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# Behavioral Health Workforce Update

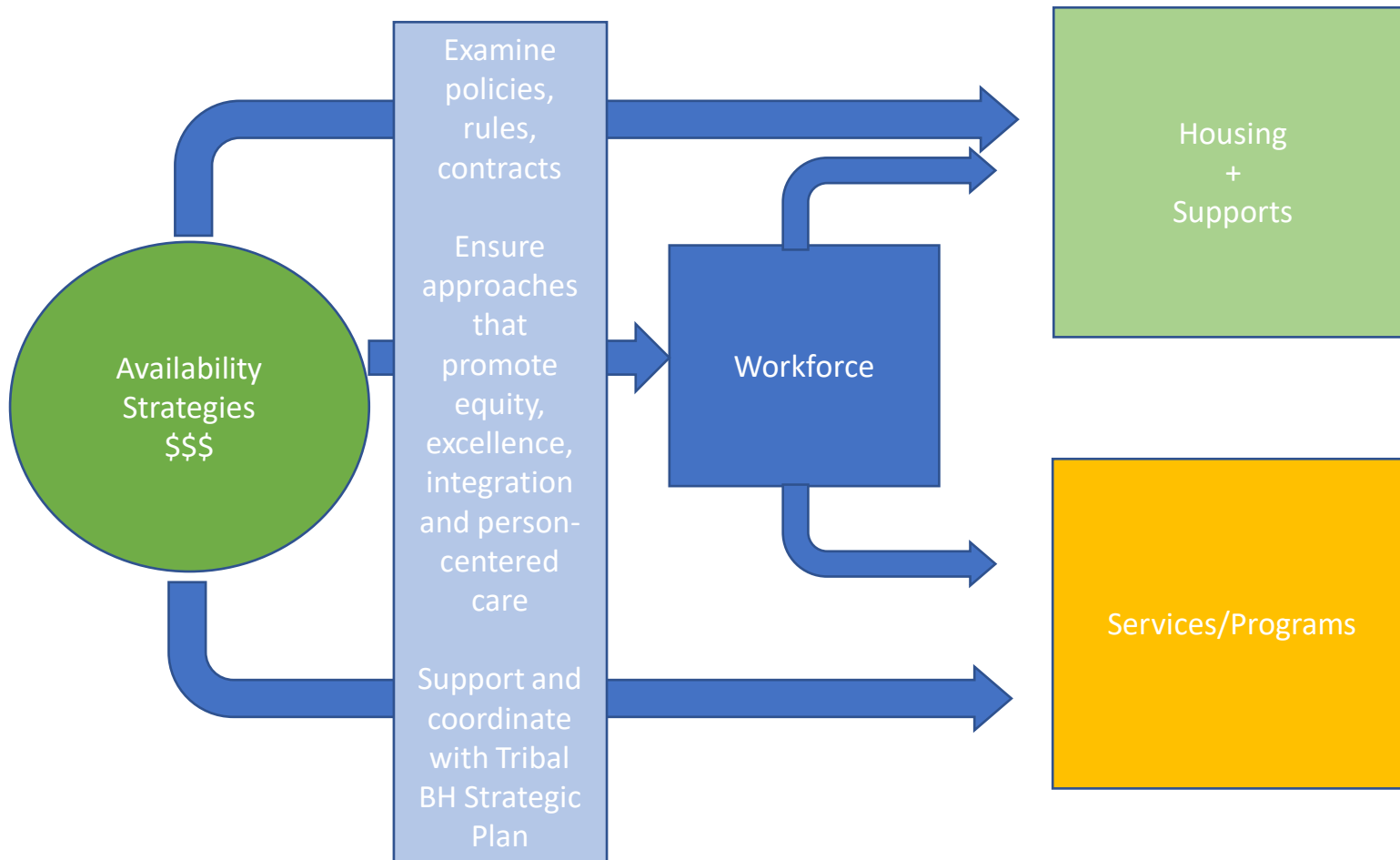
Senate Interim Committee on Mental Health

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# Availability begins with workforce. Without workforce, access to critical supports and services is undermined.



# Behavioral Health Workforce Overview

- Oregon's behavioral health workforce provides prevention, treatment and recovery services for mental health and addiction disorders, including problem gambling.
- An overall shortage of qualified behavioral health workers in Oregon extends throughout the state and critically undermines access to needed services.

