National Coalition on Mental Health and Aging
and
National Council on Aging
PRESENT
Solutions to the Behavioral Health Workforce Shortages and Lack of Funding
January 23, 2020
Tips for using Zoom

• You have joined the webinar in **listen-only mode**.
• The audio portion of this call will be **heard through your computer speakers**.
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• Click the microphone at the bottom of your screen for instructions if you prefer to join by phone.
• Type all questions into the **Q&A box** at the bottom of your screen.
• The **slides and recording** of this webinar will be shared by email within a few days.
Mission:
To provide opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness.

Visit: www.ncmha.org
History, Membership and Activities:

• Formed in 1991 by a group of organizations from the aging and mental health fields

• Comprised of 100 national and state associations, state coalitions, and governmental agencies, e.g., SAMHSA and ACL.

• Co-sponsor events to highlight challenges of mental health and aging

• Identify new approaches to addressing problems.
Webinar Series on “Addressing Disparities in Behavioral Health Care for Older Adults”

• Following the May 20th National Older Adult Mental Health Awareness Day (OAMHD) events, NCMHA developed a plan to collaborate with interested government agencies, private sector groups, and experts to maintain the momentum and recommendations generated from OAMHD.

• A series of webinars during 2019/2020 that target specific topics with a practical focus and accompanying tools/resources to address the needs of older adults with mental health conditions, as well as state/local efforts/best practices.

• A special feature of the webinars will be that the sessions will coincide with monthly, weekly and daily national mental health or aging observances.
Key Objectives of the Webinar Series

• Identify specific approaches that address disparities in behavioral health care for older adults

• Ensure that older adults with mental health and addiction-related conditions are integrated within all MH awareness raising, policy, programmatic and research efforts going forward.

• Raise awareness among primary care, mental health, other health service providers and the aging network about the impact of suicide, opioid use, and interrelated problems, and impact provider practice patterns for older adults.

• Identify specific tools such as geriatric assessment, questions – suicide ideation, firearm presence, opioid use and other screening tools – and detailed guidance.
Webinar Series Roll Out – 2020

February 27 (2:00 PM EST) – Eating Disorders and Mental Health Month
“Bridging the Science-Practice Gap: Potential Opportunities for Geriatric Mental Health”

March 26 (3:00 PM EDT) – National Brain Injury Awareness Month
“Traumatic Brain Injury and Mental Illness Among Older Adults: The Problem and New Management Approaches”

April 10, 2020 (12:00 PM EST) – National Public Health Week
“Social Determinants of Mental Health for Older Adults: A New Perspective”
Today’s Webinar

In recognition of Mental Health Wellness Month:

“Solutions to Behavioral Health Workforce Shortages & Lack of Funding”

Presenter:
Ron Manderscheid, PhD, Executive Director
The National Association of County Behavioral Health and Developmental Disability Directors
The National Association for Rural Mental Health
The Behavioral Health Workforce and the American Population are Both Aging: What Can We Do About It?

Ron Manderscheid, PhD
Exec Dir, NACBHDD and NARMH
Adj Prof, USC and JHU
Logic of Our Workforce Crisis

- Behavioral healthcare is person intensive.
- Workforce capacity currently lags far behind demand.
- That workforce is aging and baby-boomers are retiring.
- By 2060, about 43 million more seniors will be added to our population.
- Who will serve them?
Behavioral Healthcare

- Professional behavioral healthcare functions require extensive human resources:
  - Case management/care coordination
  - Care delivery
  - Rehabilitation
  - Emotional Support

- And now we are adding:
  - Community interventions
  - Focus on client social determinants of health (SDOH)
Report from Fall 2019

U.S. Department of Health and Human Services
Office of Inspector General

Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico’s Medicaid Managed Care

Joanne M. Chiedi
Acting Inspector General
Capacity Lags Far Behind Demand

- Even prior to the Affordable Care Act (ACA), only about 2/3 of those with severe behavioral disorders and 1/3 of those with less severe conditions received any care at all.
- The ACA has added about 20 million new persons with health insurance:
  - 12 million in Medicaid (up to 40% with behavioral conditions)
  - 8 million in the Marketplace (up to 25% with behavioral conditions)
  - Thus, this represents almost 7 million potential new behavioral healthcare clients as a result.
Mental Health Care Health Professional Shortage Areas (HPSAs): Total Mental Health Care HPSA Designations, as of S-

SOURCE: Kaiser Family Foundation’s State Health Facts.
Health Professional Shortage Areas: Mental Health, by County, 2019

Source: data.HRSA.gov, October 2019.
The Workforce is Retiring and Aging

- Baby-boomers now are leaving their work roles in large numbers. They have served as state, county, and behavioral health center directors and clinicians.
- The average age of current providers is also of concern:
  - Psychiatrists: 50 – 59 years old.
  - Psychologists: About 50.
  - Social Workers: About 42
  - Psychiatric Nurses: About 49
  - Mental Health Counselors: About 52
  - Marriage and Family Therapists: About 43
  - Substance Use Counselors: About 51
Solutions are Needed

- Solutions to our workforce crisis fall into three different clusters:
  - Local initiatives
  - Artificial intelligence and information initiatives
  - State and national Initiatives
Local Initiatives - 1

- Retain baby-boomers on a part-time and volunteer basis.
- Extend current peer support activities.
- Assure that clinicians work up to their scopes of practice.
- Do appropriate function shifting away from clinicians.
- Collaborate with primary care.
Local Initiatives - 2

- Carefully promote self-directed care.
- Address social determinants of health (SDOH) to dampen care needs.
- Recruit early in high school.
Artificial Intelligence and Information Initiatives

- Engage in telehealth, particularly on a group basis.
- Rely more fully on information-based care, such as online cognitive behavioral therapy.
- Incorporate artificial intelligence into the care process:
  - Today – smart systems
  - In the future – direct care with avatars
State and National Initiatives

- Create state compacts that permit providers to work across state boundaries.
- Expedite provider supervision so that practice qualification is accelerated.
- Permit cross-discipline functional substitution.
- Increase the number of behavioral health care slots in the National Health Service Corps.
- Increase provider reimbursement rates to attract young people into behavioral healthcare.
- Qualify all behavioral health disciplines for Medicare and Medicaid reimbursement.
The lifetime prevalence of a behavioral health condition is about 57%. This means that by the time people reach senior status, more than half will have had or currently have a behavioral health condition.

Today, there are 52 million seniors in the US (16% of total); in 2060, there will be 95 million seniors (20% of total).

Thus, up to 30 million seniors potentially need behavioral healthcare services today, and up to 54 million will need services in 2060.
Report from IOM

Baby Boomers Likely to Face Inadequate Care for Mental Health, Substance Abuse; IOM Report Recommends Ways to Boost Work Force, Fund Services and Training

Released: 7/10/2012

Millions of baby boomers will likely face difficulties getting diagnoses and treatment for mental health conditions and substance abuse problems unless there is a major effort to significantly boost the number of health professionals and other service providers able to supply this care as the population ages, says a new report from the Institute of Medicine. The magnitude of the problem is so great that no single approach or isolated changes in a few federal agencies or programs will address it, said the committee that wrote the report.
Care for Seniors -2

- Our Further Dilemma: Relatively few of our providers today are trained to serve seniors. Further, plans do not currently exist to increase training in this area in the future.

- What shall we do?
Contact Information

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- The Only Voice of County and Local Authorities in the Nation’s Capital!
Any questions?

Type any questions into the Q&A box at the bottom of your screen.