

The Illinois Behavioral Health Workforce

Findings from the Illinois Behavioral
Health Workforce Education Center Task
Force

Presented to the Community Behavioral
Healthcare Association of Illinois
Conference, December 9, 2019



SHORTAGES!

Primary motivation for the Task Force:

Workforce statistics are blinking

RED





A few alert signals...

- Illinois has the **6th largest** number of **mental health professional shortage areas** in the U.S.
- **38%** of Illinois residents live in a **shortage area**, and **85%** of those residents are in **rural areas**
- 3.3 million people live in one of Illinois' 231 designated **primary care health professional shortage areas**
- 30.3% of rural hospitals are in designated primary care shortage areas and 93.7% are in designated mental health shortage areas
- 81 of Illinois' 102 counties have **NO child and adolescent psychiatrists**
- HRSA projects **shortages** in Illinois of **psychiatrists, psychologists, SUD and mental health counselors**
- **90%** of Illinois youth attend public **schools** that **fail to meet the minimum** recommended ratios for counselors, social workers, psychologists or nurses
- CBHA members reported in a 2018 survey that **workforce shortages were their number one problem**

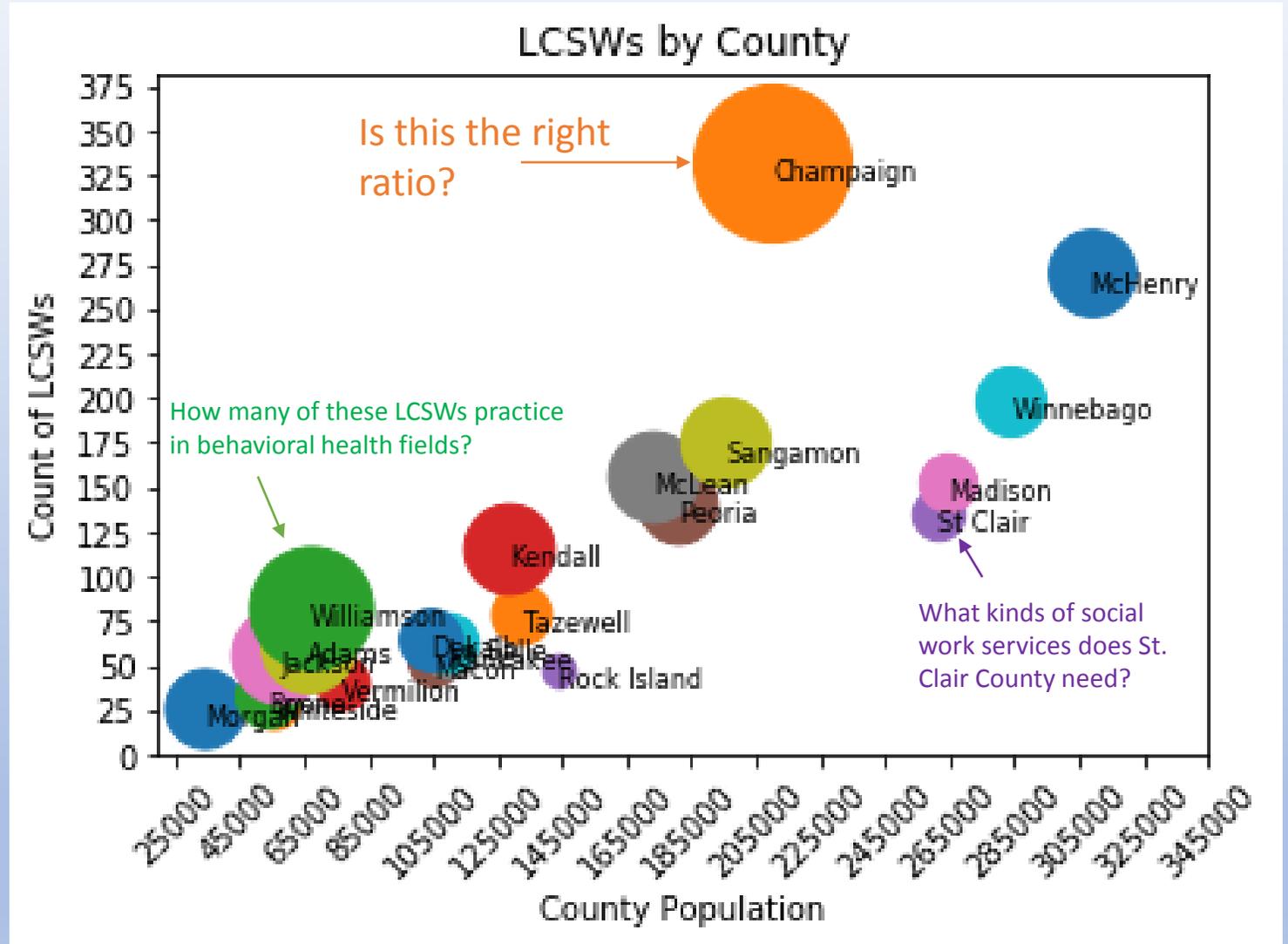
...but what do we do?

