Panel III: Developing Leaders for Tomorrow

Moderator:

Larke Huang, PhD, Senior Advisor, Administrator's Office of Policy Planning and Innovation, Director, Office of Behavioral Health Equity, SAMHSA

Panelists:

Peter Buckley, MD, Dean, Medical College of Georgia, Georgia Regents University Professor of Psychiatry, Pharmacology, and Radiology, Medical College of Georgia

Sue Bergeson, MBA, National Vice President, Consumer and Family Affairs, OptumHealth, Unite Health Care

April Foreman, PhD, Suicide Prevention Coordinator, Southeast Louisiana Veterans Health Care System

SUBSTANCE USE & MENTAL ILLNESS IN U.S. ADULTS (18+)

FROM THE 2013 NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH)

Behavioral health (substance use and mental health) issues affect millions in the United States each year.

SUBSTANCE USE IN THE U.S.

Nearly **1 IN 12** adults had a Substance Use Disorder (SUD) in the past year

That's **20.3 MILLION** adults who have SUD

In the past month, **1 IN 4** U.S. adults engaged in binge drinking

That's **58.5 MILLION** adults

In the past month, **1 IN 10** U.S. adults used illicit drugs

That's **22.4 MILLION** adults

MENTAL HEALTH IN THE U.S.

Nearly **1 IN 5** U.S. adults had Any Mental Illness (AMI) in the past year

That's **43.8 MILLION** adults with AMI

Including **10 MILLION** adults with Serious Mental Illness (SMI)

Substance Use Disorder (SUD)

**7.7 MILLION** adults had both

Any Mental Illness (AMI)

1. Any Mental Illness (AMI) is defined as individuals having any mental, behavior, or emotional disorder in the past year that met DSM-IV criteria

ACA and the Workforce Challenge

➜ Since ACA: 10M newly insured individuals

➜ ACA Provides insurance to millions previously un- or underinsured

➜ Many behavioral health treatments, as well as free preventative screening, are part of insurance coverage

➜ Increases need for well-prepared health workers at all skill levels

➜ Increases need for behavioral health practitioners

PREVALENCE OF BH CONDITIONS AMONG UNINSURED ADULTS AGES 18-34 WITH INCOMES <400% FPL
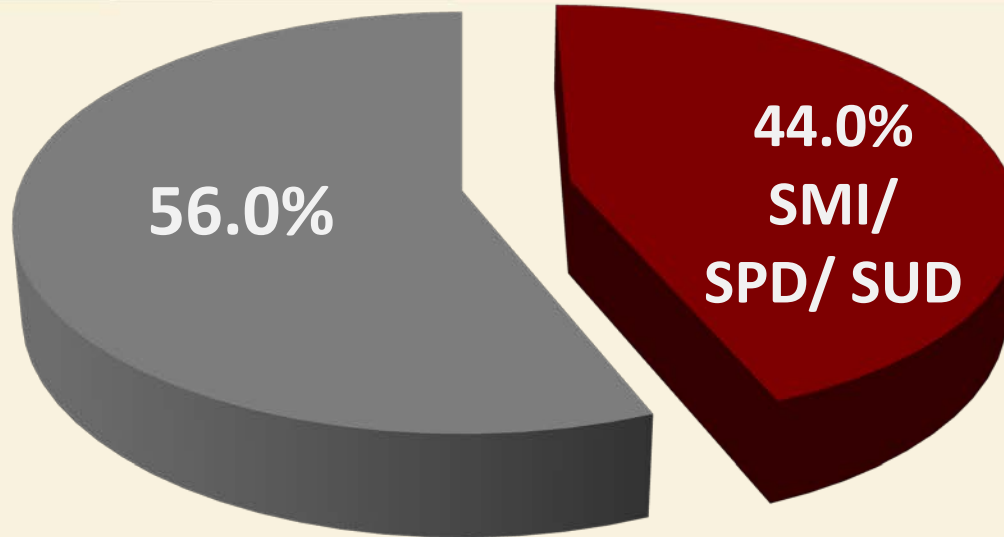
56.0%

44.0%
SMI/
SPD/ SUD

"Behavioral Health Conditions" includes serious mental illness (SMI), serious psychological distress (SPD) and substance abuse disorders (SUD)

PREVALENCE OF BH CONDITIONS AMONG UNINSURED ADULTS AGES 35 AND OVER WITH INCOMES <400% FPL
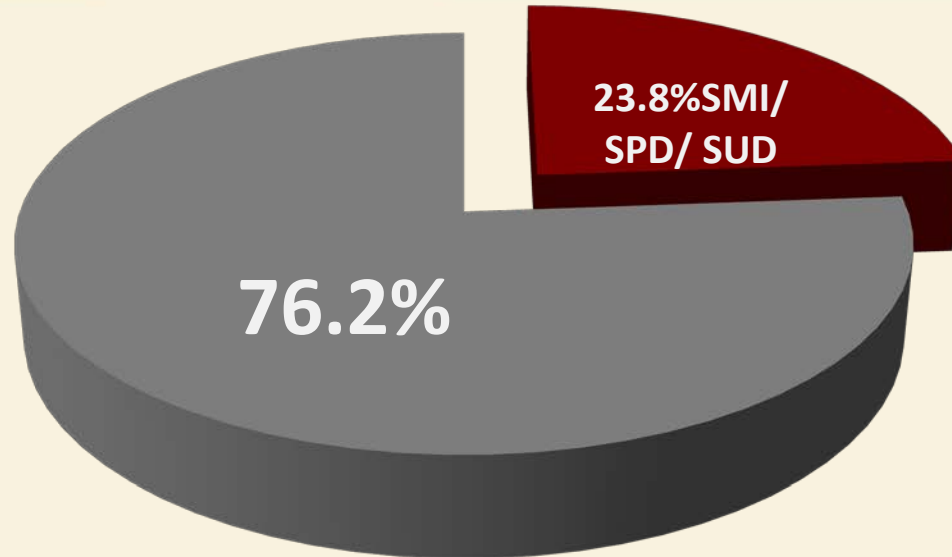
"Behavioral Health Conditions" includes serious mental illness (SMI), serious psychological distress (SPD) and substance abuse disorders (SUD)

The Health Care Workforce: The Diversity Challenge

→ High prevalence of substance abuse and mental health conditions among the uninsured

→ Over 50% uninsured – people of color, limited English proficient, etc.

