Expanding California’s Behavioral Health Workforce in Response to COVID-19

On November 19, 2020, the California Initiative for Health Equity & Action (Cal-IHEA) convened an expert panel of behavioral health care leaders to discuss and highlight opportunities and policy solutions to support and expand the state’s behavioral health workforce in response to COVID-19. Our goal was to identify behavioral health workforce needs, demands, and promising policy/practice solutions. This webinar was sponsored by the Blue Shield of California Foundation and co-hosted by the Office of California State Senator, Jim Beall (15th Senate District). View the full webinar here.

California's long standing challenges of addressing behavioral health have been heightened because of the COVID-19 pandemic. Californians are increasingly worried, anxious, depressed, and many are turning to binge drinking and substance use to cope with economic and social uncertainties. A robust interdisciplinary workforce is needed to support Californians struggling with increasing behavioral health challenges.

Dr. Janet Coffman (UC San Francisco), Dr. Marlene Martin (UC San Francisco), and Dr. Elizabeth Siantz (UC San Diego) presented their work related to the needs and demands of California’s behavioral health workforce in response to the COVID-19 pandemic. Their presentations focused on the themes of pipeline development, workforce diversity, substance use disorders, and professional satisfaction/retention. Senator Jim Beall (15th Senate District) provided the opening remarks, and the briefing was moderated by Stephanie Welch (Deputy Secretary of Behavioral Health for the California Health and Human Services Agency).

“In mental health services, we are fighting against biases and discrimination... towards the whole subject of mental health by some people as not a qualifiable medical condition that needs preventive and a whole range of services.”

- Senator Beall

Senator Beall’s opening remarks emphasized the importance of health equity and action in behavioral health and its timeliness given the COVID-19 pandemic. He stressed the negative impacts COVID-19 is having on Californians, specifically, the increases of mental health problems, domestic violence, and substance abuse. For this reason, Senator Beall stated that it was important that both of his mental health bills, Senate Bill (SB) 855 and SB 803, passed this year. SB 855 increased the coverage obligation of health and disability insurers for mental health and addiction diagnosis, prevention, and treatment. SB 803 expanded the behavioral
health workforce by allowing the certification of Peer Support Specialists. He concluded his remarks by mentioning that there is still a lot of work to be done to improve the behavioral health treatment system during the COVID-19 crisis. This includes overcoming prejudices, having elected officials that set the tone and standard for what the policies of California should be, and removing the disparities in mental health services for people of color.

“**We face really big challenges in terms of getting a [behavioral health] workforce that is large enough, geographically distributed enough, and diverse enough to meet needs.**”

- Dr. Coffman

**Dr. Janet Coffman** opened the panel by providing data on COVID-19 trends, the behavioral health workforce in California, and corresponding estimates of future supply and demand. She shared **national data** illustrating the large increases of anxiety and depression symptoms associated with COVID-19 and provided current figures on actively licensed behavioral health professionals in CA (n= 98,485). She emphasized how the State struggles to provide access to behavioral health services, especially in regions such as the Inland Empire and the San Joaquin Valley, which have the lowest numbers of behavioral health professionals per capita. Dr. Coffman also touched on the lack of ethnic diversity among psychiatrists and psychologists, which she believes is a concern given that these communities’ willingness to seek help can be influenced by culture and language. Additionally, she shared annual data trends on **the number of first year psychiatry residents in CA** and **graduates of clinical or counseling psychology and social work programs**, ultimately projecting that California will have insufficient numbers of licensed behavioral health professionals to maintain current levels of utilization in 2028 (See Figure 1). Dr. Coffman concluded her presentation by sharing strategies recommended by the **California Future Health Workforce Commission** to improve and expand the State’s behavioral health workforce.

**Figure 1. Future Supply and Demand of Behavioral Health Professionals**
“Substance use occurs at similar rates across race and ethnicity. However, what we see in practice and in life, is [that] the consequences of substance use are very different based on your skin color.”