We know there is a workforce crisis but we have an incomplete picture of the workforce itself. We don't know:

- How many licensed professionals are actually practicing, and whether they are practicing in behavioral health
- The kind of behavioral health services that practicing professionals are providing—services for children and adolescents, for adults, for older adults, for people with co-occurring disorders? What models are they trained to implement?
- How many behavioral health professionals accept Medicaid, or any insurance
- What languages behavioral health professionals speak

An example: Distribution of LCSWs

We have workforce data for analysis like this--where the size of the bubbles reflects the number of LCSWs per 10,000 residents in each Illinois county. But missing data means this can obscure as much as it enlightens...



For counties with population greater than 30,000 but less than 500,000



Planning in the Dark

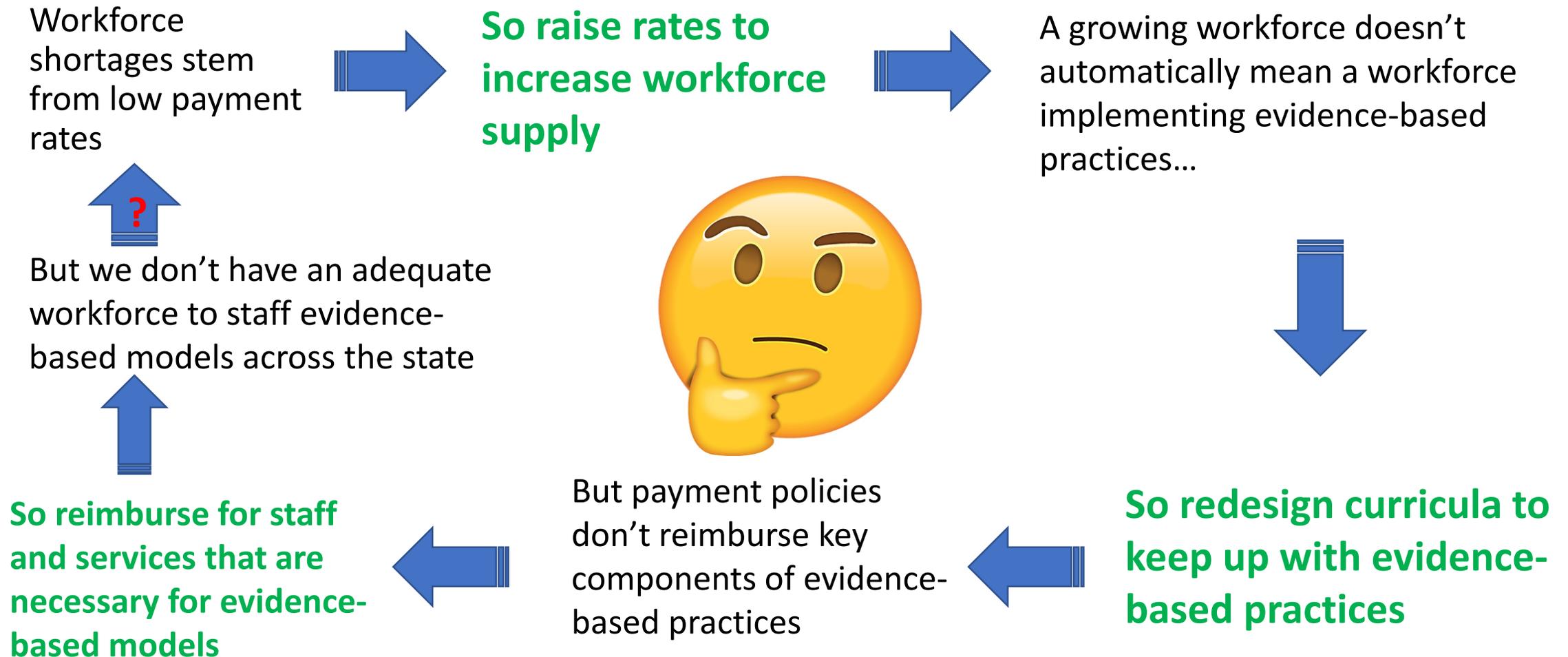
Data on shortages and distribution of the behavioral health workforce is incomplete but,

- Behavioral health providers must still make operational decisions, like hiring, expanding or reducing services, participating in new models or pilot programs
- Public agencies continue to make plans for Medicaid, integrated care, parity, and health care in schools and correctional facilities
- Workforce development agencies' plans include the health care workforce as a priority



“There were days when you could put your finger on the point of stress and everything fell into rational patterns around you. And then there were the other days.”