→ Diversity of Workforce: health care workforce growing segment of labor market, but uneven distribution of racial/ethnic workforce across skill levels of providers

→ Increased diversity of workforce → greater access to and quality of care

Mental Health Workforce Development:
The Good, The Bad, and The Ugly

Outline of Presentation

- Current workforce status

- Health care changes and anticipated needs

- Obstacles and opportunities within key mental health workforce specialties

- Blue sky opportunities
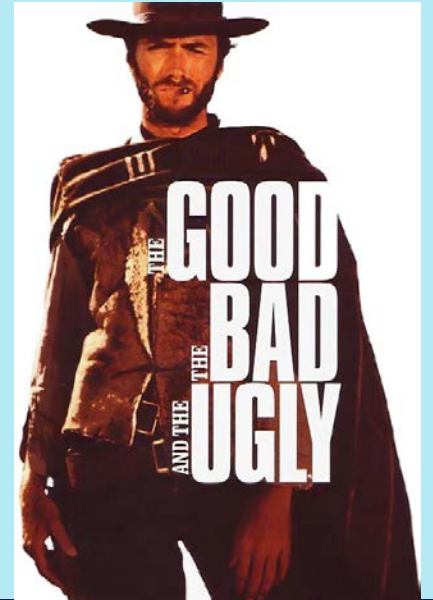
The Gaps in Mental Health Workforce Are Broad, Deep, and Longstanding

- **Multiple professions make up the behavioral health workforce**

- **Per capita graduation figures show declines in many areas since 2000**
  - Counseling 13%,
  - Psychology 30%

- **Major gaps remain in staffing:**
  - Dept. of Behavioral Health needs 691 RNs and 60 psychologists (2009)
  - Inmate to psychologist ratio for Dept. of Corrections grew by 135% from 1999 - 2007
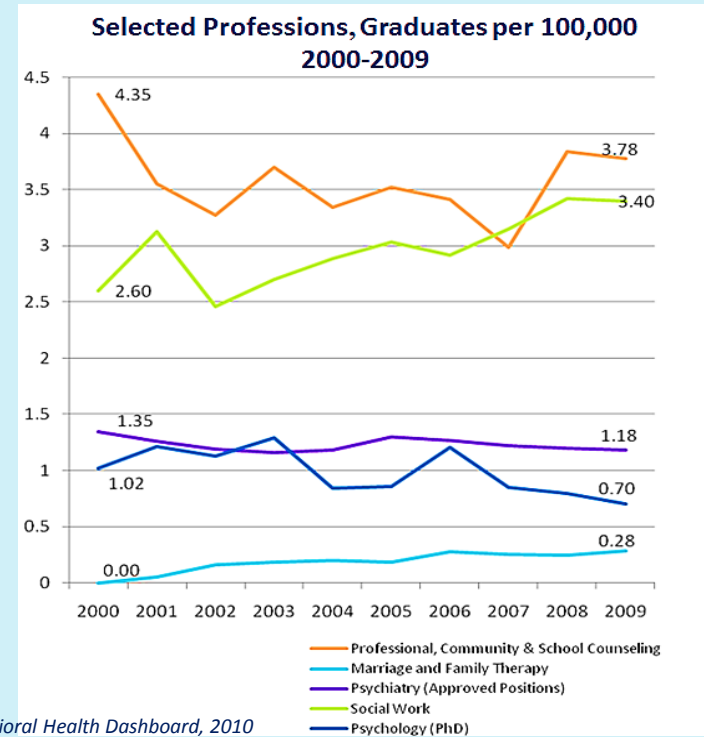
- **Health care changes are likely to exacerbate these shortages**

Selected Professions, Graduates per 100,000 2000-2009

- Professional, Community & School Counseling
- Marriage and Family Therapy
- Psychiatry (Approved Positions)
- Social Work
- Psychology (PhD)

Source: Behavioral Health Dashboard, 2010

Services Provided by Health Care Professionals Are Critical to Communities

- **Health professions are:**
  - Major and stable part of economy
    - *Growth in jobs outpaces all general economy*
  - In greater demand as GA's population grows/ages
    - *Especially mental health*

Mental Health Care Provider Estimates in the U.S.

Profession	Number per 100,000
Counseling	49.4
Social work	35.3
Psychology	31.1
Marriage and family therapy	16.7
Psychiatry	13.7
School psychology	11.4
Psychiatric nursing	6.5
Psychological rehabilitation	37.7
Pastoral counseling	0.9 [b]
Total	182 [b]

W.N. Robiner / Clinical Psychology Review 26 (2006) 600–625

Georgia's Ranking of Behavioral Health Professionals per 100,000 population

Field	Ranking
Counselors	28th
Psychiatric/Mental Health Advance Practice RNs	28th
Psychiatrists	30th
Psychologists	42nd
Registered Nurses (RNs)	40th
Social Workers	41st

The Magnitude of Need is Compelling, Especially When One Also Considers Medical Psychiatric Co-Morbidity

