



# NAATP NATIONAL 2022

# Strategies for Developing and Maintaining a Healthy and Effective Treatment Workforce

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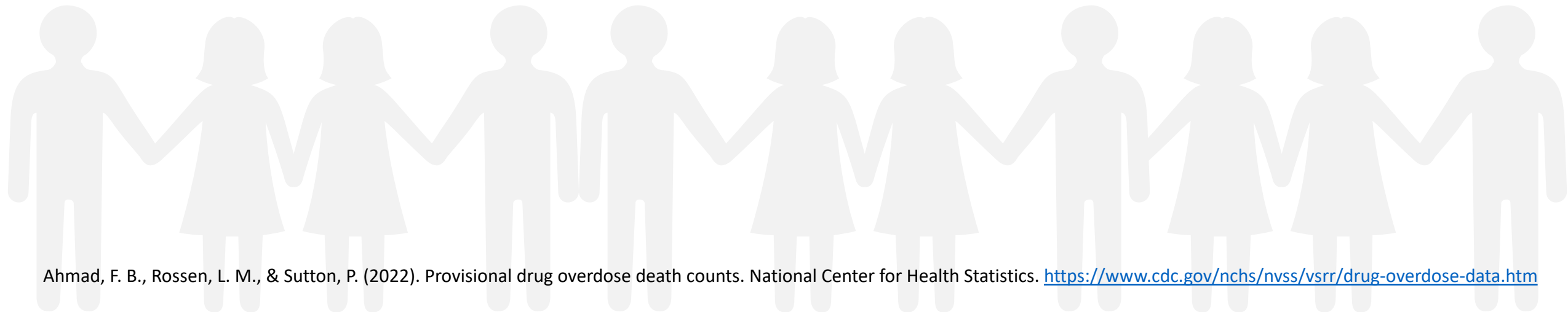
Welcome

# Objectives

- Understand the current landscape
- Identify specific strategies for navigating these challenges and recognize the opportunities for the future for the workforce
- Engage in meaningful dialogue about the future of care delivery during an ongoing public health crisis

MORE THAN  
**105,000**

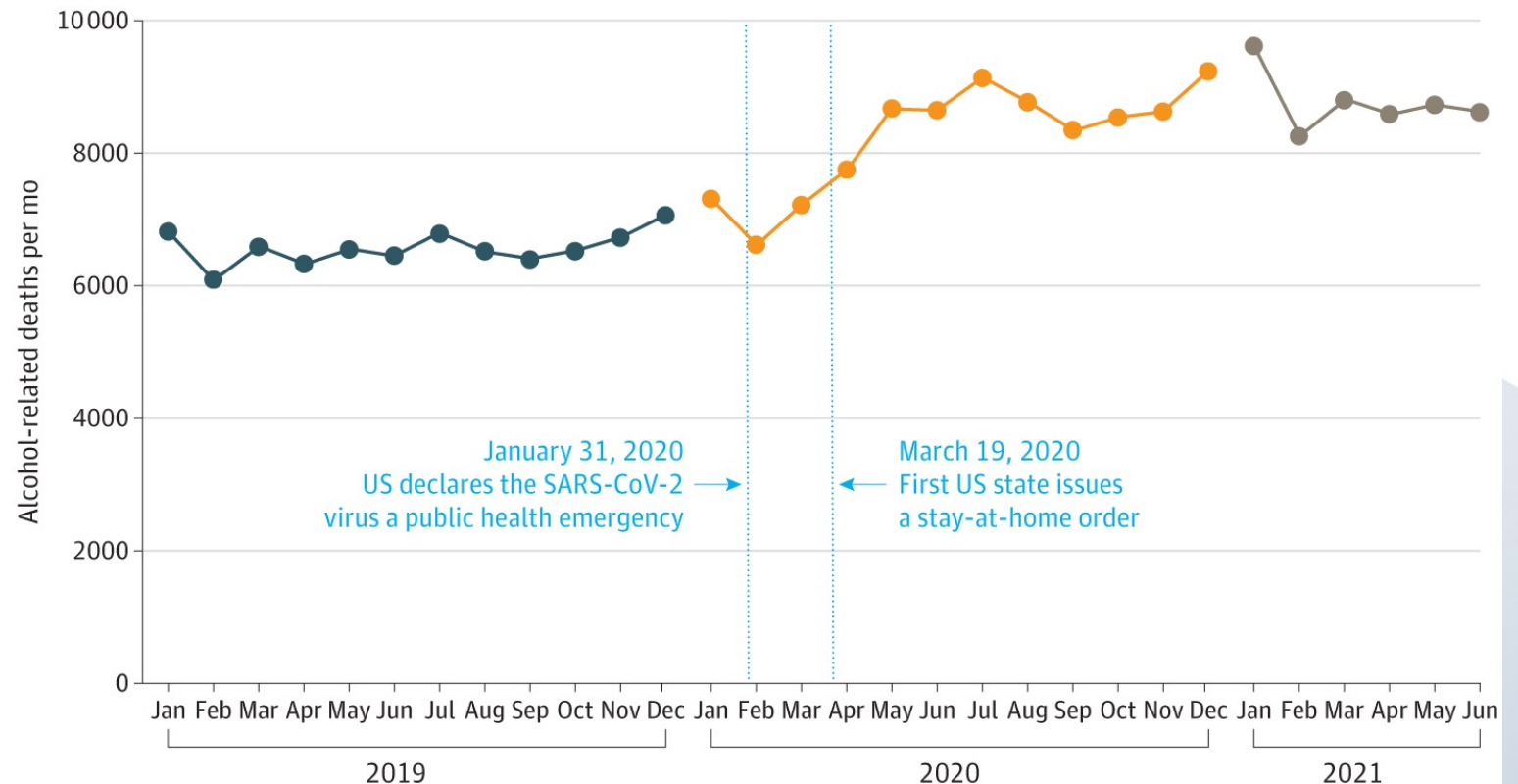
**PEOPLE DIED OF AN OVERDOSE**  
**in the 12-month period ending in October 2021**