Put your finger on low rates....





A Model for Improving Workforce Planning: the Behavioral Health Education Center of Nebraska

A dedicated workforce development partner that addresses the need to train professionals to deliver new models of care envisioned in state behavioral health reform

- Research to better understand workforce supply and demand, and to prioritize state workforce development goals
- Partnerships between academic institutions, public agencies, foundations, and providers to operate pipeline & mentoring programs, pre-service education, placement and retention programs, and ongoing professional development
- Networks of interdisciplinary behavioral health training sites to disseminate best practices in evidence-based, recovery-oriented, team-based services



Levels of workforce planning

- **Address the need for access to treatment**
 - 45.8% of the 1.6 million adults who have experienced a mental illness did not receive treatment
 - An annual average of 799,000 people aged 12 and older need but do not receive substance use disorder treatment at specialty facilities
 - Over half of Illinois youth with depression receive no services and 75% of youth with severe depression do not receive consistent treatment
- **Address the need for behavioral health prevention**
 - Half of all lifetime cases of mental illness begin by age 14, but the average delay in receiving diagnosis and treatment is 8 to 10 years
 - 20% of new mothers in Illinois experience postpartum depression, but only 3 in 10 are diagnosed and only 2 in 10 receive treatment

Some potential opportunities for CBHA members

Replicable workforce development models that include community-based providers in workforce development

- **BHECN:** Interdisciplinary training at community behavioral health and primary care sites for postgraduate social work, psychology, nursing and other health professional students
- **Washington State Workforce Sentinel Network:** Community care employers provide regular information about evolving workforce needs, including specific short-term training needs
- **North Carolina Child Treatment Program:** Intensive training leading to certification in evidence-based treatment for children and adolescents



Featured Trainings & Initiatives



NEWS

NC CTP Launches Platform to Address Problematic Sexual Behavior

In addressing child sexual abuse, treatment and prevention efforts often...

[KEEP READING](#)



TRAINING

Parent-Child Interaction Therapy (PCIT)

Applications for Cohort 15 open in Fall 2019

[KEEP READING](#)



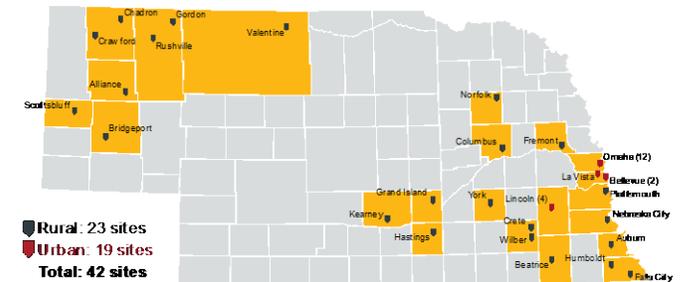
TRAINING

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Applications for Cohort 22 open in Fall 2019

[KEEP READING](#)

MMI Integrated Behavioral Health Locations



Visit <http://bit.ly/integratedBHclinics> for more information about integrated behavioral health clinics in Nebraska



Workforce Policy Levers

HRSA

- Behavioral Health Workforce Education and Training (BHWET)
- Enhancing Behavioral Health Workforce for Health Centers Grants

SAMHSA

- Workforce Development through The Center of Excellence for Infant and Early Childhood Mental Health Consultation
- Center for Integrated Health Solutions—resources for workforce development to support integrated behavioral health and primary care

Federal CMS

- **New** Innovation Accelerator Program track on improving data analytics for Medicaid populations with Serious Mental Illness



Workforce Planning for Integrated Systems

Behavioral health care *is* health care

Workforce development for behavioral health must include both behavioral health specialists of all types *and* health care professionals who do not specialize in behavioral health but are essential partners in mental health and SUD prevention, treatment, and recovery, and in effectively treating co-occurring mental health and medical conditions.