People with medical conditions: 58% of adult population

People with mental disorders: 25% of adult population

68% of adults with mental disorders have medical conditions

29% of adults with medical conditions have mental disorders
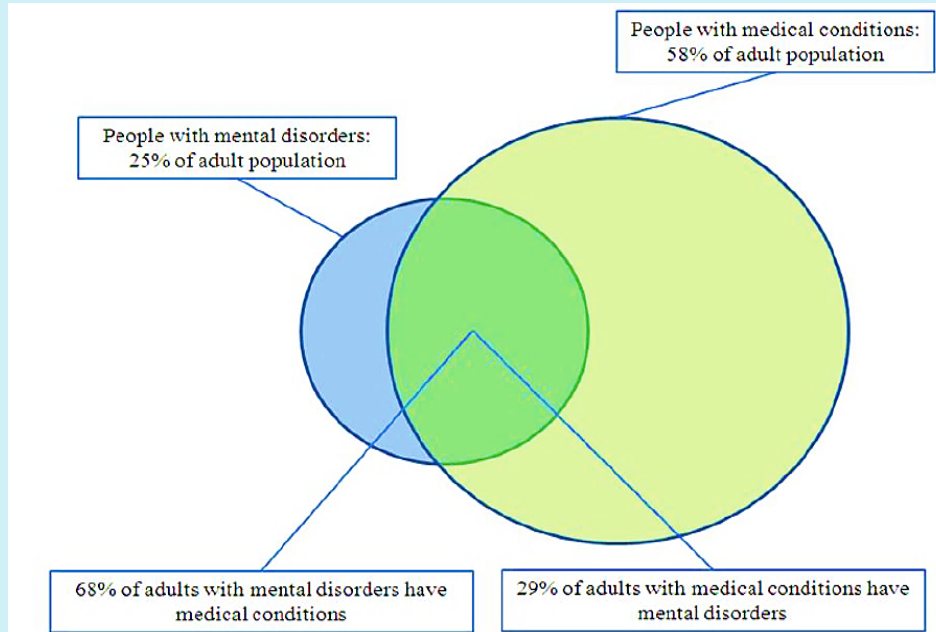
Druss BG and Walker ER. Mental Disorders and Medical Comorbidity. Robert Wood Johnson Foundation, Research Synthesis Report No 21, February 2011. www.policysynthesis.org

Summergrad P, GPPA Summer Meeting, 2013

Depression Rates in Medically Ill Patients

Medical Illness	Prevalence %
Cardiac Disease	17-27
Cerebrovascular	14-19
Alzheimer's	30-50
Parkinson's	4-75
Epilepsy	
Recurrent	20-55
Controlled	3-9
Diabetes	
Self Reported	26
Diagnostic Interview	9
Cancer	22-29
HIV/AIDS	5-20
Pain	30-54
Obesity	20-30
General Population	10.3

After Evans, DL et al Biol Psychiatry 2005; 58: 175-189

The Magnitude of Need is also Economically Compelling: APA Milliman Report Predicts Opportunities With Health Care Changes & Parity

- Value opportunity of **$162 billion** in the commercial market

- Value opportunity of **$30.8 billion** for Medicare

- Value opportunity of **$100.4 billion** for Medicaid

- Total value opportunity of **$293.2 billion**

Summergrad P, GPPA Summer Meeting, 2013

RELATIVE RISK OF MEDICAL ADMISSION FOR MH/SU/BOTH vs NO MH/SU

HEALTHCHOICE ADULTS (2011): RELATIVE RISK

Source: Steve Daviss, MD
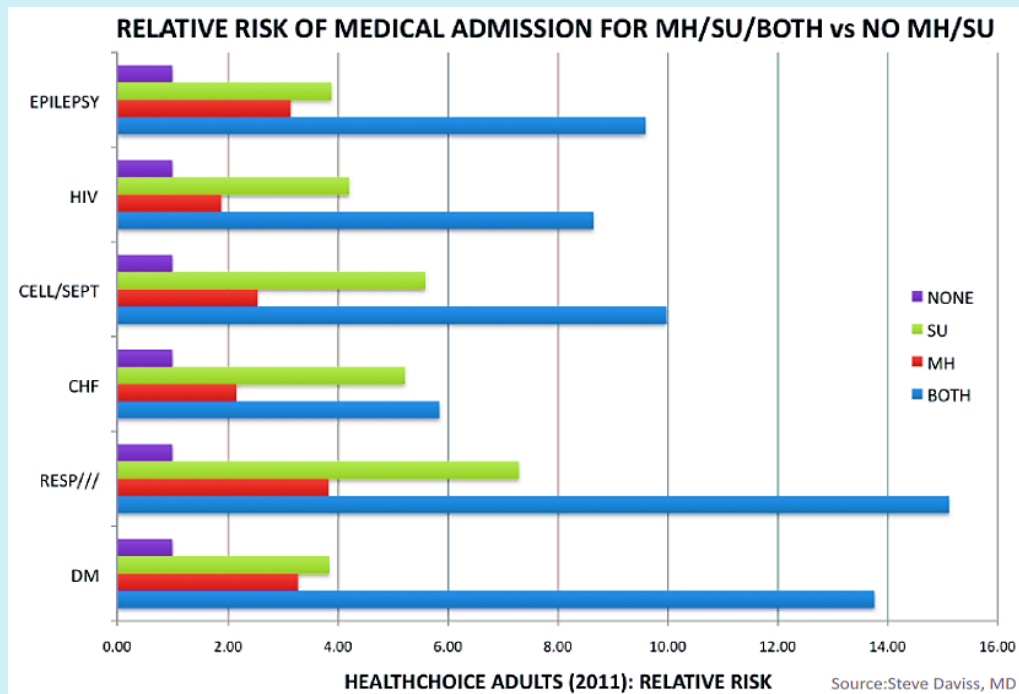
Health Care Training is Evolving to Meet Perceived Workforce Needs & Learning Styles

