

# Re-Envisioning the Behavioral Health Workforce with a Focus on Underserved Communities

Larke Nahme Huang, Ph.D., Director

SAMHSA- Office of Behavioral Health Equity

NASEM Workshop: Behavioral Health Workforce Challenges

July 10, 2024

# A few datapoints for context

From 2001 to 2021...

- Suicide death rates increased by 32%
- Drug overdose death rates increased by 376%

Only 50% of the population with mental health conditions are able to access care

Only 20% of the population with substance use disorders are accessing care

56% of psychologists report having no openings for new patients

Two-thirds of psychologists report wait times of up to 3 months (APA, 2023)

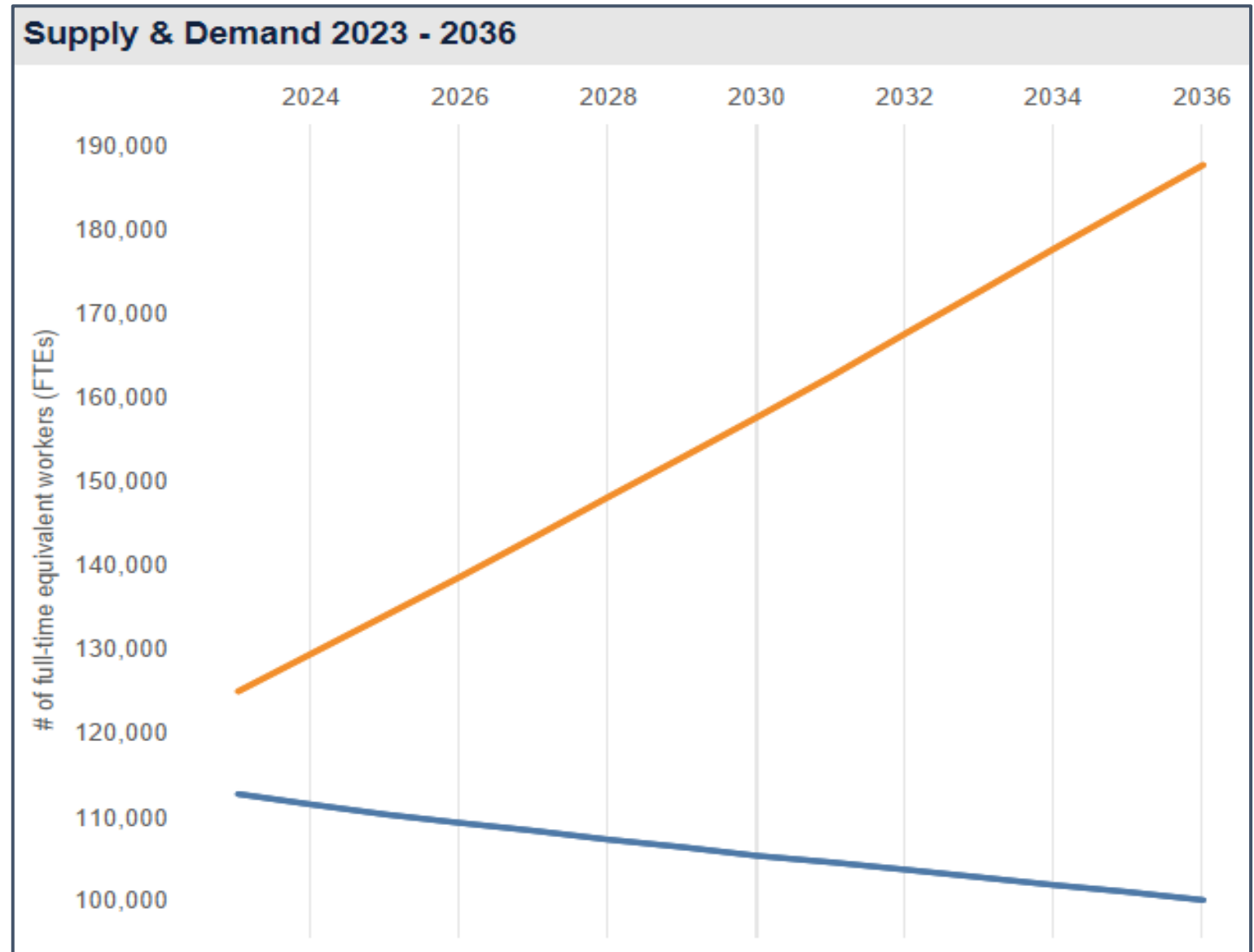
Only 4% of psychologists and 2% of psychiatrists are Black or African American

[www.cdc.gov/suicide/suicide-data-statistics.html](https://www.cdc.gov/suicide/suicide-data-statistics.html)

[cdc.gov/nchs/data/databriefs/db457.pdf](https://cdc.gov/nchs/data/databriefs/db457.pdf)

American Psychological Association's 2023 Practitioner Pulse Survey

An increasing  
mismatch of  
supply and  
demand?




