

Fact Sheet: Treatment Workforce Development

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<p>Overview</p>	<p>The Behavioral Health Administration is partnering with Workforce Training and Education Coordinating Board and the Substance Abuse & Mental Health Services Administration (SAMHSA) to increase access to substance use disorder and mental health services in both inpatient and outpatient settings. We know from current data that there are shortages of many types of healthcare providers who can meet the increased demand as Washington’s population ages and access to healthcare increases under the Affordable Care Act.</p> <p>The Affordable Care Act</p> <ul style="list-style-type: none"> • Expands coverage of mental health and substance use disorder benefits • Implements mechanisms and reforms to improve service integration • Provides cost-effective care <p>June 6, 2016, Governor Inslee issued an executive order creating the Workforce Training and Education Coordinating Board. The Workforce Board, in partnership with the Health Workforce Council:</p> <ul style="list-style-type: none"> • Advises the Governor and Legislature on workforce development policy • Ensures the state’s workforce services and programs work together • Evaluates the performance of Washington’s key workforce programs • Oversees 16 workforce programs, administered by seven agencies <p>The outcomes of the Workforce Training and Education Coordinating Board will allow DBHR and other state agencies to adequately and accurately:</p> <ul style="list-style-type: none"> • Evaluate current and projected workforce shortages in behavioral health • Establish a baseline for behavioral health workforce shortages • Develop an improvement plan for service coordination
<p>Workforce Projects and Activities</p>	<p>According to the Department of Labor, the United States will need up to 31% increase in addiction trained professionals. Currently, the addiction counselor workforce is facing a shortage due to an increase in awareness by the public of the addiction crisis, increase in awareness of the medical profession for more treatment options as more patients identify with their own addiction or that of a family member, and increase in access of alcohol and other drugs by younger ages.</p> <p>According to SAMHSA, approximately one-half of new addiction professionals entering the</p>

	<p>workforce leave within their first 18 months. The difficulty in retaining workforce goes beyond the low pay, as only 12% of the workforce cite money as the reason for their job change. Instead, most people report that they leave their jobs due to their relationship with their supervisors. DBHR is exploring effective strategies to recruit new professionals into this fast paced, high impact, lower paid profession, along with strategies to increase retention.</p> <p>Recent amended legislation (WAC 246-811) allows for alternative CDP training requirements for Advanced Professionals. DBHR partnered with Spokane Falls Community College (SFCC) to develop an accelerated 15-credit, online certificate program to meet alternative CDP training requirements. Funding was established through the Washington State Youth Treatment-Improvement (WSYT-I) Project.</p> <p>DBHR, in partnership with NAADAC, the Association for Addiction Professionals and the Substance Abuse & Mental Health Services Administration (SAMHSA), are focusing on strategies to address the addiction and mental health counselor workforce methods to recruit and retain.</p>
<p>Primary Partners</p>	<p>Workforce Training and Education Coordinating Board, Substance Abuse & Mental Health Administration (SAMHSA), and NAADAC, the Association for Addiction Professionals.</p>
<p>For more information</p>	<p>Haley.Lowe@dshs.wa.gov 360-725-3473. Website: http://www.dshs.wa.gov/bha</p>