# Alcohol-related Deaths

- Between 2019 and 2020, alcohol-related deaths increased 25.5% (78,927 to 99,017).
- Alcohol-related deaths accounted for 3% of all deaths in 2020.
- Rates increased for all age groups.
- Opioid overdose deaths involving alcohol increased 41%.

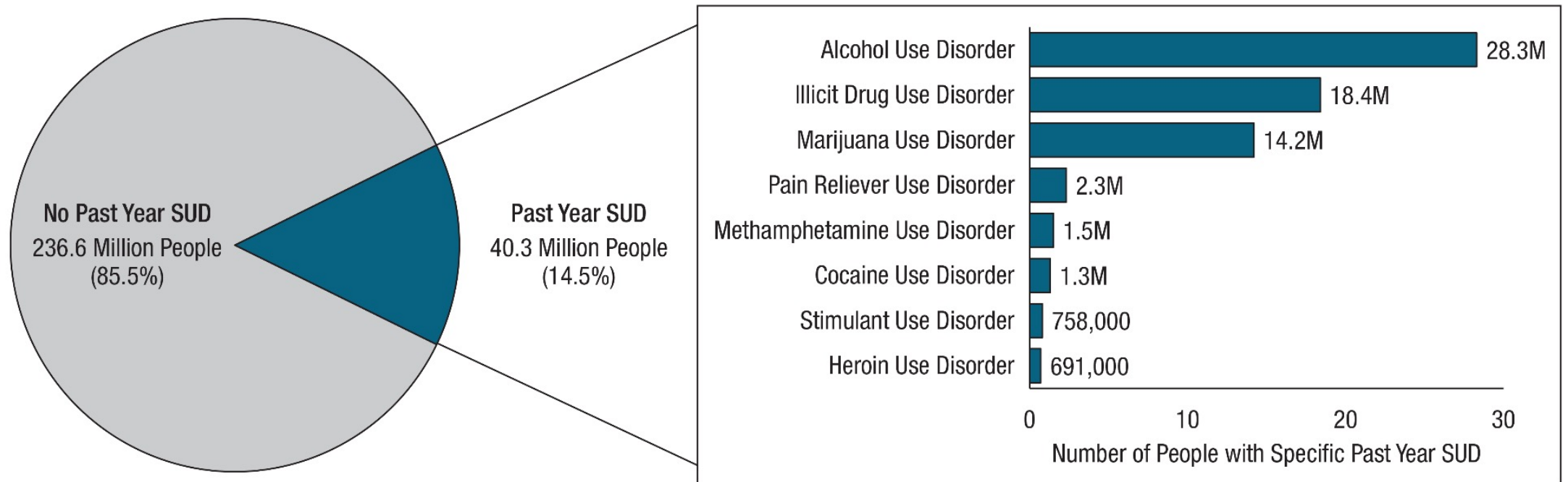
Monthly Alcohol-related Deaths among People 16 Years and Older in the U.S.



