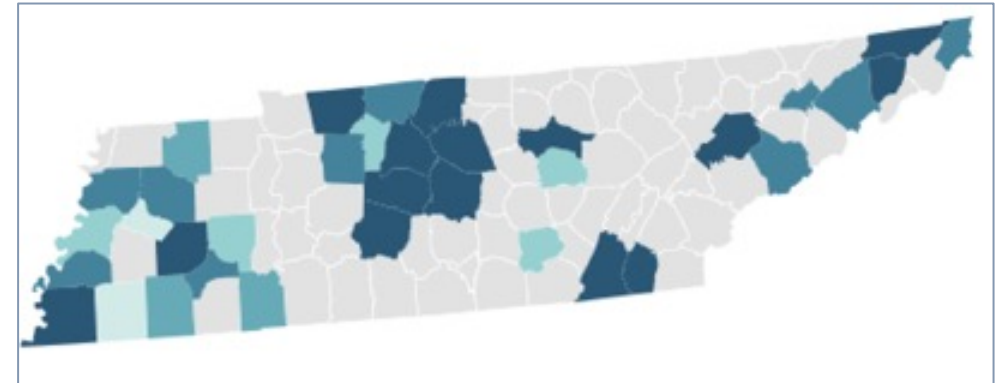
Source: Authors analysis of Tennessee Licensure Data, https://apps.health.tn.gov/licensureReports

Example: Redlining Study

What is redlining?

- Between 1930s and late 1960s, the Home Owners' Loan Corporation (HOLC) designated wealthier neighborhoods with predominantly White populations as low risk and neighborhoods with lower-income Black and immigrant populations as high risk, with red areas designated as a highest financial risk.

Why does it matter for health?

- Residents living in formerly redlined areas had:
  - Elevated risk for later cancer diagnosis stage and mortality (Collin et al., 2020; Krieger et al., 2020)
  - Elevated risk of pre-term birth, small-for-gestational-age and mortality among infants (Krieger et al., 2020; Matoba et al., 2019; Nardone et al., 2020)
  - Higher rates of emergency department visits due to asthma (Nardone et al., 2020)
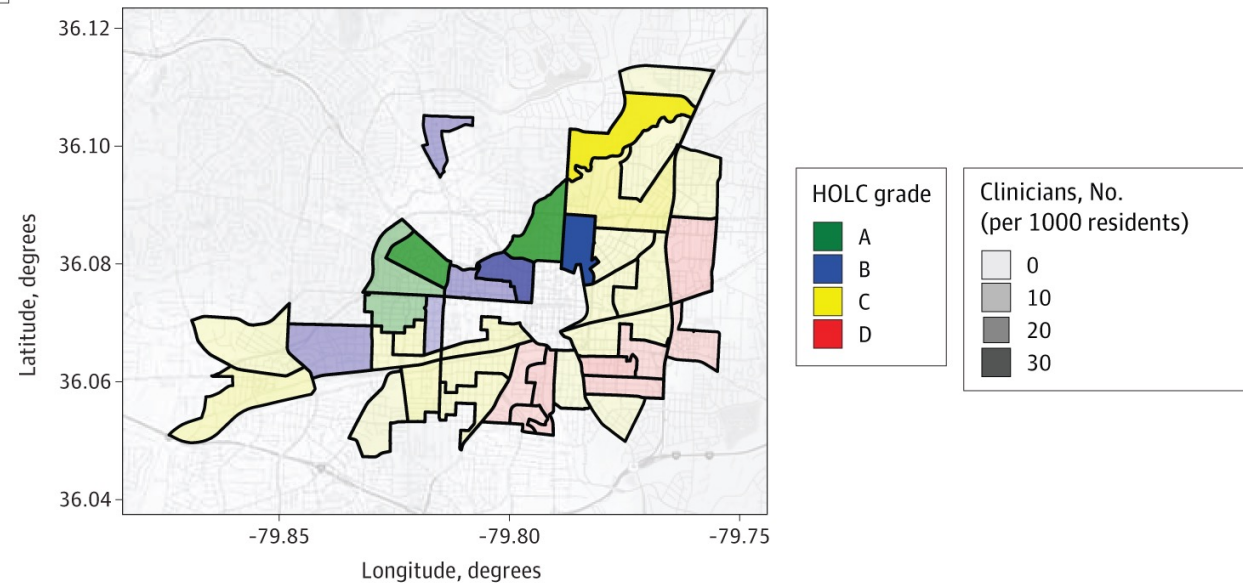 - **Poorer Mental Health** (Nardone et al., 2020)

