



NAEMS: Workshop on Workforce Challenges Across the Behavioral Health Continuum

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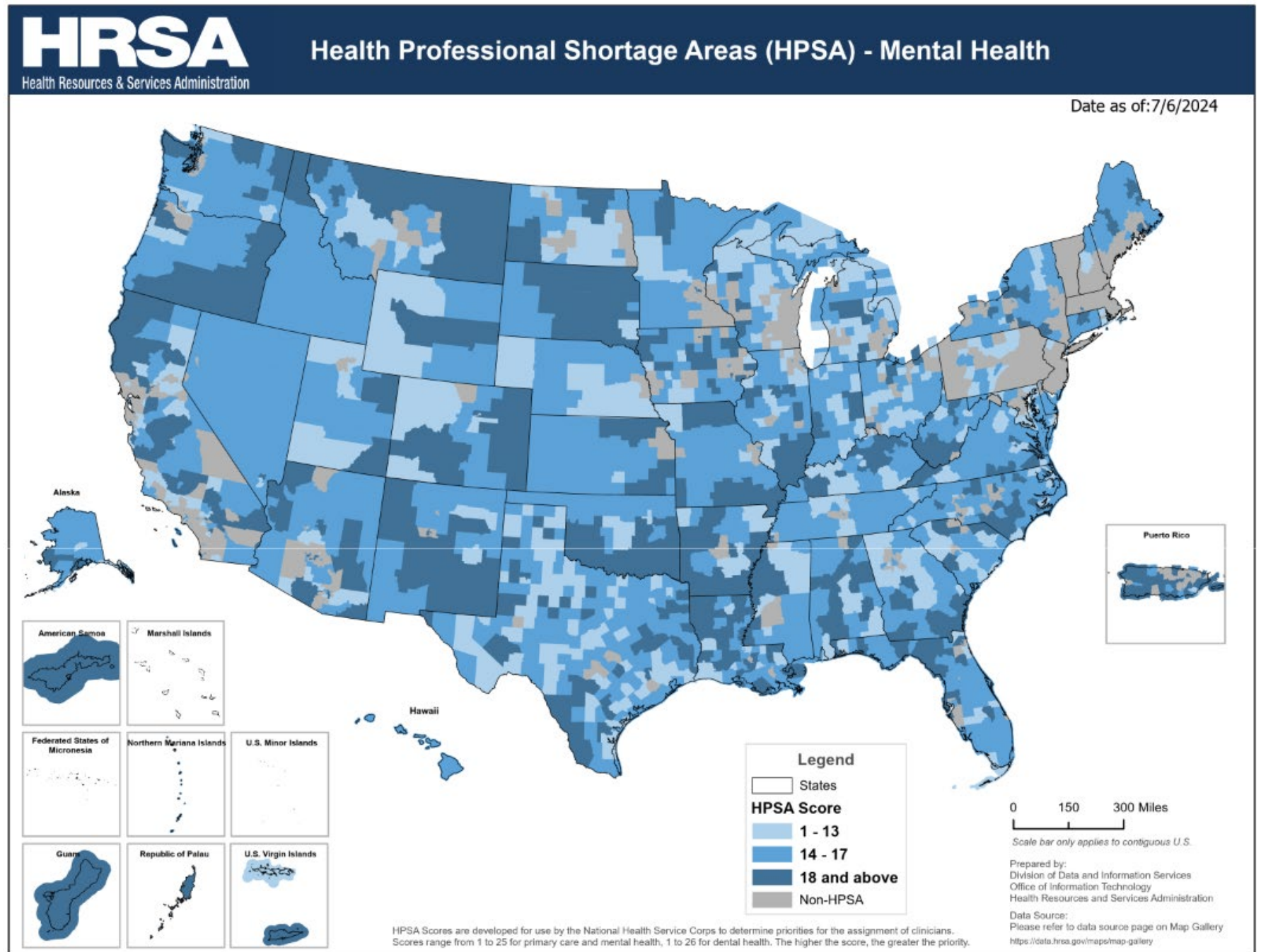
Disclosures

No conflicts of interest to disclose

Overview

- **Workforce Issues and Challenges**
 - **Shortages**
 - Training
 - Regulations: Licensure, scope of practice (state based);
 - Reimbursement
 - Focus on Return on Investment (ROI), **billable services**
- **Examples**
 - Peer support providers
 - Advanced practice RNs: Nurse Practitioners, Psychiatric Nurse Practitioners
- **Current workforce crises**
 - Opioid use treatment (Medication for Opioid Use Disorder (MOUD))
 - Shortages; recruitment, retention