# Advancing Equity in the Behavioral Health Workforce

## Concordant Care

Research shows that concordance between provider and patient racial, ethnic, linguistic, and cultural identities in health care leads to increased trust and better quality of care.

## Lack of Diversity

10.4% of psychiatrists are people of color; 33% of population are people of color. BH specialists from underserved communities tend to work in their home communities; less so specialists external to these communities

- 
- New Partnerships (MSIs)
  - Customized Recruitment & Exposure (Mentors, Near Peers)
  - Alternate Portals of Entry
  - Financing: Career Impact Bonds
  - “Teach for America”

## Language Access

Shortage of clinicians able to treat clients that have non-English language preference; lack of training in working with interpreters in behavioral health

## Pathways to Careers in Behavioral Health

Limited infrastructure for customized recruitment and retention of students from underserved communities into behavioral health

# Workforce Technical Experts Panel: Broad Spectrum of Stakeholder Groups

January 18-19, 2024

- Community-Based Organizations, Exec Directors
- State Behavioral Health Leaders
- Traditional Practitioners (Psychiatrists, **Pharmacists**, Psychologists, SU Counselors, Social Workers, etc)
- BH Support Specialists (Peer Specialists, Community Health Workers, Promotoras)
- Community Initiated Care Providers (PMP+; Friendship Bench; HAIR Project, Faith-based entities, etc.)
- National Associations
  - NASMHPD; NASADAD; NASHP; National Council
- Professional Associations
  - APA, CSWE, NACHW, ApA.
- Researchers/ Academicians
- Payers/Health Plans (CMS, Aetna)
- Minority Serving Institutions of Higher Education (HBCUs, HSIs)
- Community Colleges
- Centers on Workforce Development (research, training, etc.)

# 7 Panels and Facilitated Discussion: What did we learn?

---

Panel 1: Workforce Challenges & Innovative Solutions:  
***Community*** Perspective

---

Panel 2: Behavioral Health Support Specialists (Peers, CHWs)

---

Panel 3: Community Initiated Care & Prevention– Examples  
from the Field

---

Panel 4: Policy, Data, Financing Issues: Infrastructure Support  
for the Behavioral Health Workforce

---

Panel 5:

Behavior Health Workforce Centers

---

Panel 6: Career Pathways: Innovations in Recruitment,  
Retention, Incentives Focusing on Underserved Communities