# Behavioral Health Workforce Overview

- Oregon's behavioral health workforce is not routinely trained or credentialed to address co-occurring disorders: mental health and substance use, problem gambling or I/DD diagnosis.
- Rates and compensation play an important role in Oregon's challenges with recruitment and retention of the behavioral health workforce.

# Behavioral Health Workforce: A Range of Position Types and Training

Medical Prescribers (requires license)	Professional Clinical Positions (requires license)	Paraprofessional and Non-traditional Positions (can be certified or unlicensed)
Psychiatrists	Psychologists	Certified Alcohol/Drug Counselors
Addiction Medicine MDs	Clinical Social Workers	Case Managers
Nurse Practitioners	Licensed Counselors and Therapists	Peer and Mentor Roles

# Workforce Assessment

Recent assessments of the behavioral health workforce have findings that are not surprising:

- We have a fragmented and siloed system
- Workforce shortage for all provider types
- The most acute patients are treated by least experienced professionals
- Rates are low and programs face competition for staff

# OHA Behavioral Health Workforce Literature Review

- An Analysis of Oregon's Behavioral Health Workforce: Assessing the Capacity of Licensed and Unlicensed Providers to Meet Population Needs
- Recruitment and Retention Recommendations for Oregon's Behavioral Health Workforce.
- Core Strategies to Improve Outcomes for Youth and Families in Oregon in a Trauma-Informed System
- *Mental Health* The Unheard Voices in the Conversation about Behavioral Health in the Portland Metro Area
- Service Disparities of Latino Oregonians: A Qualitative Analysis
- HealthShare Market Rate Study
- Report Recommendation for State Support to Establish Peer Run Programs
- Primary Care and Behavioral Health Integration: Implications for Oregon's Medicaid COA Structure
- Behavioral Health Collaborative Report AMH Strategic Plan
- AMH Town Halls
- Commission on Hispanic Affairs

# OHA Behavioral Health Workforce White Paper

Recommendations to address workforce consistently identified needs in the following areas:

- Workforce Training and Competency
- Workforce Composition
- Capacity Assessment and Expansion
- Telehealth



# BH Workforce Training and Competency Goals

Oregon's Behavioral Health Workforce is trained and qualified to treat co-occurring disorders and to work in team-based integrated settings.

- Assess training and curriculum for BH that includes co-occurring disorders
- Develop career ladders and peer mentorships programs
- Support school-based programs to destigmatize BH and to increase use of services among students
- Establish an accredited tribal learning center and tribal credentialing system and secure funds to support a tribal BH continuum of care
- Streamline training of peers throughout the state

# BH Workforce Composition Goals

Oregon's Behavioral Health Workforce aligns provider and patient characteristics and needs.

- Support programs that attract providers from minority ethnic backgrounds to reflect local demographics
- Provide financial aid opportunities, scholarships
- Incentivize clinics to employ hiring practices which result in a professional staff that mirrors their local communities
- Encourage and support diversity courses, practicum placements, externship, and internships that provide mentoring, supervision, and direct clinical experience
- Develop bilingual and bicultural workforce (including peers)

# BH Workforce Capacity Assessment and Expansion Goals

The behavioral health workforce is distributed across different practice settings to meet the presenting population need.

- Allocate workforce to practice settings: distribute clinicians to match patient severity and acuity
- Integrate BH providers into school, correctional and medical settings
- Support efficient behavioral health provider supply for acute settings
- Maximize the use of Nurse Practitioners and Physicians Assistants
- Ensure that all counties have psychiatrists
- Partner with education programs to expand the Health Care Provider Incentive Program to include scholarships and stipends for students in training

# BH Workforce Telehealth Goals

- Expand telehealth reimbursement to include any site of origination
- Prepare BH workforce to conduct telehealth through structured trainings
- Prevent clinical practice rules that impose higher standards for telehealth-provided services than in person care
- Encourage the use of telehealth to reduce health delivery problems, such as provider shortages
- Promote payment and service delivery models to increase consumer and payer value using telehealth
- Enhance consumer choice, outcomes, convenience and satisfaction through use of telehealth

# Other Workforce Efforts

- Health Care Workforce Committee - Oregon Health Policy Board
  
- Governor's Behavioral Health Advisory Council

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**Thank You**

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