White, A. M., Castle, I. P., Powell, P. A., Hingson, R. W., & Koob, G. F. (2022). Alcohol-Related Deaths During the COVID-19 Pandemic. *JAMA*. doi:10.1001/jama.2022.4308



# People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2020



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

**More than half a million people** have reported signs of anxiety and/or depression, Anxiety screens were up by 634% and depression screens were up 873%.

**Nearly 180,000 people who took the screening reported suicidal ideation** on more than half the days or nearly every day

**Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth.** In September 2020, over half of 11-17-year-olds reported having thoughts of suicide or self-harm nearly every day of the previous two weeks.

**Nearly 78,000 youth** reported experiencing frequent suicidal ideation, including nearly **28,000 LGBTQ+ youth.**

**70% of people reported that loneliness or isolation** was the top contributing factor to mental health issues



## Treatment Need

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Only 4 million of the 41.1 million people aged 12 or older who needed substance use disorder (SUD) treatment received it.\*

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Among 2.5 million people with opioid use disorder, only 11.2% received medication for opioid use disorder (MOUD).\*

[Results from the 2020 National Survey on Drug Use and Health:](#)



# SUD Treatment Workforce

- The supply of addiction counselors is projected to increase 6% between 2016 and 2030
- Demand for addiction counselors may increase 21-38% by 2030
- Each year, 25% of SUD clinicians leave the job
- Workforce shortages → decreased access to care

<https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/addiction-counselors-2018.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2937083/>

<https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/Behavioral-Health-Workforce-Projections.pdf>

# 2022 ONDCP National Drug Control Strategy

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**Objective 1: Treatment admissions for the populations most at risk of overdose death is increased by 100-percent by 2025.**

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**Objective 2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70-percent by 2025.**

# Lack of Diversity

- Recent data from American Psychiatric Association indicates only 2 percent of the estimated 41,000 psychiatrists in the U.S. are Black, and just 4 percent of psychologists are Black.
- On college campuses, close to 61 percent of counseling center staff are White, and 13 percent are Black, according to a 2020 Association for University and College Counseling Center Directors survey.

<https://www.insightintodiversity.com/addressing-the-lack-of-black-mental-health-professionals/>



# Barriers to Recruitment and Retention of BIPOC staff


- Lack of knowledge and stigma about mental health and substance use within communities of color
- Poor Personal Experiences with SUD/MH Services
- Need for Mentorship
- Salary/Educational Cost
- Lack of Focus on Self-Care

# Possible Solutions to Recruitment and Retention of BIPOC staff

- Mentorship/Apprenticeship programs
- Community education about mental health and substance use services
- Increased investment supervision
- Salary/financial incentives
- Increase use of technology
- Reinvest in Colleges and Universities
- Enhanced Self-Care Resources
- Increase Community Partnerships

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## A call to action: Addressing the workforce in policy and funding streams

Individuals with mental health and substance use concerns are facing challenges accessing adequate, timely and affordable care in every state in the country. This leads to dire consequences such as worsening symptoms, the need for acute care services, subsequent engagement in the criminal justice system, and in some cases, suicide or overdose.