---

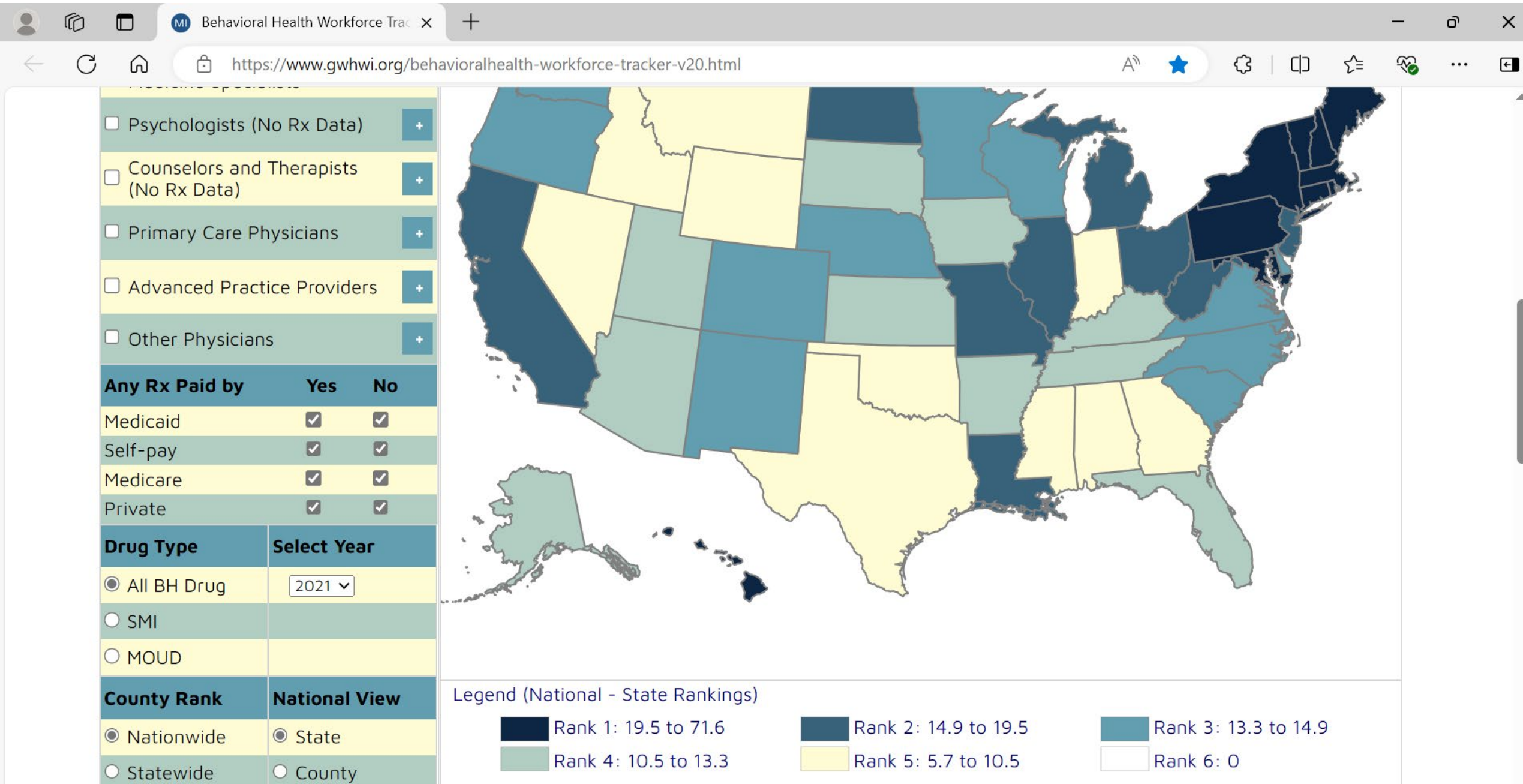
Panel 7: Workforce Challenges and Innovative Strategies:  
Perspectives from the States

# State Innovations (examples)

- **VA: Right Help, Right Now:** allows peer recovery specialists who have been convicted of certain barrier crimes to be hired by state department, direct care providers, community boards
- **OR: Behavioral Health Workforce Initiative:** \$80M State appropriation in recruitment and retention efforts of providers who are POC, tribal members, or residents of rural areas of OR and can provide culturally responsible care for diverse communities
- **UT: Psychiatric Consultation Program – CALL-UP:** optimize PCPs ability to diagnose and treat mild to moderate mental health issues at no cost to providers or patients
- **NE: Legislatively-supported Behavioral Health Workforce Education Center, U.NE Medical College,** grew BH workforce by 44% in eight years



# Mullan Institute for Health Workforce Equity- Behavioral Health Workforce Tracker





# Behavioral Health Workforce Tools (examples)

Web-based/Online  
Database of CBO  
Workforce Innovations

State-based  
Workforce  
Innovations/Strategies

# Behavioral Health Support Specialists

BHSS = nonclinical behavioral health workers

## Peer Specialists

- Reach hard-to-engage populations
- PLE trusted and know the community
- Provide wide range of support services
- Link people to care, build wraparound support
- Provide navigation skills

## Community Health Workers (promotores)

- Have alignment with the communities where they work and live
- Trusted, ready alliances
- Studies show they can reduce health care inequities and increase appropriate service utilization

# Community-Initiated Care and Prevention

Leverages and formally recognizes community-based caregivers who already support social emotional needs of persons in the community

Builds on existing relationships and multidisciplinary wraparound services through “task-sharing”

Doesn't replace but augments providers

Reduces health care costs

Improves access to care and non-medical supports

Offers care regardless of a diagnosis

Who is this in communities? Community anchors

# The Confess Project

## Founder; Lorenzo Lewis

- <https://www.theconfessprojectofamerica.org/>
- [Confess Project Best Practices - \(Feb 2023\) Southeast MHTTC.pdf \(mhttcnetwork.org\)](#)  
[Black barbers as mental health advocates, and interpersonal violence and suicide preventors in the local community - ScienceDirect](#)
- De Veause Brown, N., Self-Brown, S., Barger, B., Salmon, A., Garner, J., Hill, J., & Berger, U. (2023). Training Georgia Black barbers to be mental health advocates: Pilot study of the Confess Project.