- Communication and IT innovations

- 'Standardized patients' and simulations… *"Meet Harvey"*

- Curricular changes

- Interprofessional learning

- Professionalism

- Compassion… not just competence

- Quality as a team sport

- The millenials have arrived…learn less…play more…communicate better…

Workforce Development Aspects for Psychiatrists... We Need to "Skate to where the puck is..."
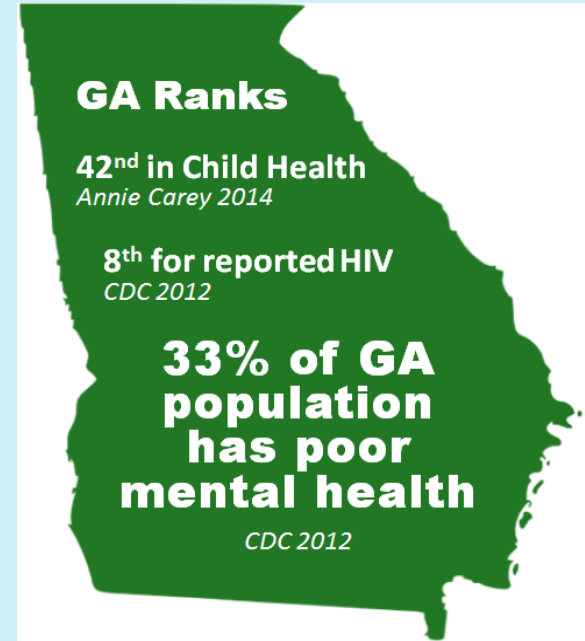
- **Disproportionate need for child psychiatrists**

- **Dichotomy between:**
  - Addictions and psychiatry
  - Psychiatry and consultation liaison

- **Pipeline and advocacy**
  - 4% of medical student class
  - IMG overrepresented
  - Stigma is a real problem

- **Payment**
  - Salaries vs. other specialties
  - Private vs. public
  - Mental health parity

- **Are we training for the right stuff?**
  - Integrated care
  - Interprofessional care
  - Best practices and quality metrics in psychiatry

- **Are we training the right people?**
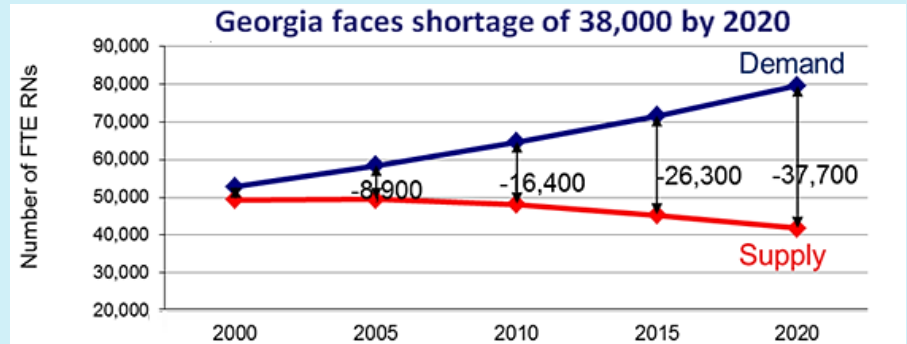 - Primary care vs. psychiatry

Psychologist Workforce Portfolio is Diverse and Stretched to Meet Expansive and Critical Needs

- Wide and varied mental health needs
  - Counselling
  - Child development
  - Addiction
  - Comorbidities
  - Forensics
  - Occupational health

- GA is 41st in psychologists per capita

- Workforce concerns
  - Core competencies
  - Payment
  - Professional parity
  - Prescribing

- We need to "grow our own"
  - MCG internships 2002-2014: 75
  - 55 out of state
  - 36 graduates remain in GA

GA Ranks

42nd in Child Health
Annie Carey 2014

8th for reported HIV
CDC 2012

33% of GA population has poor mental health

CDC 2012

Nursing Shortages: Background and Scope of the Problem

- Nation is facing substantial shortage of RNs

- Healthcare reform may increase need for RNs - especially APRNs

- Evolution on-going in field of nursing as per IOM study
  - *Increasing credential needs*
  - *Evolving role/value of RNs in clinical care*

- Psychiatric training and needs are specialized

- Underdevelopment of APRN

Georgia faces shortage of 38,000 by 2020

Demand

Supply

-8,900   -16,400   -26,300   -37,700

Number of FTE RNs: 20,000 — 90,000

2000   2005   2010   2015   2020

Blueprint for development of the advanced practice psychiatric nurse workforce

Nancy P. Hanrahan, PhD, RN, FAAN[a,*], Kathleen R. Delaney, PhD, PMH-NP, FAAN[b], Gail W. Stuart, PhD, RN, FAAN
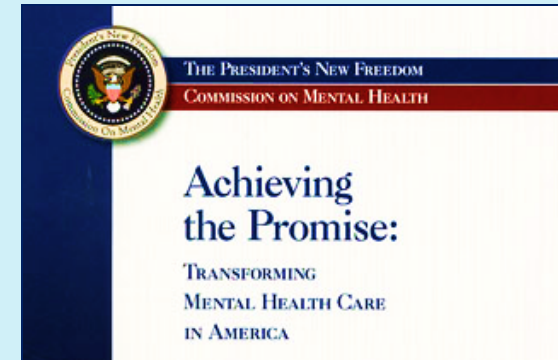
ABSTRACT

The mental health system is inefficient and ineffective in providing behavioral health care services to the 1 in 4 Americans who have a mental illness or a substance abuse problem. Current health care reform initiatives present a significant opportunity for advanced practice psychiatric nurses–psychiatric mental health (APRN-PMH) to develop action-oriented recommendations for developing their workforce and thereby increasing access to high-quality and full-spectrum behavioral health care services. If endorsed by the professional nursing associations and the APRN-PMH workforce, the strategies presented in this paper provide a blueprint for developing the APRN-PMH workforce. Achieving these goals will significantly influence the APRN-PMH workforce, thereby contributing to the overall goal of supporting an integrated model of behavioral health care. No change has as much potential to influence the APRN-PMH workforce as the uniting of all APRN-PMHs in a "Blueprint for APRN-PMH Workforce Development."