# IMPACT OF COVID-19 ON BEHAVIORAL HEALTH WORKFORCE

National Council for Mental Wellbeing

SEPTEMBER 2021

# Key findings



Demand for services continues to increase



Waitlists are growing

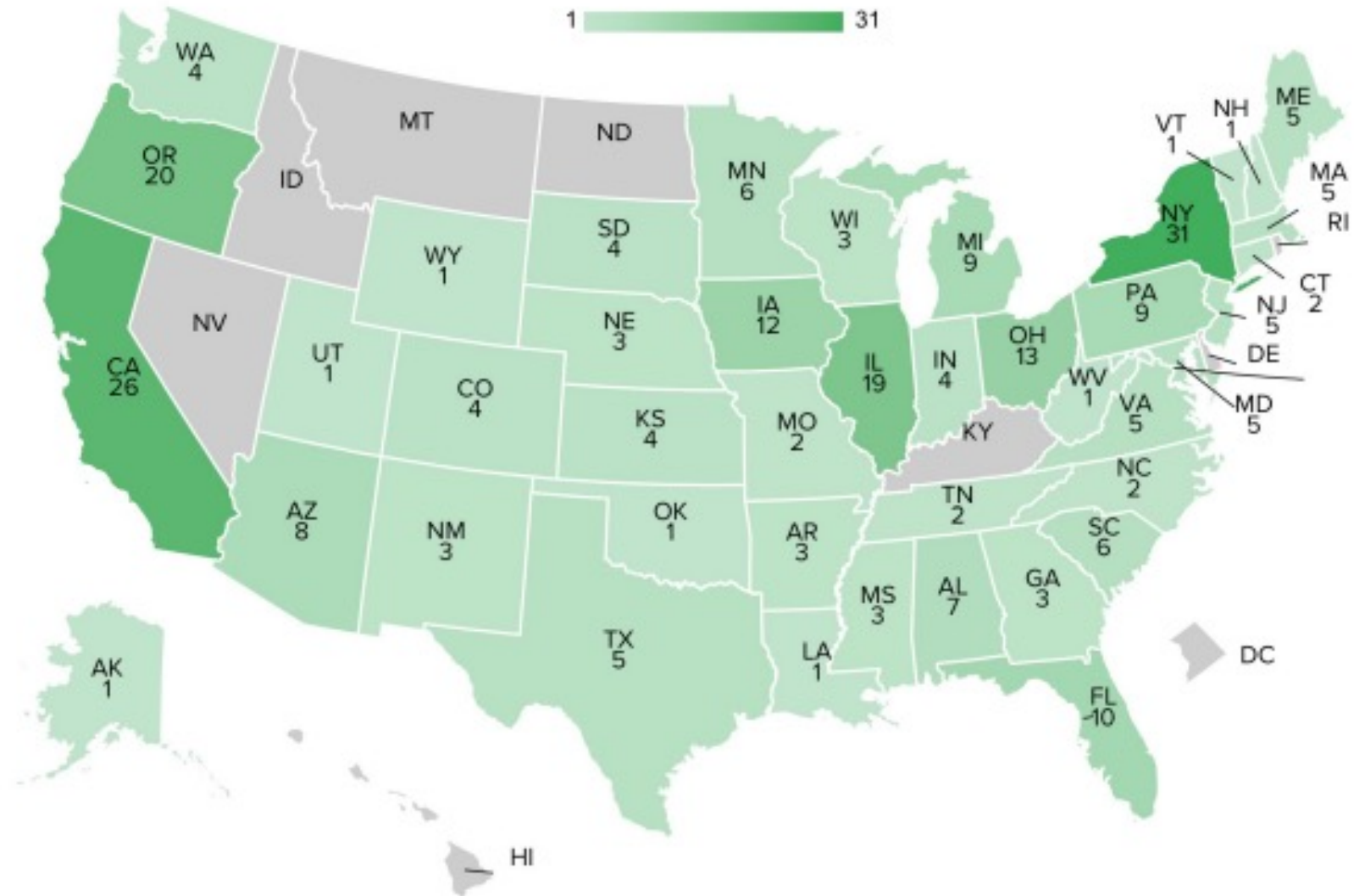


Challenges with recruitment and retention



Additional funding and attention to administrative burdens are needed

Members  
Surveyed,  
260



# Top concerns

Staff burnout

Staffing shortages

Qualified staff

COVID-19 Burnout

Client need

Adequate training for staff



# Healthcare worker experiences

Stressed out and stretched too thin



Worried about exposing loved ones

Emotionally and physically exhausted

Not getting enough emotional support

Struggling with parenting

<https://mhanational.org/mental-health-healthcare-workers-covid-19>

**80%** increase in demand for mental health and substance use treatment in the past three months.

Nearly all mental health and substance use treatment organizations report workforce shortages and problems recruiting and retaining workers.

# \$47,660

the wage for substance use and mental health counselors in May, 2020. The field is expected to **grow 25%** between 2019-2029 which is much **faster than all other occupations**.

“

The volume of people requesting services has increased slightly but the **level of distress and crisis** that people are experiencing is infinitely higher. We see more people in **severe crisis** due to homelessness, substance use and **lack of hope**. In our rural community, we don't have much in the way of housing or housing supports.”