Elements	The Barber Shop Program-Specific Information
Purpose/goal of initiative:	A barber-led intervention that builds on the social connectedness and open dialogue that naturally occurs in Black barbershops.
Underserved population:	Black/African Americans
Method of delivery:	Currently delivered by over 1,250 barbers in 40 cities (primarily urban, Black communities). Free mental health advocacy training offered to barbershop staff as part of a year-long course designed to encourage dialogue and promote emotional health. Course designed with experts in mental health and education.
Evaluation:	Quantitative (descriptive analyses); qualitative (thematic analysis from focus groups)
Results:	Statistically significant differences over time in barber knowledge about MH stigma. Barbers are seen as mental health advocates and gatekeepers to the community, breaking the stigma around mental health issues, and providing a connection to clinical support, as needed.
Barriers to implementation:	Stigma
Translatability:	Highly translatable given the current expansion across the country

# The Friendship Bench

**IMPACT:** RCT in 2016 demonstrated 60% improved quality of life and 80% reduction in symptoms of depression and suicide ideation after 6 months compared to a control group that received enhanced usual care.

**SCALE:** in 5 African countries and New York City. As of 2019 trained 700 lay workers “(grandmothers”) reaching over 50,000 clients.

Elements	Program-Specific Information
Type of initiative:	Community-based brief psychological intervention
Purpose/goal of initiative:	Provide Problem Solving Therapy (PST)—a form of CBT—for common mental health issues (depression, anxiety) in low resource countries.
Underserved population:	Low resource areas
Method of delivery:	Train-the-trainer model; 6 sessions of individual primary care-based PST delivered by trained and supervised lay health workers in Zimbabwe. Optional 6-session peer support program.
Evaluation:	RCT of 573 patients with common mental disorders/symptoms of depression. *There have been multiple other mixed methods analyses of implementation, but these results stem from the first article cited below.
Results:	PST group demonstrated significantly lower symptom scores for common mental disorders at 6 month follow up, including on measures of depression, anxiety, and disability. Findings were consistent with evidence supporting PST as studied in high-income countries.

# HOUSE WE BELIEVE IN HEALTH

## Addressing Health Disparities Through the Black Church

[Learn More](#)



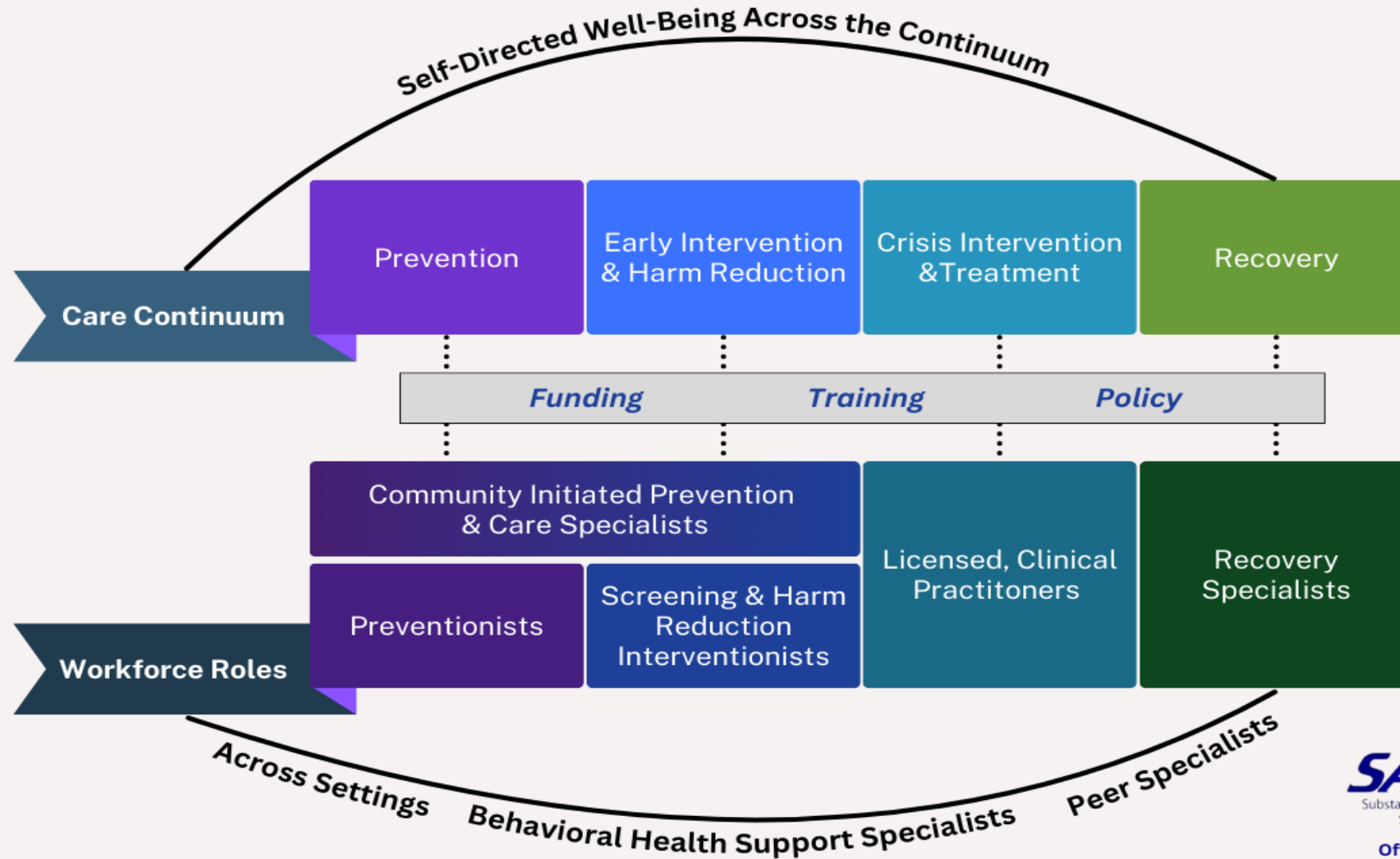
# Re-Envisioned Behavioral Health Workforce: Emerging Theme