- Dr. Martin

Dr. Marlene Martin highlighted expanding CA’s addiction workforce and response to action in regards to COVID-19. She opened her remarks by focusing on the national landscape of substance use disorders pre COVID-19, stating that over 40 million people in the United States had an alcohol, drug, or tobacco use disorder in 2018. She also stressed how disproportionate attention towards the opioid overdose epidemic, and particularly its impact on white individuals, has crowded out due attention to the care and needs of Black and Latinx communities. Dr. Martin concentrated on COVID-19’s role in magnifying the drivers of substance use (i.e. mental illness, isolation, trauma, homelessness, pain, chronic disease, access to care, poverty, etc.), and discussed how the pandemic has led to the riskier use of substances (See Figure 2). For instance, individuals no longer having access to syringe access services and instead having to reuse needles, or individuals no longer being able to attend recovery programs in person. She shared a local example from San Francisco General Hospital (SFGH), where she currently practices and directs the Addiction Care Team. She explained that pre COVID-19 the SFGH Addiction Care Team had an average of 60 patient consultations requested per month, and after shelter in place orders went into effect in March 2020, that number increased to 93 per month.

Figure 2: COVID-19 and Substance Abuse Disorder

<table>
<thead>
<tr>
<th>State</th>
<th>Increase in Drug-related Deaths</th>
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</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>+60%</td>
</tr>
<tr>
<td>Washington</td>
<td>+35%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>+32%</td>
</tr>
<tr>
<td>Colorado</td>
<td>+30%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>+27%</td>
</tr>
<tr>
<td>Iowa</td>
<td>+26%</td>
</tr>
<tr>
<td>Vermont</td>
<td>+24%</td>
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<tr>
<td>Louisiana</td>
<td>+24%</td>
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<tr>
<td>California</td>
<td>+23%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>+22%</td>
</tr>
<tr>
<td>Texas</td>
<td>+18%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>+17%</td>
</tr>
<tr>
<td>Illinois</td>
<td>+13%</td>
</tr>
<tr>
<td>Florida</td>
<td>+10%</td>
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</tbody>
</table>

All data is provisional. Definitions of what counts as a drug-related death vary by state. Data for Arizona, California, Florida, Minnesota, Tennessee, Texas, Washington and Wisconsin includes only a subset of counties within each state.

Source: State and local health departments, coroners and medical examiners.
“We learned that [practice] facilitators are highly credentialed in their specific fields of behavioral health or physical health.”

- Dr. Siantz

In her presentation, Dr. Elizabeth Siantz defined practice facilitation, illustrated how practice facilitation can advance system transformations to deliver integrated behavioral health care, and described opportunities for practice facilitation to develop California’s COVID-19 era behavioral health workforce. She opened her remarks by defining practice facilitation as the work done by consultants who support health systems in making changes to improve patient outcomes. Dr. Siantz provided an illustrative example of this by highlighting her research and the Behavioral Health Integration and Complex Care Initiative (BHICCI). She stated that with the support of practice facilitators, the BHICCI was initiated to assist the Inland Empire Health Plan engage providers to test and implement practice changes needed to develop integrated complex care management teams. The BHICCI’s primary goal was to improve the physical and behavioral health outcomes for patients with complex chronic conditions. Dr. Siantz explained that, according to her BHICCI research, practice facilitators are a promising practice for the development of the behavioral health workforce. By establishing a rich interdisciplinary coaching model, practice facilitators can connect with providers of different backgrounds to deliver integrated behavioral health care and liaison between clinics and health plans in a way that is respectful and accommodating to the patient.

Figure 3: BHICCI Integrated Care and Complex Care Management Teams
“To improve the [mental health] system one of the first things I learned was the value of peer support and the value of people with lived experience.” - Stephanie Welch

Stephanie Welch opened the Q&A session by remarking on the value of lived experiences in behavioral health and the racial disparities found in the behavioral workforce. She emphasized how this was a wonderful opportunity to explore how to scale up the behavioral health workforce and to think about the pipeline. Ms. Welch concluded by asking questions to each of the three panelists.

Q&A

**Bold change Governor Newsom’s Administration can take in order to meaningfully move the needle forward when it comes to behavioral healthcare workforce diversity and equity in California.**

Senator Beall remarked that the California State Legislature needs to introduce a comprehensive set of bills on mental health and housing, focusing primarily on developing a continuum of mental health care, prevention, and reduction of cost drivers. Additionally, he stated that the CA Department of Finance needs to support more mental health bills. Senator Beall closed his remarks by saying that California Governor Gavin Newsom needs to provide more leadership on this topic and appoint an advisor who can advise him on these issues.