- Scores range from 1-25
- Multiple factors go into scoring
- Darker blue=higher score
- The higher the score, the higher the priority
- HPSA scores used for funding workforce stipends, loan repayment, etc



Examples of Worker Contributions, and Challenges: Peer Support Specialists

- Provide behavioral health support services to persons with mental health or substance use disorders during treatment and recovery; assist with housing, employment, individual and group support meetings, post incarceration or hospitalization, etc ^{1,2}
- Unique connection to clients through lived experience
- Growth in employment in behavioral health teams
- **Training** and certification varies by state
- Certification and for billing for services- low take up on billing to date: **Regulations vary**

¹Chapman SA, Blash LK, Mayer K, Spetz, J. Emerging roles for peer providers in mental health and substance use disorders. Am J Prev Med 2018;54(6S3):S267-S274

²Gaiser MG, Buche JL, Wayment CC, Schoebel V, Smith JE, Chapman SA, Beck AJ. A Systematic Review of the Roles and Contributions of Peer Providers in the Behavioral Health Workforce. Am J Prev Med. 2021 10; 61(4):e203-e210. PMID: 34175172

Workforce Challenges- Peer Support Specialists

- Employment
 - Supply and demand data are lacking
 - Few states track level of employment after training
 - Work is often part time; low wages
 - Reentry into workforce important component to recovery
- Roles and Settings
 - Stigma of lived experience continues
 - Acceptance from professional workforce varies
 - Less development of integrated/new roles
 - Lack of career development opportunities

There is Evidence of the Contributions of Peers

- A Systematic Review of the Roles and Contributions of Peer Providers in the Behavioral Health Workforce, Gaiser et al Am J Prev Med. 2021 10; 61(4):e203-e210. PMID: 34175172
 - 23 articles assessing peer-provided services were included. Peers were employed most frequently in mental healthcare roles in the Department of Veterans Affairs, hospital, and community health facilities
 - 14 studies observed significant clinical improvements in participants' social functioning, quality of life, patient activation, and behavioral health
- Mental Health America Evidence for Peer Support May 2019
 - <https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202019.pdf>
- UCSF
 - Small pilot study suggests a positive financial contribution from peer provider services billing
 - https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/HWRC_Research%20Brief_Financial%20Contribution%20Peer%20Providers_March%202022.pdf

Who are Psychiatric Mental Health Nurse Practitioners (PMHNPs) and their Practice?: 4 state study of Scope of Practice

- Psychiatric assessment & medication management most common role functions
- Full practice authority states (2 states) Restricted practice (2 states) **Regulation**
 - More freedom to develop nursing-based models of care
 - Ability to join panel for multiple types of payors
 - More PMHNPs in leadership
- Restricted states
 - Expense of MD collaborator & difficulty with collaboration arrangements a significant impediment to private practice
 - Understanding of NP regulations very mixed

PMHNPs Challenges

- Data and understanding of role is limited in some areas and settings
- Role and practice
 - Evidence of more practice in rural and underserved areas if supervision available

