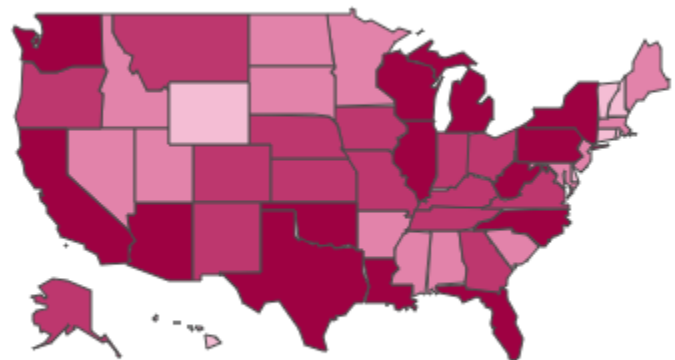


Addressing the Behavioral Health Workforce Shortage

A 2016 report published by the Health Resources and Services Administration (HRSA) identified worker shortages as a key challenge for meeting the nationwide demand for behavioral health services. There are over 123 million Americans living in designated Mental Health Professional Shortage Areas (HPSAs) and it would take nearly 6,000 additional practitioners to meet the needs.¹ One in five adults experiences a mental health condition each year, but only 40 percent receive services.² More than 19 million Americans struggle with substance use disorders but only 11 percent receive treatment.³

Every state is touched by the workforce shortage. Projections show **that by 2025 the shortage will be astronomically worse**; six vital mental health provider types (psychiatrists; clinical, counseling, and school psychologists; substance abuse and behavioral disorder counselors; mental health and substance abuse social workers; mental health counselors; school counselors) will have shortages of approximately **250,510 FTEs**.⁴ An infusion of qualified behavioral health providers is needed to drive down avoidable hospitalization costs, reduce recidivism with justice-involved clients, address the substance use epidemic and increase access to timely, evidence-based care.

Health Professional Shortage Areas by Geographic Area
Mental Health Professionals



Lowest Highest

Note: Non-shaded areas indicate no HPSAs. Source: HRSA 2018

Key Challenges

- Chronic underfunding of the behavioral health safety net, historically low wages, and high case load demands: these conditions result in high burnout and turnover rates within provider organizations. Eighty-five percent of federally designated mental health professional shortage areas are in rural locations⁵ and may experience additional difficulty in recruiting qualified providers without the support of incentives like loan repayment.
- No real-time data on number of mental health professionals, licensure differences and lack of consistent definitions from state-to-state: this limits understanding of the true extent of the shortage and comparing role types. This also makes recruitment difficult as licensing and experience required may vary with relocation.

¹ Kaiser Family Foundation. (2017). Mental Health Care Health Professional Shortage Areas (HPSAs). Retrieved from: <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

² Substance Abuse and Mental Health Services Administration. (2017). Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.pdf>

³ Ibid.

⁴ Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. (2015). National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025. Rockville, Maryland

⁵ Hoge, M., Stuart, G., Morris, J. et al. (2013). Mental Health and Addiction Workforce Development: Federal Leadership Is Needed To Address The Growing Crisis. *Health Affairs* 32(11). <https://doi.org/10.1377/hlthaff.2013.0541>

- Low reimbursement rates for behavioral health services in Medicaid and Medicare and lack of reimbursement for critical services like care coordination: community behavioral health providers are more likely to serve individuals receiving public assistance and cannot sustain their day-to-day operations with low reimbursement rates. This makes it difficult for organizations to recruit qualified staff to meet the needs of the community.

Proven Solutions

- 1) The 2014 Excellence in Mental Health Act: The establishment of Certified Community Behavioral Health Clinics have shown that when behavioral health is properly funded and can cover the costs of care that they give, they can offer competitive salaries and increase employee satisfaction to retain qualified providers. This demonstration program needs to be extended and expanded.
- 2) Increased Support of Telehealth: For rural providers or clinics having difficulty recruiting a certain specialty provider, telehealth is a viable and proven option. Increasing access to telehealth, removing restrictions on the number of appointments that are reimbursable and allowing for prescribing of needed mental health and addiction medications via telehealth allows for increased access, especially in rural locations.
- 3) Reimbursement rates that match costs of care: When clinics have the basic financial resources needed to cover their costs of care, they can provide more treatment to more individuals. Medicaid and Medicare reimbursement rates often require mental health and addiction providers to provide care at a financial loss. For example, Connecticut providers of mental health services in 2014 took a financial hit each time they provided one of the 10 most common procedures as illustrated in the graphic to the right.

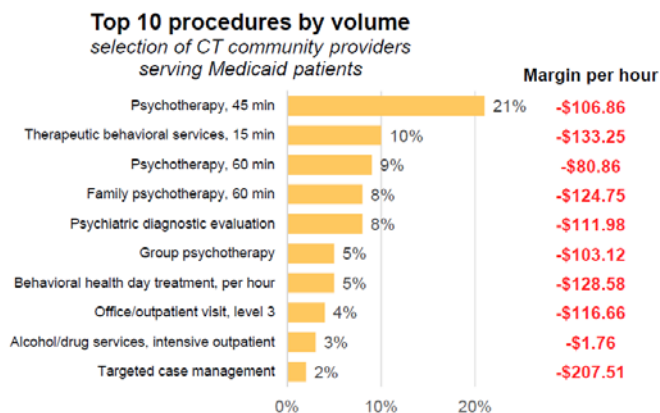
What You Can Do

- Educate state and federal policymakers about the behavioral health workforce shortage in your state and how it impacts the delivery of needed services to people with mental illness and substance use disorders.
- Urge Congress to support the Excellence in Mental Health and Addiction Treatment Expansion Act, which would expand the program to 11 states and extend the life of the original eight states to include an additional year.
- Urge Congress to support amendments to the Controlled Substances Act that would clarify the eligibility of community mental health or addiction treatment centers to dispense prescription drugs through telemedicine.
- Urge support at the state and federal levels of student loan forgiveness programs, like the National Health Service Corps, for mental health professionals who choose to practice in a HPSA.

Spotlight on CCBHCs

The Excellence in Mental Health Act established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, are designed to provide comprehensive mental health and substance use disorder services to vulnerable individuals. CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of their community.

Behavioral Health Medicaid Reimbursements: Connecticut, 2014



Source: Prioritizing Community Based Services in CT, CT Community Providers Association, February 2015

USC Schaeffer

Note: Top 10 procedures account for 75% of total service hours by community providers.