Historic Redlining and Contemporary Behavioral Health Workforce Disparities
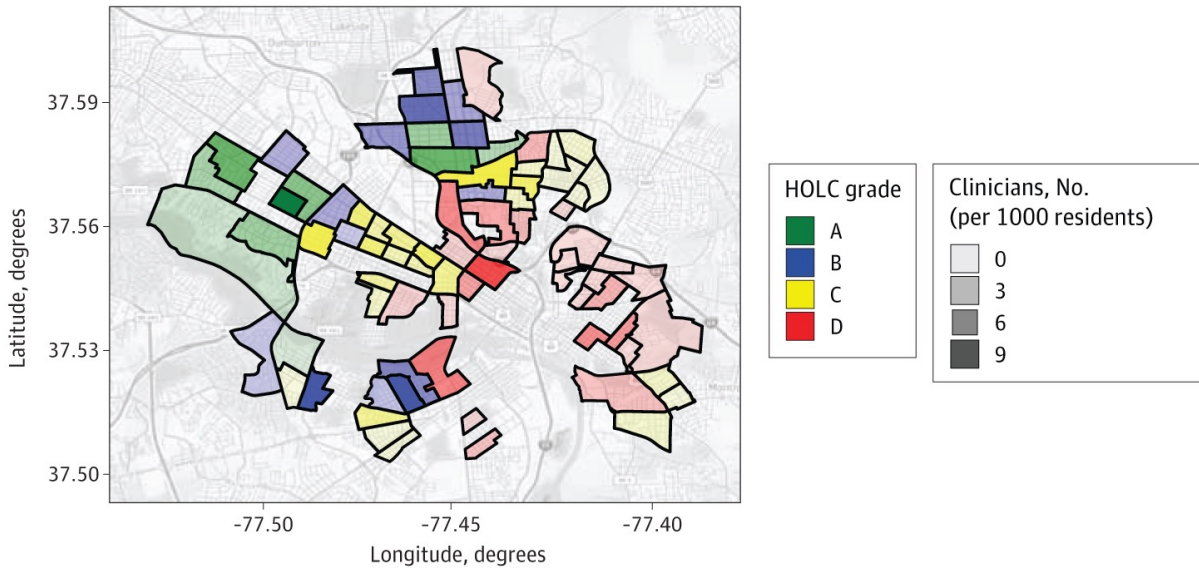
Implications of the Redlining Study

These findings suggest redlining policies are associated with lower availability of behavioral health providers in Richmond & Greensboro.

Findings are consistent with recent research findings that redlining has led to increased racial segregation and continued disinvestment and is associated with health inequities.

Key Takeaways:

- Historical policies embedded with racism are still associated with present-day access to care/ health outcomes
- We need a publicly available database of behavioral health providers similar to the NPI Registry and AMA Masterfile that has racial and demographic measures.

# Strengthening Pathways to the Behavioral Health Workforce

Diversity in the Behavioral Health Workforce

Importance of the role of community colleges

Black Behavioral Health Representation in Student Population and Workforce compared to population by gender

Black DI (Panel B)

Black women **underrepresented** in workforce for psychology and school psychology but **at parity (or higher)** in student population

Black women **well represented** in both student population and workforce for counseling, MFT, and SW