Challenges

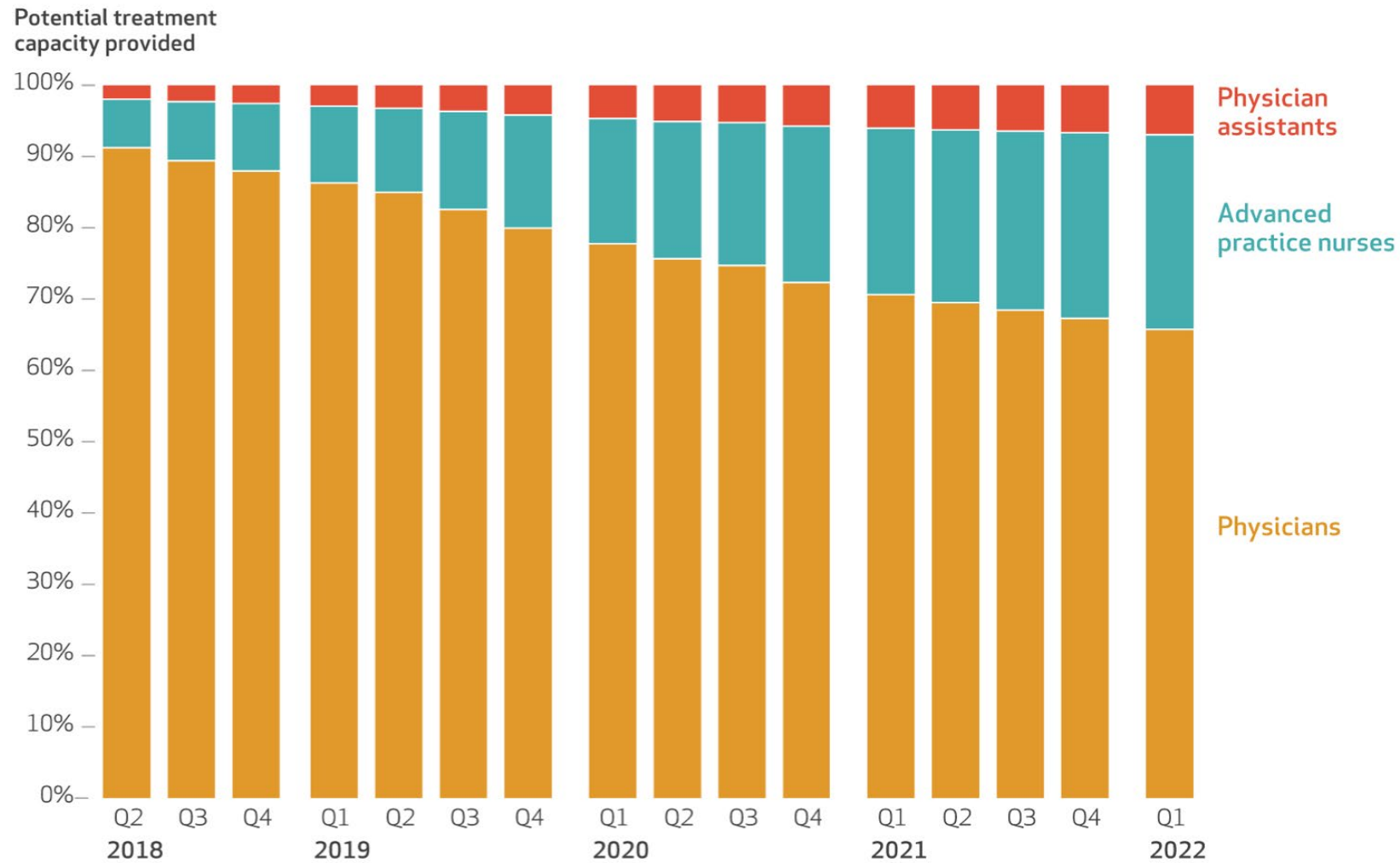
- Scope of practice regulations
 - Differences in practice seen if full practice states
- Supervision costs
- Employer-based restrictions

Nurse Practitioner Engagement in Medications for Opioid Use Disorders: Qualitative and Quantitative Studies

- Opioid crisis: wait times for treatment: **Current workforce crisis**
- Prescribers: NPs can contribute to the treatment workforce
- Waiver process, although DEA requirement eliminated, there are still some training and credential requirements for prescribers

Nurse practitioners a growing source of MOUD providers with treatment capacity

Percent of potential buprenorphine treatment capacity provided by each clinician type, 2018–22



SOURCE Authors' tabulations from Drug Enforcement Agency Registrant Files, 2018 Q2–2022 Q1. **NOTE** Potential buprenorphine treatment capacity is defined in the exhibit 4 notes.

Qualitative Findings: 4 state study

- Clinicians and health care leaders identified the holistic nature of nursing education and practice as an asset to their involvement in OUD treatment
- State regulations re: MD collaboration not well understood by MDs, NPs and agency leaders
- Regulations other than SOP can impact ability of NPs to obtain and use MAT waivers
- Stigma regarding OUD and MAT specifically is a barrier to NPs pursuing waivers and to patients seeking treatment.
- Cohesion of state leaders around the opioid crisis can be an important facilitator

Summary of Behavioral Health Workforce Issues

Kaiser Permanente Institute for Health Policy

Many people live in places with few mental health practitioners

150 million people or roughly 45% of the U.S. population, live in federally designated mental health professional shortage areas.¹



- **Structural barriers** to grow the workforce
- Behavioral health education programs
 - Faculty shortages, preceptor shortages
 - Lack of awareness of careers
 - Stipends needed for clinical training hours
- Stigma of working in mental health and substance use
- Professional regulation
- Separation of systems, financing, clinical sites