**National Council Member**

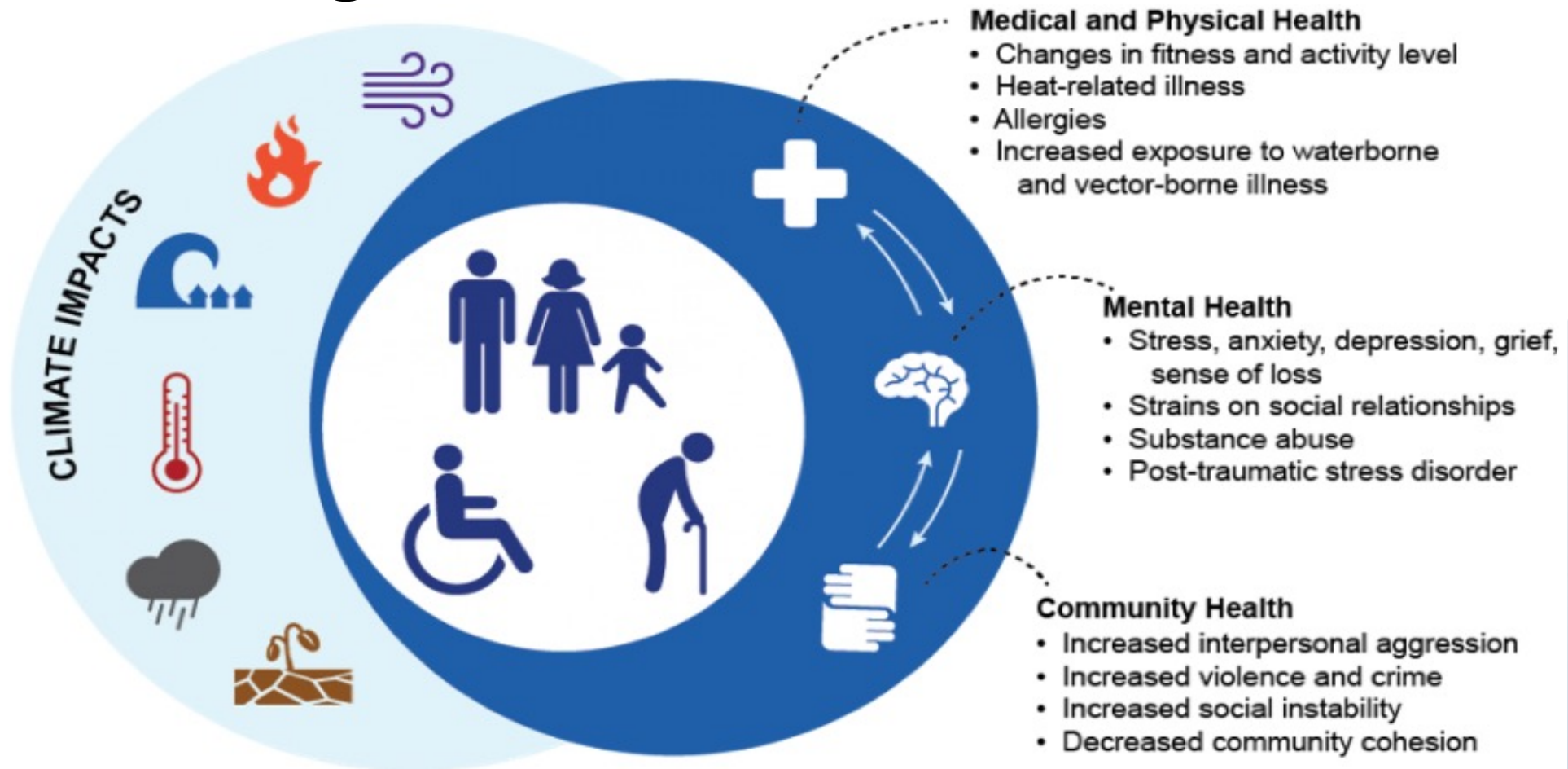


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Future supply and demand for behavioral health practitioners will be affected by a host of factors related to **population growth, aging of the nation's population, overall economic conditions, expansion of insurance coverage, changes in health care reimbursement, retirement, attrition, availability of training, and geographic location** of the health workforce.”