Table 2 – Employment Characteristics of Advanced Practice Psychiatric Nurses (APRN-PMH)

Years of experience	N	%
0–2	130	1.5%
3–5	231	2.6%
6–10	396	4.5%
11–15	782	8.9%
16–20	1295	14.8%
21–25	1804	20.6%
26–30	1594	18.2%
>30	2067	23.6%
Missing	452	5.2%
Hospital	3154	36%
Other	1634	64%

"Peer Support Specialist" Positions Gradually Gaining Traction in Mental Health Workforce

- Manages his or her own life with mental illness

- Provides mental health services to others with mental illness

- Most CPSs earn between $10,000 to $20,000 per year

- Recent study found association between income satisfaction and employment satisfaction

- Unemployment rate of CPSs is high at 38.30%

- Peer specialists reported working 18.47 hours/week on average

- Majority feel included as part of the treatment team

- Majority at least "Mostly Satisfied" with their role

- 72.4% received no employment benefit

- Over 40% reported relapse while functioning as CPS, almost all took effective steps to manage relapse

"Peers"
© Pamela K. Sikes

THE PRESIDENT'S NEW FREEDOM
COMMISSION ON MENTAL HEALTH

Achieving the Promise:
TRANSFORMING MENTAL HEALTH CARE IN AMERICA

Ahmed, Tucker, Buckley (submitted for publication)

Broad Considerations for Mental Health Workforce Development

- **Support and develop the interest *and* pipeline of students who will choose careers in mental health**

- **Create new programs and novel, tailored coursework focusing on mental health care**
  - Establish programs that prepare mental health APRNs and nurse managers
  - Create dedicated education pathway for mental health social workers

- **Develop and support specialization of areas of particular need**
  - Forensic/correctional psychology and psychiatry
  - Child psychiatry and developmental pediatrics
  - Consultation liaison psychiatry
  - Better blend with addiction: dual training tracks

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MENTAL HEALTH PROGRAM

ACP®
AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | Doctors for Adults

Proceedings from the Health Education Summit
October 5 and 6, 2010 • The Carter Center • Atlanta, Georgia

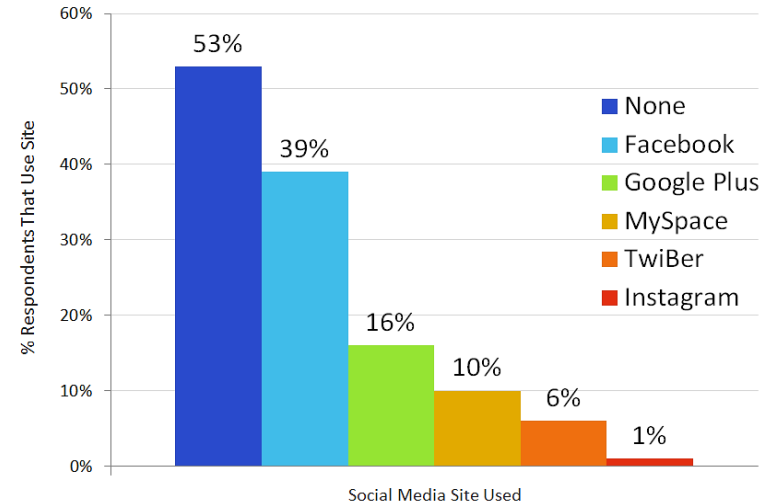Five Prescriptions for Ensuring the Future of ~~Primary~~ Care
Mental Health

1. Importance of teaching **context**
2. Importance of teaching **teamwork**
3. Importance of teaching **integration**
4. Importance of providing **resources**
5. Importance of measuring **results**

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THE CARTER CENTER
30th Annual Rosalynn Carter Symposium on Mental Health Policy

Changes in Health Care Access and Delivery Could Alter Workforce Needs and Therapeutic Focus /

- Social media is increasingly used by people with mental health issues

- Use may aggravate conditions *(e.g. suicidality, Ogburn and Buckley 2012)* or may provide new therapeutic opportunities

- 'Headspace' social media used for primary prevention in Australia

- Mobile technology also applicable to mental health

  - Reminders for care

  - Relapse prevention

Social Media Site Use in Patients with Schizophrenia

Legend: None, Facebook, Google Plus, MySpace, TwiBer, Instagram

% Respondents That Use Site — Social Media Site Used

None 53%, Facebook 39%, Google Plus 16%, MySpace 10%, TwiBer 6%, Instagram 1%

Miller et al (submitted for publication)

Changes in Health Care Access and Delivery Could Alter Workforce Needs and Therapeutic Focus //

Reviews and Overviews

Evidence-Based Psychiatric Treatment

Comparative Effectiveness of Collaborative Chronic Care Models for Mental Health Conditions Across Primary, Specialty, and Behavioral Health Care Settings: Systematic Review and Meta-Analysis

Emily Woltmann, Ph.D.

Andrew Grogan-Kaylor, Ph.D.

Brian Perron, Ph.D.

Hebert Georges, M.D.

Amy M. Kilbourne, Ph.D.

Mark S. Bauer, M.D.

Objective: Collaborative chronic care models (CCMs) improve outcome in chronic medical illnesses and depression treated in primary care settings. The effect of such models across other treatment settings and mental health conditions has not been comprehensively assessed. The authors performed a systematic review and meta-analysis to assess the comparative effectiveness of CCMs for mental health conditions across disorders and treatment settings.

