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The Mental Health and Substance Use Workforce for Older Adults

In Whose Hands?

The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands report offers recommendations, excerpted here, for implementation by key stakeholders to address the unique needs of an aging population.



Recommendation 1

Congress should direct the Secretary of the Department of Health and Human Services (HHS) to designate a responsible entity for coordinating federal efforts to develop and strengthen the nation's geriatric mental health substance use (MH/SU) workforce.

The committee urges Congress to fund the already authorized National Health Care Workforce Commission to serve in this capacity. In the absence of congressional action, the Secretary of HHS should act as soon as possible to designate an alternative body.

The coordinating body should have the following priorities with respect to the geriatric MH/SU workforce:

- Identification, development, and refinement of methods for improving recruitment and retention of geriatric MH/SU personnel, including ways to build a workforce that reflects the increasingly diverse older adult population.
- Promotion and support of wide-scale implementation of evidence-based models of geriatric MH/SU care that effectively deploy personnel.
- Identification, development, and refinement of model curricula and curriculum development tools in geriatric MH/SU, including effective models of training for integrated rehabilitation, health promotion, health care, and social services for older adults with serious mental illness.
- Identification, development, and refinement of core competencies in geriatric MH/SU for the entire spectrum of personnel who care for older adults, including direct care workers, peer support specialists, primary care physicians, nurses (at all levels), physician assistants, substance use

counselors, social workers, psychologists, rehabilitation counselors, and marriage and family therapists.

- Evaluation and dissemination of all of the above.

Recommendation 2

The Secretary of HHS should ensure that its agencies—including the Agency for Healthcare Research and Quality, Administration on Aging, Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), National Institute on Drug Abuse, National Institute on Mental Health (NIMH), and Substance Abuse and Mental Health Services Administration (SAMHSA)—assume responsibility for building the capacity and facilitating the deployment of the MH/SU workforce for older Americans:

CMS

- CMS should evaluate alternative methods for funding primary care and other personnel who provide evidence-based models of care to older adults with MH/SU conditions. This should include reimbursing care managers as well as the psychiatrists and other mental health specialists providing supervision of their work.
- CMS should evaluate alternative payment methods to encourage effective deployment of the workforce to provide integrated primary care, chronic disease self-management, and health promotion for older adults receiving care in Community Mental Health Centers and other specialty mental health settings.

- CMS should explore approaches and strategies for improving care delivery to older adults with MH/SU conditions through its contracts with Quality Improvement Organizations.
- CMS should enforce and monitor implementation of Preadmission Screening and Resident Review Program (PASRR) and Minimum Data Set (MDS) nursing home requirements regarding residents' mental health. The agency should also ensure that PASRR and MDS mental health assessments inform residents' care plans and that nursing home personnel implement the care plans accordingly.

HRSA

- The HRSA Administrator should ensure that the National Center for Health Care Workforce Analysis devotes sufficient attention to geriatric MH/SU with guidance from the national coordinating body described below.
- The HRSA Administrator should ensure that the Geriatric Academic Career Awards career development grants include awards to geriatric MH/SU specialists if they commit to working with older adults who have MH/SU conditions in acute and long-term care settings.
- The HRSA Administrator should ensure that the Geriatric Education Centers and the Comprehensive Geriatric Education Program institutional awards fund programs that train individuals in geriatric MH/SU care.

NIMH

- The Director of NIMH should ensure that the institute conducts research on methods for increasing the capacity of the mental health workforce to provide competent and effective care for older adults who reside in the community or in nursing homes or other congregate residential settings.

SAMHSA

- The SAMHSA Administrator should ensure that the agency devotes sufficient attention to the capacity of the behavioral health workforce to provide both geriatric mental health and geriatric substance use services.
- The SAMHSA Administrator should ensure that the agency restores funding of the Older Adult Mental Health Targeted Capacity Expansion Grant program.
- The SAMHSA Administrator should require states that receive MH/SU block grants to document and to report how the funds are used to support local capacity to serve older adults.

Recommendation 3

Organizations responsible for accreditation, certification, and professional examination, and state licensing boards should modify their standards, curriculum requirements, and credentialing procedures to require professional competence in geriatric MH/SU for all levels of personnel that care for the diversity of older adults.

These efforts should include requirements for recertification and professional development for already licensed and certified personnel.

Recommendation 4

Congress should appropriate funds for the Patient Protection and Affordable Care Act workforce provisions that authorize training, scholarship, and loan forgiveness for individuals who work with or are preparing to work with older adults who have MH/SU conditions. This funding should be targeted to programs with curricula in geriatric MH/SU and directed specifically to the following types of workers who make a commitment to caring for older adults who have MH/SU conditions:

- Psychiatrists, psychologists, psychiatric nurses, social workers, MH/SU counselors, and other specialists who require skills and knowledge of both geriatrics and MH/SU.
- Primary care providers, including geriatricians and other physicians, registered nurses (RNs), advance practice registered nurses (APRNs), and physician assistants.
- Potential care managers for older adults who have MH/SU conditions, including RNs, APRNs, social workers, physician assistants, and others.
- Faculty in medicine, nursing, social work, psychology, substance use counseling, and other specialties.
- Direct care workers and other frontline employees in home health agencies, nursing homes, and assisted living facilities (including personal care attendants not employed by an agency).
- Family caregivers of older adults with MH/SU conditions.

Recommendation 5

HHS should direct a responsible entity (as described above) to develop and coordinate implementation of a data collection and reporting strategy for geriatric MH/SU workforce planning. Data collection and reporting should include the following:

- Prevalence data for Diagnostic and Statistical Manual of Mental Disorders-defined diagnoses and other MH/SU conditions. Representative data on subgroups are essential.
- Use of MH/SU services by subgroups.
- Comprehensive and comparable information on the full range of geriatric MH/SU personnel with sufficient detail to assess the workforce supply.