Addressing Our Behavioral Health Workforce Crisis

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My Definition of the Problem

- The Behavioral Health Workforce is an Orphan!
- The workforce field has no home and no leadership.

Features of Today's Workforce Crisis

- Low percents of those in need are being served (adults – mental health: well less than 50%; adults – substance use: about 20%; children and adolescents – about 25%).
- Staff burnout has become common in behavioral health care settings.
- The majority of those in jails and prisons have behavioral health conditions, but are not being served. Similar situation for those who are homeless.
- Field has been slow to adopt integrated care solutions.
- Field is far behind in adoption of information technology solutions and data systems. Yet, AI is just around the corner!

How Did This Problem Develop? A Short History

- Founding of NIMH in 1950: Dr. Robert Felix: A three legged stool: Research, Services, Training.
- Training Program grew from $3 million in 1950, to $117 million in 1972, and back to $3 million in 1992. At zenith, the Program had a staff of about 35. Program included:
  - Clinical Training Grants (50 thousand persons trained).
  - A Staff College for managerial, evaluation, and IT training (thousands trained).
- Program ended under SAMHSA auspices in 1994. Thus, the behavioral health field has not operated a national training program for 30 years!
- In 2004, SAMHSA developed a strategic plan for the behavioral health workforce, because workforce capacity already was becoming an “issue”.
- Strategic plan was never implemented.
- In recent years, HRSA has been appropriated some funds for behavioral health workforce training, principally in response to the COVID-19 pandemic.

Short Term Actions (1-2 Years)

- Convene key representatives of the national behavioral health workforce field.
- Create the National Office of Behavioral Health Workforce Practice.
- Create a National Center on Behavioral Health Workforce Excellence.
- Develop a national behavioral health workforce strategic plan.

Intermediate Term Actions (3-5 Years)

- Develop a national plan for outreach to the health and social services fields and to state, county, city, and tribal behavioral health care programs.
- Create a new large-scale grant program to support state, county, city, and tribal behavioral health workforce development.
- Create a new large-scale grant program to stimulate innovative behavioral health workforce solutions at the community level.

Long Term Actions (5+ Years)

- Develop a national plan for transformation of behavioral health workforce training.
- Create a new large-scale grant program to support academic institutions in their efforts to transform behavioral health workforce training.
- Create a new large-scale grant program for new entrants into the behavioral health workforce field and public, non-profit, and for-profit entities seeking to update the training of their staff.
- Develop, monitor, and report national behavioral health workforce goals.

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