**Method:** Randomized controlled trials comparing CCMs with other care condi-

was reported. Data extraction included analyses of these outcomes plus social role function, physical and overall quality of life, and costs. Meta-analyses included comparisons using unadjusted continuous measures.

Results: Seventy-eight articles yielded 161 analyses from 57 trials (depression, N=40; bipolar disorder, N=4; anxiety disorders, N=3; multiple/other disorders, N=10). The meta-analysis indicated significant effects across disorders and care settings for depression as well as for mental and physical quality of life and social role

Woltmann E et al *Am J Psychiatry* 2012 ; 169 :790 –804

Other Blue Sky Opportunities That Could Radically Alter Mental Health Workforce Needs and 'Deployment'

- Social media and mobile technologies

- Telemedicine
  - Especially if it pays!

- Biomarkers for mental illness

- Genetics and pharmacogenetics…always

- Drug development…always

- Cognitive remediation

  … And many others…
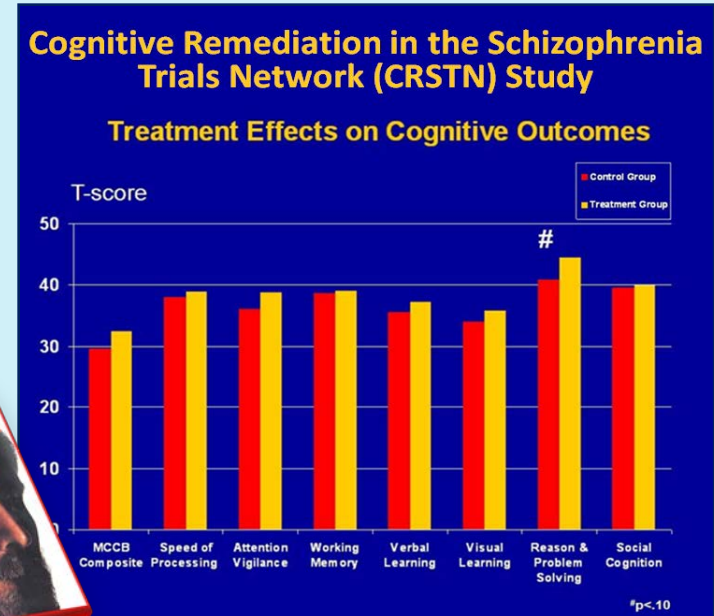
Keefe et al, 2012

Mental Health Workforce Development:
The Good, The Bad, and The Ugly

Conclusions:

- This presentation failed miserably!

- We have a rudimentary pipeline and workforce development portfolio

- Deficits exist across all facets of the multidisciplinary team and a lack of coordinated workforce planning limit our effectiveness and advocacy

- Compartmentalization of services and lack of appreciation of the true prevalence and impact of mental conditions hampers planning, funding, service models, and appropriate workforce specialization

- From social interest… to neurobiology… to recovery… There are ample opportunities to attract "the best and the brightest" to mental health field
  - For mental health, it's always "the decade of the brain"

Expanding the Role of Consumers

Sue Bergeson, VP Consumer and Family Affairs, Optum

November 21st, 30th Rosalynn Carter Symposium on Mental Health Policy

"I don't think we're in Kansas anymore"

Influx of Newly Insured

Aging out of the Psychiatrist and Psychologist population

New Models – Health homes, ACOs, FQHCs

Embracing a Recovery, Resiliency, Person Centered Approach

CMS Triple Aim: Quality, Effectiveness, Cost

More States, Counties and Insurance Plans Embracing Peer Support

"The Perfect Storm" opens the door for peer support services to flourish

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The World Is Changing

Then: Pat Deegan was told that the best she could hope for in life was to work herself up to the point where she could be entrusted to clean the bathrooms in the institution where she was housed.
Now: She now has her PhD In psychology, she owns her own tech based consumer empowerment company, and one of her products, Common Ground, won the Psychiatric Services Gold Achievement Award in 2013

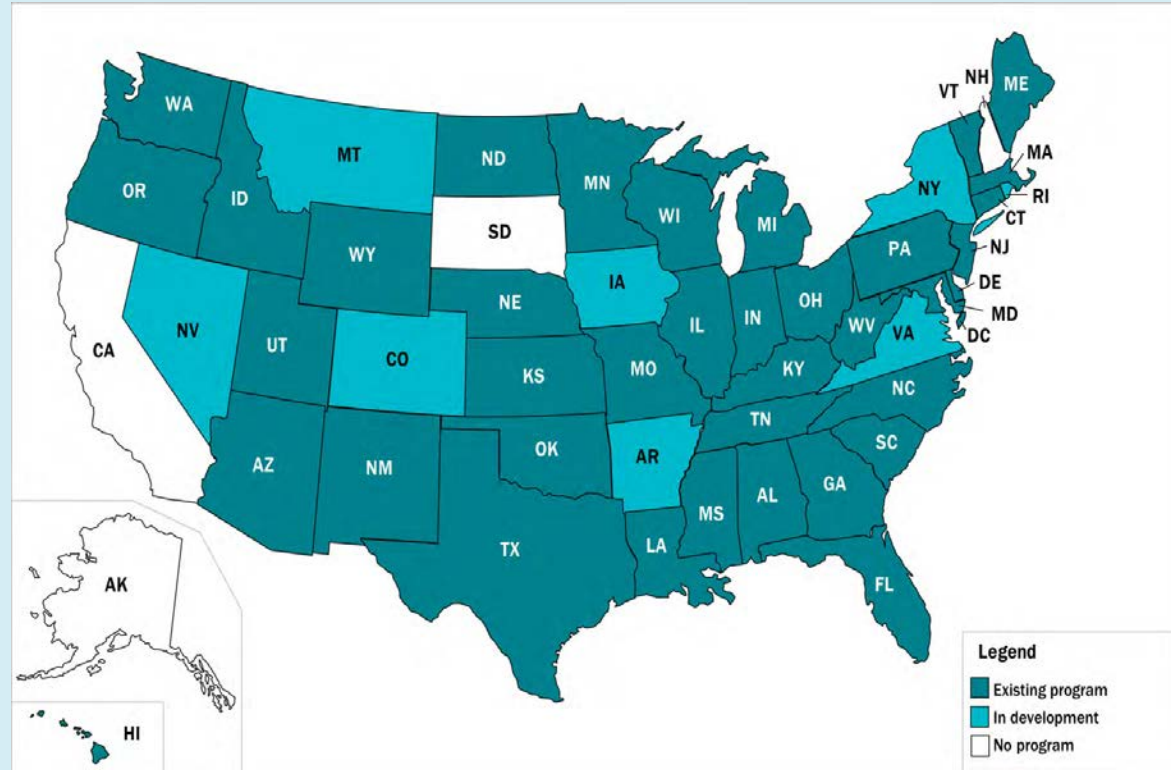Government   Non Profit   Innovation   Research   Business