**Be smart and effective – not  
to underserve, overserve, or  
mis-serve**

**Workforce planning, with  
intention, is designed to  
have the right people, in the  
right job, in the right place,  
at the right time.**



# Right-sizing the Behavioral Health Workforce: A Focus on Underserved Communities



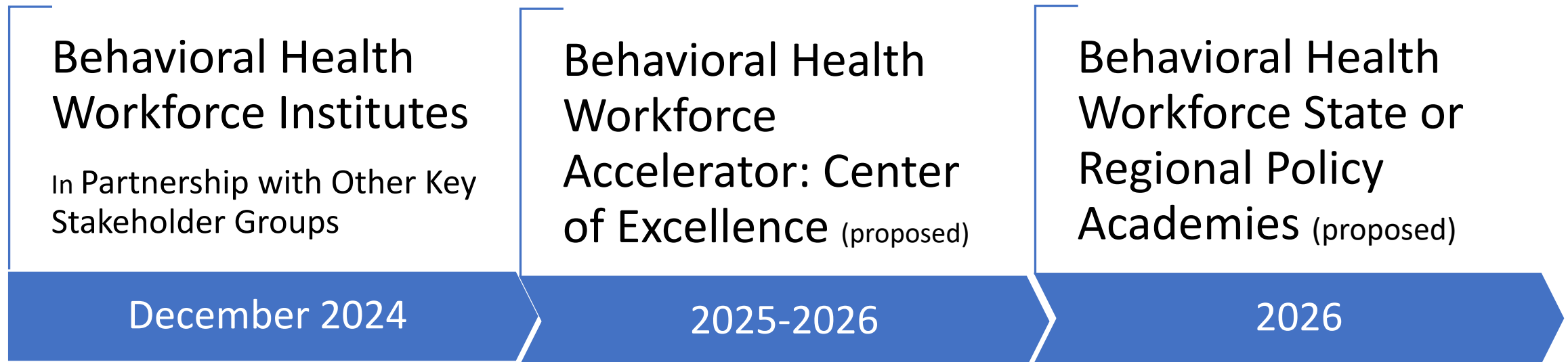
# TEP-Generated Playbooks: Topics



# Next Steps

- Continue Environmental Scan of State and Community Workforce Innovations to build out web-based tools
- Further examine the infrastructure issues: policies, trainings, financing necessary to support a re-envisioned BH workforce at all segments of the continuum of care
- Address barriers to behavioral health careers for people from underserved communities (e.g., stigma, funding for training, low pass-rate on licensing exams, access to mentors and exposure to behavioral health settings, “leaky” pipelines, unwelcoming workplace cultures, etc.)
- Address significant data issues; gaps in WF data necessary to do modeling/projections of sizing and distribution of the workforce.
- Overlay datasets of behavioral health need with mapping of behavioral health workforce
- Convene Behavioral Health Workforce Institutes, December 2024
- Move forward toward Behavioral Health Workforce Accelerator

# Putting it all Together: Future Workforce Activities



# Disclaimer:

The views expressed in this presentation do not necessarily reflect the official policies of the Department of Health and Human Services and the Substance Abuse and Mental Health Services nor does the mention of trade names, commercial practices, or organizations imply endorsements by the U.S. government.