



## **The Adequacy of the Behavioral Health Workforce to Meet the Need for Services Overview of Key Findings<sup>1</sup> July, 2014**

Soon to be released findings from an ongoing study of supply and demand in the behavioral health (BH) labor market indicate that many states are faced with provider shortages that will only increase as workers retire and choose to leave their primary occupation. The scope of these market imbalances indicate the need for federal and state agencies to develop an Infrastructure Policy Framework that will guide the coordination of public investments in the behavioral health workforce and support provider management of human resources.

### **Research Scope and Databases**

Advocates for Human Potential, Inc. (AHP) has compiled and analyzed publically available data sources to assess the adequacy of the behavioral health labor force at the national and state levels. These databases cover the labor force (Bureau of Labor Statistics [BLS]); substance use disorder (SUD), serious mental illness (SMI), and any mental illness (AMI) prevalence (Substance Abuse and Mental Health Services Administration [SAMHSA]); and education pipelines (Department of Education [DOE]).

Specifically, AHP has created a behavioral health workforce database that includes:

1. A new taxonomy of the BH labor force based on BLS occupational categories. While the BLS data do not permit a detailed focus on the addiction and mental health workforce per se, they do provide for a reliable assessment of the labor force serving those with either or both SUD or mental health service needs at the national and state levels. The taxonomy of the behavioral health (MH) labor force includes the following groupings:
  - Professional Workers<sup>2</sup>
    - Advanced Practitioners: Clinical Counseling and School Psychologists, and Psychiatrists.
    - Practitioners: MH and SUD Social Workers, SUD and Behavioral Disorder Counselors, MH Counselors, and Rehabilitation Counselors.
  - Support Staff: Psychiatric Technicians and Aides
2. Current and projected behavioral health employment levels based on the BLS' Employment Occupation Statistics and Projections Program by occupation nationally and by state (2010-2020), including net new job growth, total job openings, and job openings due to replacement demand.

<sup>1</sup> Based on: "The Behavioral Health Workforce: Will Provider Capacity be Sufficient to Meet Service Demand?" AHP Working Papers on Behavioral Health Infrastructure, forthcoming publication, September, 2014.

<sup>2</sup> These estimates do not include new, emerging occupations, such as Certified Peer Specialists or Recovery Coaches, or others emerging in community colleges, although anecdotal information suggests that the numbers are limited.



3. SAMHSA prevalence estimates of AMI, SUD, and SMI for individuals over the age of 17, nationally and by state based on the 2010 National Survey on Drug Use and Health (NSDUH) data set.
4. SAMHSA estimates of the size of the Medicaid and Exchange expansion populations with respect to SUD and SMI nationally and by state.
5. Estimates of degrees granted for three key BH worker categories based on the Digest of Education Statistics (2009-2010).
  - MH Counselors; SUD/ Addiction Counselors; Rehabilitation Counselors

Using the Professional BH labor force category and the SAMHSA prevalence estimates for 2010, AHP created a Provider Availability Index (PAI), nationally and by state. The PAI is a new standardized metric that measures the adequacy of the BH labor force by state, separately for AMI, SMI, and SUD. It measures the ratio of the size of the labor force to the prevalence estimates per 1,000 individuals.<sup>3</sup>

### **Key Findings**

The data show that increased demand for services coupled with high levels of replacement demand and a geographic mal-distribution of BH workers will leave many states with an insufficient provider capacity.

1. Growth of the behavioral health (BH) labor force
  - The BH labor force is expected to increase by 18% between 2010-2010, reaching nearly 980,000 workers, an increase of nearly 160,000 jobs. BH Practitioners are projected to experience the greatest growth – 20%.
  - Employment growth is not the only source of job openings, however. Replacement demand is also important since people retire or permanently leave a BH occupation. In the BH labor force, replacement demand exceeds net new job growth, particularly for Advanced Practitioners and Practitioners, 65% and 52% of all job openings respectively. The national replacement demand average for all workers in the U.S. is 62%.
    - For example, among BH Practitioners, there are projected to be 194,000 job openings between 2010 and 2020. Of these openings, roughly 92,000 are due to growth, and 102,000 are due to replacement demand. This will place great pressure on providers to retain their employees, and to fill all opening; it will also challenge education pipelines to enroll and graduate increased numbers of BH workers.

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<sup>3</sup> As a new measure, AHP is working to refine it with respect to: a large shares of psychiatrists do not accept third party payments; not all Advanced Practitioners and Practitioners are licensed by their state to provide services; a disproportionately large share of providers work in Outpatient Care Centers, or individual and group practices, while many with a SUD disorder require in-patient treatment; and the impact of care integration has not been addressed.



- Data from DOE on post-secondary institutions granting bachelor's and master's degrees in selected BH occupations indicate the level of output falls far below the number of openings that will have to be filled.
2. The (Professional) Provider Availability Index (PAI)
- Nationally, the PAI for those with AMI, an SMI or SUD is 13.4, 53.4 and 32.1 per thousand people over the age of 17, respectively. In other words, for every 1,000 people with a SUD, for example, there are up to 32 Advanced Practitioners and Practitioners who are potentially available.
  - Among the bottom PAI quartile states, we found the following:
    - The PAI for those with AMI ranges from 5.9 to 10. The comparable PAI for the top quartile states is more than double.
    - Among those with an SMI, the PAI ranges from 22 to 37 and the SUD PAI ranges from 11 to 25, per 1,000. The comparable PAI ratios for the top quartile states are nearly double and range from 70 to 125 for SMI, and 42 to 70 for SUD.
    - Of the 27 states expanding Medicaid or leaning towards it, nearly 20% (5) are in the bottom quartile (and an additional six states are in the third quartile).
    - Replacement demand exceeds 50% in seven of the bottom quartile states, and four of these states are Medicaid expansion states.

### **Implications**

These results indicate that the availability of behavioral health services, and access to them will require a coordinated effort and investments at the federal, state, and provider levels. These efforts and investments should be targeted on:

- Improving provider people management practices to build a high performance workplace, address recruitment and retention issues, and engender high levels of patient engagement and outcomes.
- Introducing new entry and mid-level BH occupations (e.g., Certified Peer Specialists, Recovery Coaches, Care Coordination Specialists, etc.), including career ladders that lead to Sustainable Family Wages, to allow highly trained professionals to spend more time treating patients.
- Leveraging the trend to care integration to develop new service delivery models roles.
- Rationalizing the data collection system of the BH labor force to ensure the availability standard core data elements that can be used to understand the supply of workers (e.g., BH Minimum Data Sets, etc.)



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### **About AHP**

Advocates for Human Potential, Inc. (AHP) is a leading provider of technical assistance, training, research, program development, and evaluation services focused on improving health, behavioral health, and human services systems. AHP's Healthcare Solutions Division supports payers and provider organizations and associations with the information, management, and business advisory services needed to adapt to the complexities of healthcare reform.

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