Map of Peer Specialist Training and Certification Programs by State

Then (04):   Now:

http://www.utexas.edu/ssw/cswr/institutes/mental-health/
Kaufman, L., Brooks, W., Bellinger, J., Steinley-Bumgarner, M., & Stevens-Manser, S. 2014. Peer Specialist Training and Certification Programs: A National Overview. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

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Roles of Peers And Family Members Within Systems

MCO Staff
National, State, County, Region

Peer and Family Coaches
- Peer Coaches
- Peer Bridgers (NY) or Peer Link
- Recovery Coaches
- Family Support Partners
- Whole Health Coaches
- Navigators

Trainers and Group Leaders
- WRAP
- Pathways to Recovery
- Seeking Safety
- NAMI Family to Family, Basics, Peer to Peer
- WHAM, Wellness Institute,
- Mutual Support Groups
- Mental Health First Aid
- QPR for Suicide Prevention

Facility Staff
Welcome and Orientation
Intake Coordination
Recovery Planning
Creation of Advance Directives
Activation and Self Care
Community Resource Connection

And More…
- Warm Lines and Phone Recovery Check Ins
- Smoking Cessation and Weight Loss programs
- Prison Programs
- On Line Support Groups
- Peer Run or Engaged Crisis Respite
- Supportive Housing Mentorship

Non BH: Community Health Workers, Promatores, Cancer Reach to Recovery, Mended Hearts, HIV/AIDs, and more…

Peer Based Crisis Response:

Warm Line: Peer Run

Crisis Line: Professional, training by peers on R&R and the Lived Experience

Crisis Response Team – includes a trained peer

Police CIT (Crisis Intervention Team) trained by Peers

Living Room – intake by peers, focus on strengths and recovery goals

- Ability to sleep, offered a bit of healthy comfort food (chicken soup, PBJ, etc.)
- 50% clinical and 50% peer support staff on the team.
- Team helps consumers find solutions in times of crisis, avoiding automatic hospitalization or involuntary detention.
- Stay up to 3 days, moved into hospital if clinicians and consumer agree this is needed. Involuntary commitment avoided most of the time
- Consumers reported a 91% satisfaction rate for this program.

Peer Based Crisis Response: One Example

	Prior Year FY 2009	Optum FY 2010	Optum FY 2011	Optum FY 2012
Individuals Served • 32.0% increase in individuals served annually	12,121	15,262	15,410	16,005
Total covered county population		1,399,846	1,492,221	1,535,745
Reduction in Hospitalization Admissions • 32.3% reduction in hospitalizations • $7.3 million est. cumulative 3-year savings	123 monthly	99 monthly	79.25 monthly	71.6 monthly
Involuntary Treatment Act (ITA) Reduction • 32.1% reduction in ITA • $5.0 million est. cumulative 3-year savings	83.6 monthly	56.8 monthly	55.8 monthly	57.58 monthly
Re-admission Rate /30 Days • 26.5% reduction in re-admission rate • $0.5 million est. cumulative 3-year savings	12.6%	8.6%	10.75%	8.45%
Inpatient Bed Days /1,000 • 35.0% below state average • $12.0 million est. cumulative 3-year savings	19.60	12.13	12.37	13.73

The Future: Increasing Opportunities for Peers

1. Increasingly normalized role as part of the treatment team. Role focused on Activation - Peers are the "Secret Sauce" in Activation/Self Care
2. Increasingly Specialized Roles by: Age (Geriatric, Young Adult), Location (Hospital, ER, Health home, Supportive Housing), Co morbidities (HIV/AIDS, COPD, Diabetes), Navigation
3. Normal Part of Health Care Home and Integrated Health teams: Activation, training, support (Fricks, Swarbeck)
4. Fee For Service Reimbursement models through consumer operated programs as a part of the network just like any other provider or part of established provider organizations.

Activation scores have been demonstrated as predictive of healthcare outcomes.