**HRSA**

# Climate change and behavioral health



# Three policy briefs

1. Policy, Financial Strategies, and Regulatory Waivers

2. Clinical Care Delivery Models and Digital Solutions

3. Strategies to address Diversity, Equity, and Inclusion

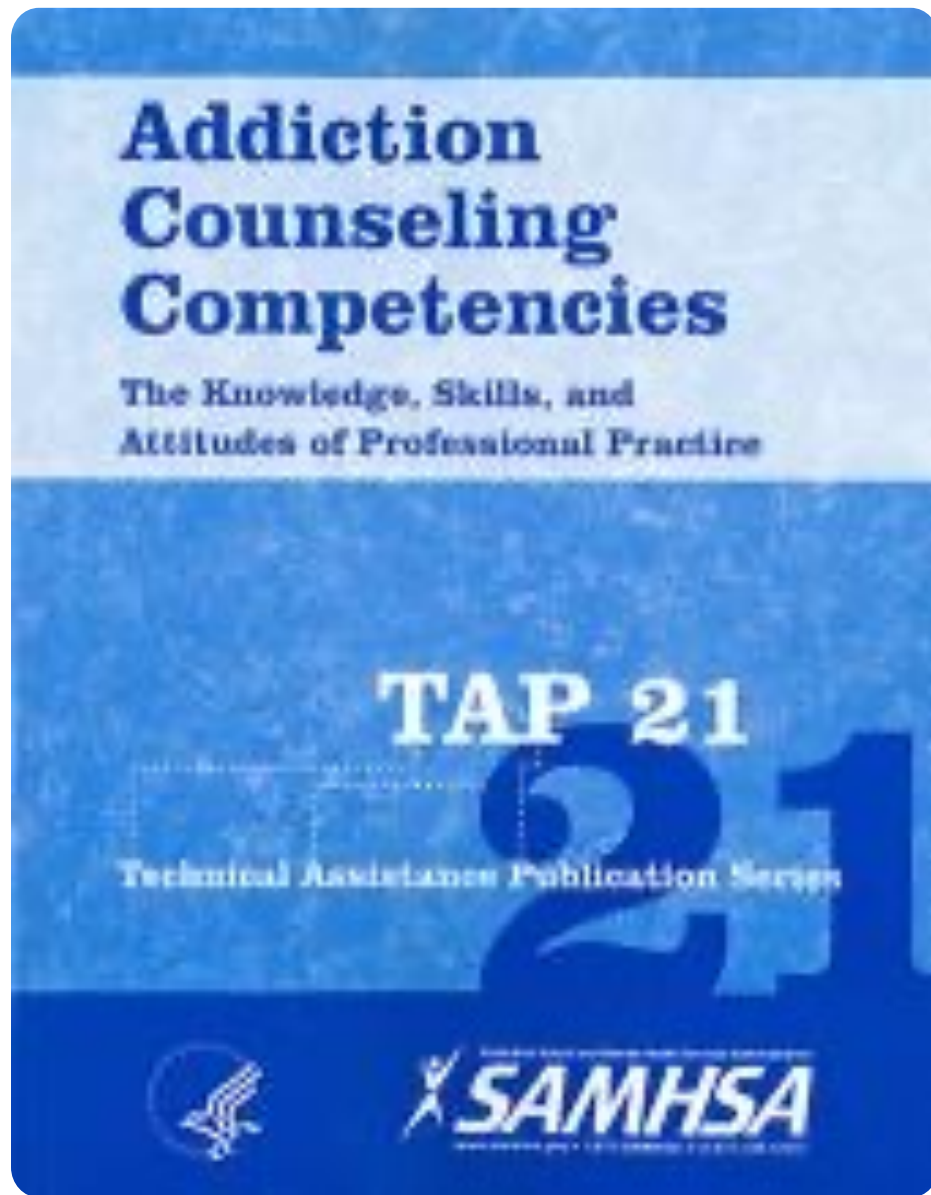
# Key recommendations

Policy	Organization	Enhancing DEI in the Workforce
Leverage innovative financing	Disruptive innovation	Engage BIPOC in strategic efforts
Promote loan repayment	Enhance the workforce pipeline	Use data to understand needs
Reduce regulatory barriers	Partner with HR	Build DEI in workforce efforts
Extend telehealth policy reforms	Reduce administrative burden	Address structural barriers
Leverage peer support	Invest in training support	<b>CA implemented a comprehensive approach to diversifying the health workforce - California Future Health Workforce Commission.</b>
Measure the impact of workforce shortage	Support apprenticeship opportunities	
Invest federal relief funding in workforce efforts	Increase entry-level employment	
CO: Proposed budget through American Rescue Plan Act (ARPA) of \$280 million to strengthen the workforce and enhance rural sustainability focusing on stabilizing the workforce crisis; increasing quality through training; creating career paths and investing in rural providers. <a href="#">LINK</a>		