Black men are **underrepresented** in both workforce and student population
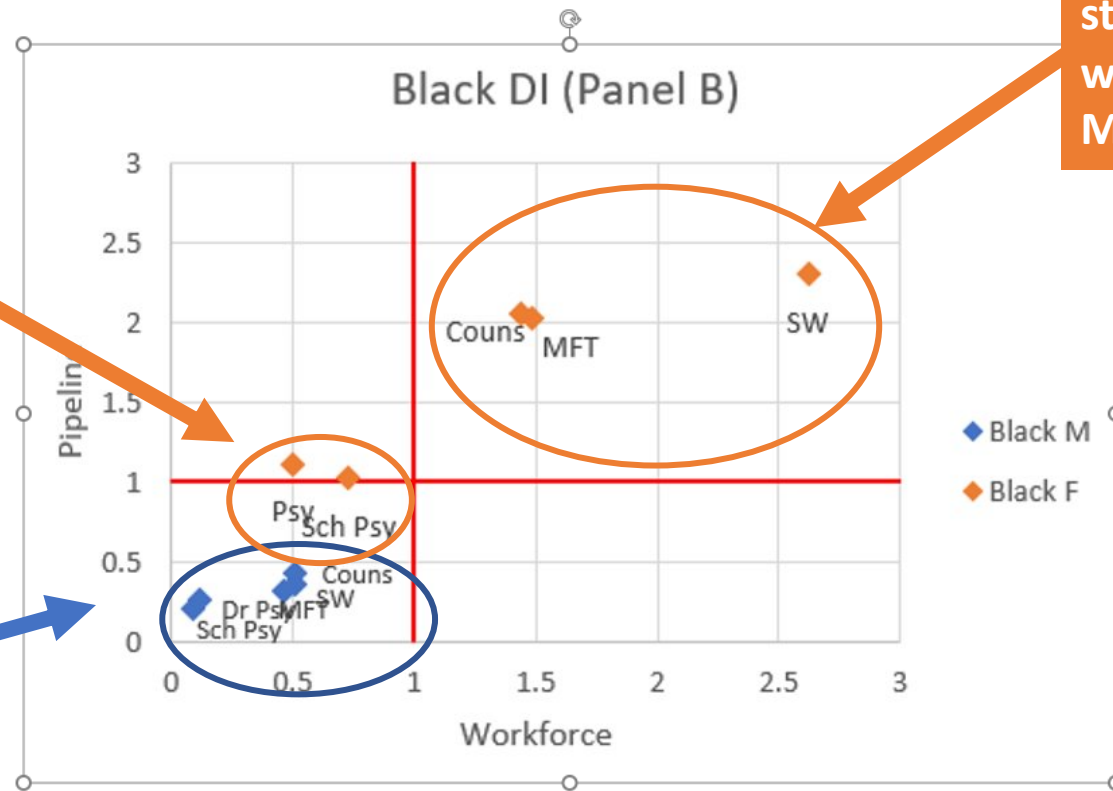
Author Analysis of IPEDS and ACS data – not for citation or public distribution

Building Pathways to Behavioral Health Professions

Community College Locations, 2019

Community College Student Diversity (as of Fall 2020)

Hispanic Students: 28%
Black Students: 13%
Asian Students: 6%
American Indian/Alaskan Native Students: 1%
Two or More Races: 4%
White Students: 47%

(AACC DataPoints, 2021)

Source: https://cccse.org/file/900

Strategies to build pathways to the Behavioral Health Workforce

- Partnering with Communities
  - Establishing relationships with community colleges
  - Creating pathway programs to behavioral health professions.

- Policy-level Strategies
  - Greater financial investment in building the pipeline of mental and behavioral health professionals
  - Continue to expand the Minority Fellowship Program from SAMHSA; currently funds 200 fellows a year.
  - Loan Forgiveness and Repayment for mental health professionals

Supporting the current behavioral health workforce

Burnout among Behavioral Health Workers

TEXAS LEGISLATURE 2023

Texas' shortage of mental health care professionals is getting worse

HEALTH

Unanswered cries: Why California faces a shortage of mental health workers

March 7, 2023

Hiring alone won't solve the health care worker shortage

HEALTH AND WELLNESS

Increased demand and burnout are driving many BIPOC therapists to 'the breaking point'

How can we begin to tackle this huge complex issue?

- What can organizations do?
  - Participative Management & Employee Listening
    - Understanding drivers of burnout and co-creating strategies to address it.
  - Resource: Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies (SAMHSA)

SAMHSA PDF

- What can individuals do?
  - Build Coalitions (strength in numbers)
    - Example: Mental health clinicians at Kaiser Permanente facilities in Northern California waged a 10-week strike over workloads and access-to-care issues.
  - Employing strategies for coping with stress and trauma

- What can policymakers do?
  - Tackling the reimbursement rate issue by raising rates
  - Support making telehealth services readily available
  - Reduce barriers to practicing across state lines (e.g., pass PSYPACT legislation)

Thank you!!

Mullan Institute Workforce Trackers:

https://www.gwhwi.org/workforce-trackers.html

https://www.gwhwi.org/behavioralhealth-workforce-tracker.html

https://www.gwhwi.org/

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"Health workforce policy is increasingly a health equity battlefield." – Fitzhugh Mullan

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