Patients with low levels of activation have been found to have significantly greater health care costs than those with higher levels of activation (Hibbard et al., 2013)

When socioeconomic factors and the severity of health conditions are controlled, patient activation remains predictive of health care costs and utilization.

http://www.ncbi.nlm.nih.gov/pubmed/23381511

Issues to Resolve Moving Forward

- I'm a peer because I was depressed once, drank too much 30 years ago
- Non peer work: driving the bus, "babysitting"
- Licensure/Credentialing (40 States have Licensing requirements for peers?)
- Medicaid Reimbursement (33 States allow Medicaid reimbursement for peers?)
- Movement to fee for service not simple but critical
  - Credentialing/Contracting, LOCs/Referrals, Coding/Reimbursement
  - Billing, System Security, Licensure/Credentialing, Paid vs. Unpaid issues
- Adding peers to systems and staff
- Peers as cheap labor or using PRN so no job security
- Turf Issues
- Career Path
- Supervisory Issues

Peer Coaching

- **Betty Kane**
  - **Hospitalized 40+ times each year**
  - **Greatest number of consecutive days in community for the past five years = 2**
  - **Highest spend in the entire MCO BH system**
  - **Cycles through every single hospital and program available in the state**

- **Optum Results:**
  - **Significant Decreases in % who use inpatient services**
    - NY: 47.9% decrease (from 92.6% to 48.2%)
    - WI: 38.6% decrease (from 71.5% to 43.9%)
  - **Significant Decreases in # of inpatient days**
    - NY: 62.5% decrease (from 11.2 days to 4.2)
    - WI: 29.7% decrease (from 6.4 days to 4.5)
  - **Significant Increases in # of outpatient visits**
    - NY: 28.0% increase (from 8.5 visits to 11.8)
    - WI: 22.9% increase (from 9.1 visits to 11.8)
  - **Significant Decreases in total BH costs**
    - NY:47.1% decrease (from $9,998.69 to $5,291.59)
    - WI: 24.3% decrease (from $7,555.49 to $5,716.31

The Triple Aim: Peers are One Factor in its Success

- Improving the patient experience of care (including quality and satisfaction);

- Improving the health of populations; and

- Reducing the per capita cost of health care

Thank You

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential**.**

Sue Bergeson,
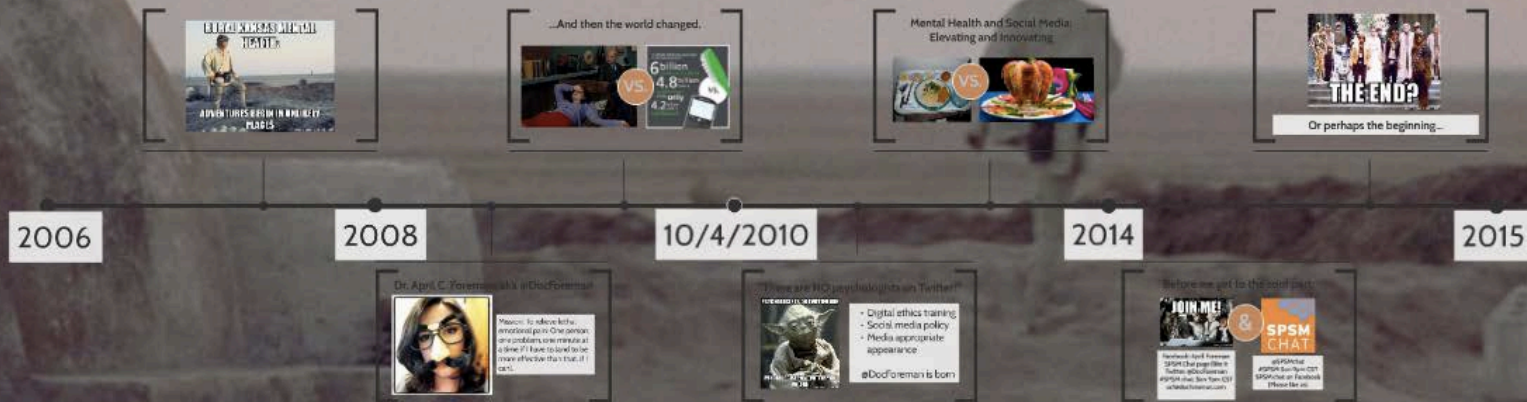VP Consumer and Family Affairs
Susan.Bergeson@ optum.com

Peter Ashenden,
Director Consumer and Family Affairs, Mental Health

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Dona Dmitrovic,
Director Consumer and Family Affairs Addictions Recovery
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Mental Health and Social Media: A new hope

2006

2008

10/4/2010

2014

2015

Dr. April C. Foreman, Southeast Louisiana Veterans Health Care System
Roslynn Carter Symposium on Mental Health Policy, 11/21/14

Images generated by A. C. Foreman,
or found on creativecommons.org

RURAL KANSAS MENTAL HEALTH:

ADVENTURES BEGIN IN UNLIKELY PLACES

memegenerator.net

Dr. April C. Foreman, aka @DocForeman

Mission: To relieve lethal emotional pain: One person, one problem, one minute at a time if I have to (and to be more effective than that, if I can).

...And then the world changed.

"There are NO psychologists on Twitter!"

PSYCHOLOGISTS ON TWITTER ARE

PSYCHOLOGISTS ON TWITTER YOU
WILL BE

memegenerator.net

- Digital ethics training
- Social media policy
- Media appropriate appearance

@DocForeman is born

Mental Health and Social Media: Elevating and Innovating

VS.

Before we get to the cool part:

Facebook: April Foreman
SPSM Chat page (like it
Twitter: @DocForeman
#SPSM chat, Sun 9pm CST
acf@docforeman.com

@SPSMchat
#SPSM Sun 9pm CST
SPSM chat on Facebook
(Please like us)

THE END?

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Or perhaps the beginning...

Panel III: Question and Answer

Moderator:
Larke Huang, PhD, Senior Advisor, Administrator's Office of Policy Planning and Innovation, Director, Office of Behavioral Health Equity, SAMHSA

Panelists:
Peter Buckley, MD, Dean, Medical College of Georgia, Georgia Regents University, Professor of Psychiatry, Pharmacology, and Radiology, Medical College of Georgia

Sue Bergeson, MBA, National Vice President, Consumer and Family Affairs, OptumHealth, Unite Health Care

April Foreman, PhD, Suicide Prevention Coordinator, Southeast Louisiana Veterans Health Care System