Dr. Coffman, concurred with Senator Beall’s suggestions, and recommended investments in career laddering. She shared that the process for entering the behavioral health workforce needs to be made more seamless for individuals who want to get an education and transition to practicing at a higher level. Dr. Coffman also stated that psychiatry needs to be seen as part of primary care and a bigger investment needs to be made in the field. She concluded by recommending improving the first response for individuals undergoing a substance use or mental health crisis. Specifically, looking into models across the state where paramedics are partnering with law enforcement to de-escalate and divert people in crisis into sobering or mental health centers.

Dr. Siantz remarked that with the passage of **SB 803** there will be an increase in the number of certified peer support specialists in the CA behavioral health workforce. She explained that practice facilitation can help health care organizations integrate these newly certified specialists into routine behavioral health practice.

Dr. Martin recommended investing in equitable education. She explained that educational inequalities have been exacerbated by school closures during the pandemic. Dr. Martin would like to see investment in communities of color, such as affirmative action, that can help diversify the behavioral health workforce and give people more equitable opportunities.
Panelist Policy Recommendations:

Dr. Janet Coffman: *Expanding the behavioral health workforce*
- **Need to invest in increasing the number and racial/ethnic diversity of behavioral health professionals**
- **Strategies Recommended by the California Future Health Workforce Commission**
  - Increase the number of psychiatry residency positions
  - Increase the number of psychiatric nurse practitioner students
  - Provide funding to expand educational programs
  - Strengthen training in behavioral health for primary care providers
  - Expand and scale pipeline programs focused on behavioral health for students from underrepresented backgrounds at K-12 and college levels
  - Increase funding for scholarships and loan repayment for behavioral health professionals who practice in underserved areas

Dr. Marlene Martin: *Access to substance abuse treatment and build workforce capacity*
- **Increase access to treatment and harm reduction services instead of punitive approaches**
  - Learn from [Oregon Measure 110](#) which decriminalizes drug possession and increases treatment access
  - [X the X Waiver](#) to remove 8-24 hour training for physicians and advanced practice providers to prescribe buprenorphine
  - Cover behavioral interventions, like contingency management, which is the most effective treatment for people with stimulant use disorders
  - Sustain COVID-19 methadone and buprenorphine treatment policies (2-4 week take homes, [Ryan Haight Act](#) paused)
  - Advance policy for implementation and evaluation of safer consumption spaces
  - Address drivers of use: housing as treatment, mental health treatment access, etc.
  - Implementation of [Assembly Bill 2265](#), which allows for Mental Health Services Act funding to be used for co-occurring mental health and substance use disorder treatment, to be implemented at the county level
  - Incentivize healthcare systems to provide addiction care and preventative addiction services (i.e. pay for performance metric)
- **Build workforce capacity in most needed areas**
  - Health Resources & Services Corps (HRSA) - National Health Service Corp [SUD Loan Repayment Program](#) loan forgiveness for physicians, advanced practice providers (APP), midwives, counselors, nurses, pharmacists, and behavioral health professionals practicing outpatient substance use disorder care in a health professional shortage area
  - Prolong [American Board of Preventive Medicine Practice Pathway](#), expires 2021
• Fund and expand addiction training programs (i.e. HRSA five-year grants, >$20M to 44 grantees in 2020, six addiction fellowships in CA) for physicians, advanced practice practitioners, nurses, social workers, and pharmacists

• Fund APP behavioral health programs (i.e. UCSF, UC Davis and UCLA Schools of Nursing have new online post-master’s certificate for psychiatric mental health nurse practitioners to train 300 PMHNP over five years with a focus on CA shortage areas and treat mental health and addiction)

• Fund local pipeline programs focused on behavioral health exposure: Learning for Early Careers in Addiction and Diversity (i.e. versions of MiMentor for SUD)

• Ensure sustainability of addiction medicine programs
  - Create and streamline billing mechanisms (i.e. SB 803 which establishes state peer support training and certification standards to bill for peer support services)

Dr. Elizabeth Siantz: Future opportunities for behavioral health workforce development

• Facilitation is a promising practice for developing the behavioral health workforce
  - Liaise between health systems and providers to delivery integrated care
  - Support health systems in creating space for peer supports
  - Develop system capacity while increasing provider skills

• In a COVID-19 health system, practice facilitators also might:
  - Support clinics in adapting services given evolving public health guidelines
  - Address challenges in scaling up telehealth
  - Buffer against misunderstandings between people who currently do not see each other

About the Author:

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References:


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