# Strengthening Existing Workforce







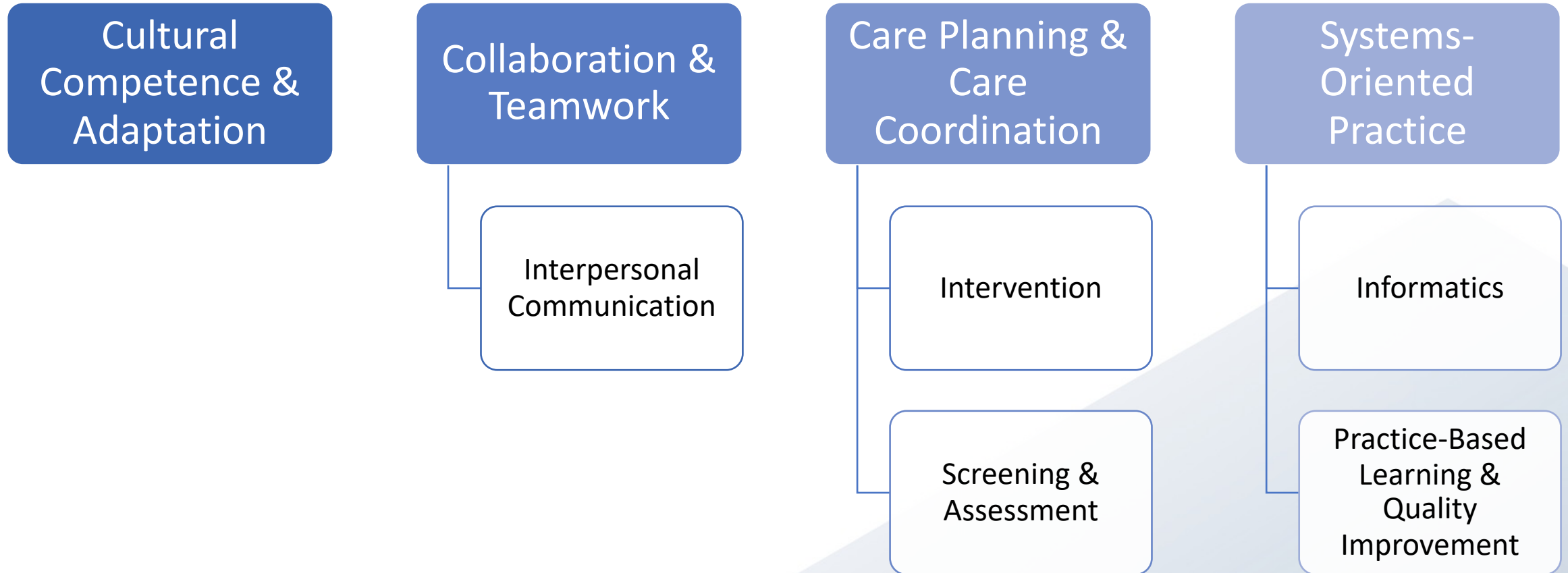
# Focus on Core Competencies

## TAP 21 Addiction Counseling Competencies

- Published in 1998
- Guides curriculum development, training programs, and professional standards
- Identifies 123 competencies for effective practice of counseling for psychoactive SUD
- Presents knowledge, skills, and attitudes to become fully proficient



# Core Competencies for Integrated Behavioral Health and Primary Care





# Greater Creativity and Flexibility with Staff

Become more flexible and creative in how staff can provide services:

- Shorter therapeutic sessions (15-30 minute vs. 50-minute session)
- Mobile services
- Telehealth services
- Use of mobile applications (cell phone based-technology)
- Expanding community partners and referrals

# Investing in New Knowledge

**Trauma-informed  
care**

**Motivational  
Interviewing**

**Screening, Brief  
Intervention, and  
Referral to  
Treatment (SBIRT)**

**Medications**

**Brief therapy**

**Social  
determinants of  
health**

**Cultural  
competency**

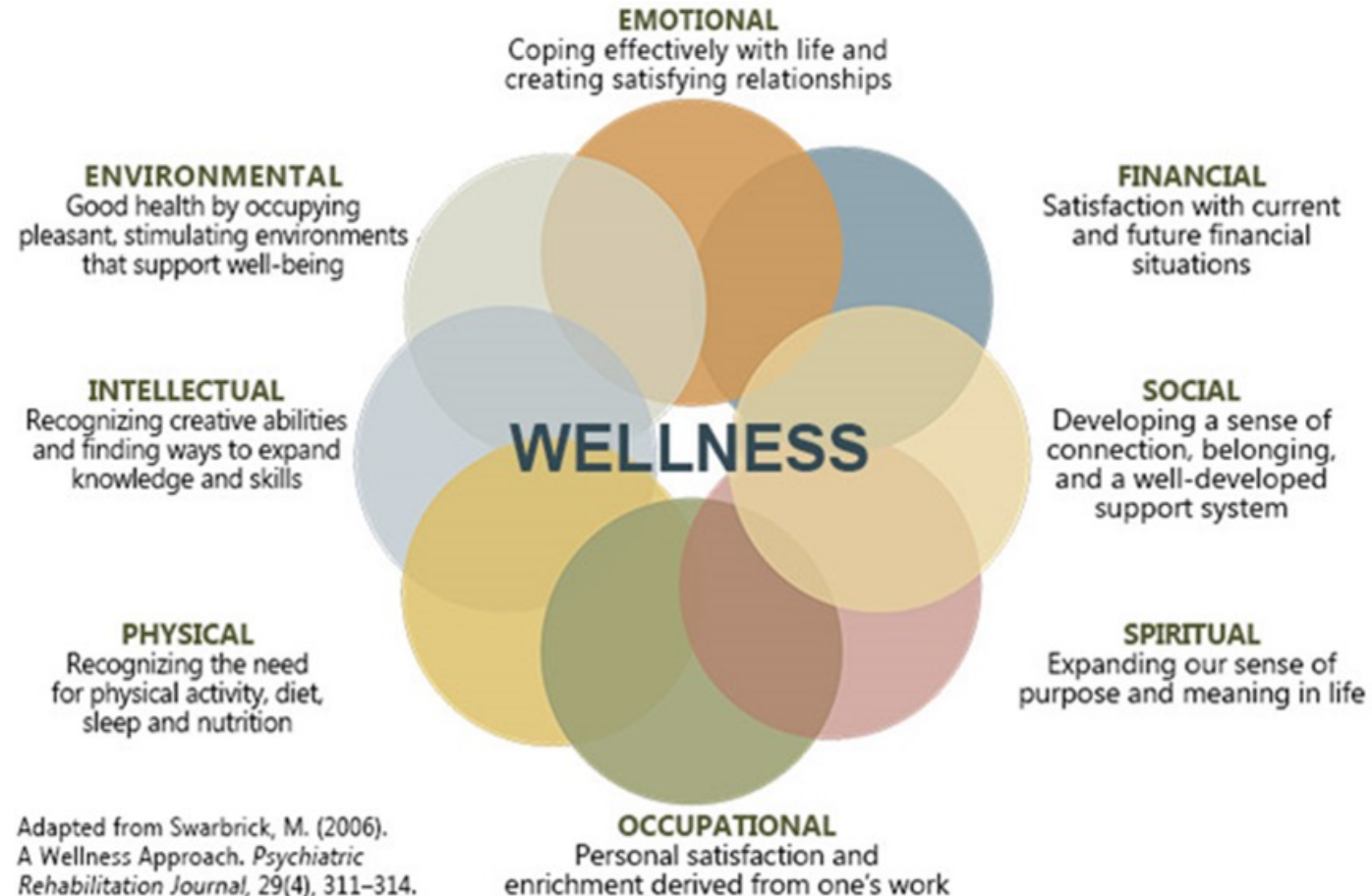
**Suicide screening  
and assessment**

**Contingency  
management**

**Co-occurring  
disorders**

**Telehealth/use of  
technology**

# Greater focus on Self-Care



# Resources

African American Behavioral Health Center of Excellence

<https://africanamericanbehavioralhealth.org/about/about-us.aspx>

U.S. Bureau Of Labor Statistics

<https://www.bls.gov/oes/current/oes211018.htm>

National Network to Eliminate Disparities in Behavioral Health (NNED)

<https://nned.net/>

HBCU Center for Excellence in Behavioral Health

<https://www.myhbcucares.org/about-us/>



# NAATP National Addiction Industry Salary Survey 2022

- The Salary Survey helps our national treatment provider community create fair compensation packages, recruit and keep competent staff, and manage the budget.
- *The data collection for the 2022 survey is in progress. To participate in the 2022 Salary Survey please contact [info@naatp.org](mailto:info@naatp.org) to receive your unique survey link.*



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VOICE.  
VISION.  
LEADERSHIP.

# Thank you for attending

## Next Sessions:

### Leadership Luncheon:

With Dr. Nicholas Kardaras

Sponsored By: Turning Point of Tampa

**12:15 - 1:45**

*Bayview Room*

*32nd Floor*

*RSVP required*

### Workshop 2A:

Achieving Value-Based Care through Equitable  
Reimbursement

**2:00 - 3:15**

*Seaport Ballroom*

*FG*

### Workshop 2B:

Advances in Virtual Care for Substance Use  
Disorders

**2:00 - 3:15**

*Seaport Ballroom*

*H*