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# Behavioral Health Workforce for Children and Families: Enhancing Utilization of Available Workers

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# What is a peer provider?

“A person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience.”

(Kaplan, SAMHSA, 2008)

- **How might peer support workers be effective in services for children, youth, and families**



# SAMHSA Study: Key Findings

- Peer providers work in a variety of settings
  - Peer-run organizations, traditional care settings, forensic settings
- Medicaid payment enhanced utilization
- Training and Certification
  - 40 states statewide certification for MH peer support
  - 1/3 of states have SUD statewide certification
- Challenges in acceptance and stigma
- Efficacy- evidence mixed

[http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Peer\\_Provider\\_Workforce\\_in\\_Behavioral\\_Health-A\\_Landscape\\_Analysis.pdf](http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Peer_Provider_Workforce_in_Behavioral_Health-A_Landscape_Analysis.pdf)

# Nursing Providers in Child and Family Behavioral Health

- Pediatric Nurse Practitioners (NPs)
- Family NPs
- Psychiatric Mental Health NPs
  - Survey March 2016 (Delaney & colleagues)
  - 14% reported most services provided to those age 1-20
  - 19% provide no services to those age 11-20

## **RN (National Sample Survey RNs 2013)**

- 4% report working in mental health or substance abuse
- 6% report pediatrics specialty

# Psychiatric Mental Health Advanced Practice Nursing (PMHNP) Workforce Supply

- Estimated between 9,000-19,000
- Began as Clinical Nurse Specialist certification- now primarily Nurse Practitioner (NP)
- Scope of practice varies by state law
- 14,780 Certified PMH APRNs (ANCC)
  - 5,826 CNS- adult and child
  - 8,954 NP- adult and lifespan
- 118 nursing programs offer PMHNP

Source: K. Delaney, Rush University

# Why PMH NPs may help fill the provider gap

- Provide many services traditionally provided by psychiatrists, including prescribing and managing psychotropic medications
- Educated in integrative practice model stressing physical and mental health; emphasize health promotion
- Patient satisfaction generally high
- Graduates of PMHNP programs are available to fill vacancies more rapidly

# Why don't PMH NPs already fill the gap?

- Scope of practice limitations
  - Regulatory requirements for physician supervision some states
- Challenges recruiting and retaining PMHNPs
- Lack of awareness of role and competencies
- Salary not competitive in public settings
- Acceptance by other providers?

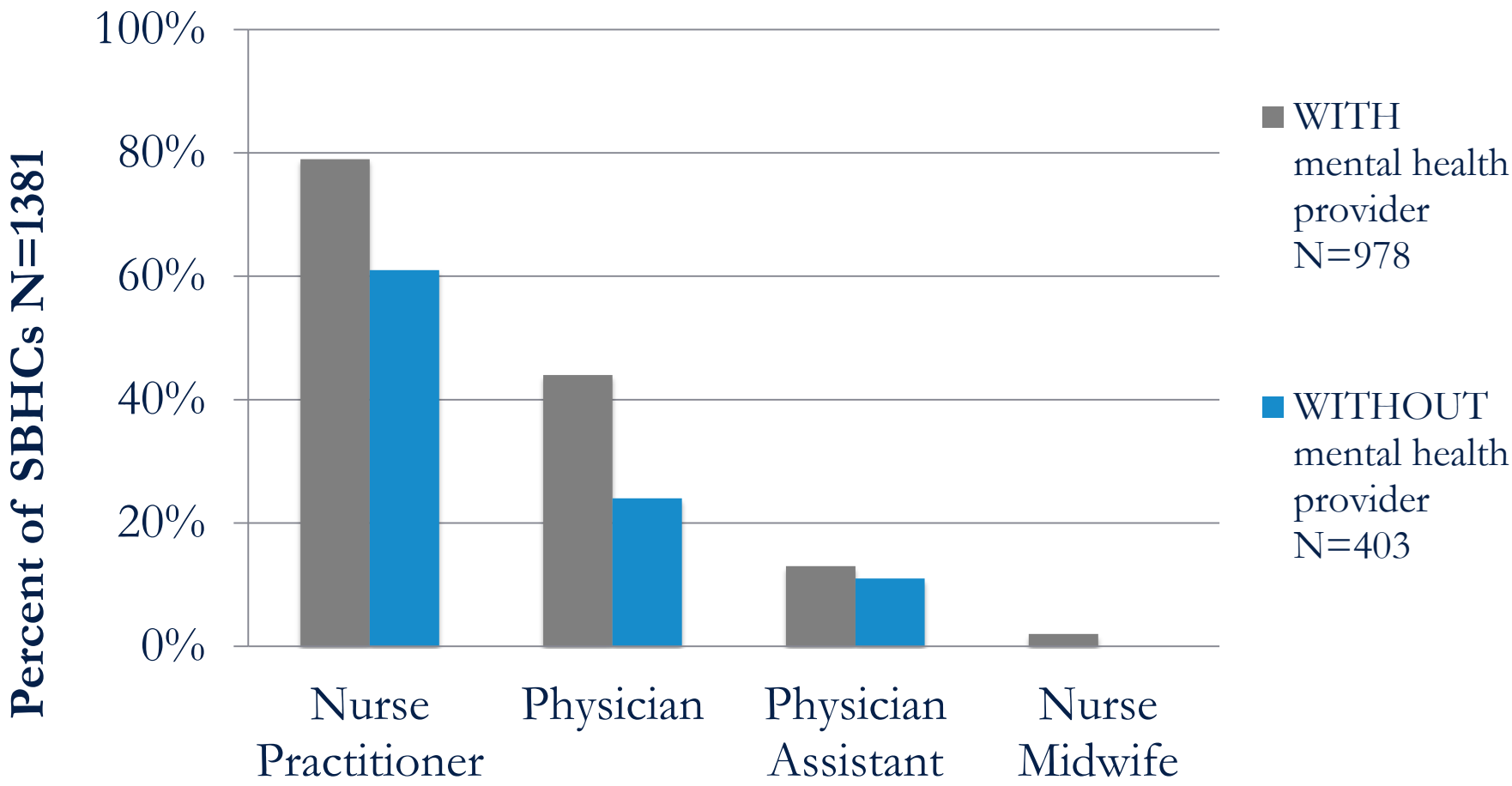
# Behavioral Health Practitioners in School Based Health Centers

- 2% of US public schools have SBHCs
  - 70% of them have mental health services
- SBHC Census Survey N=1,381

Source: Satu Larson, 2016

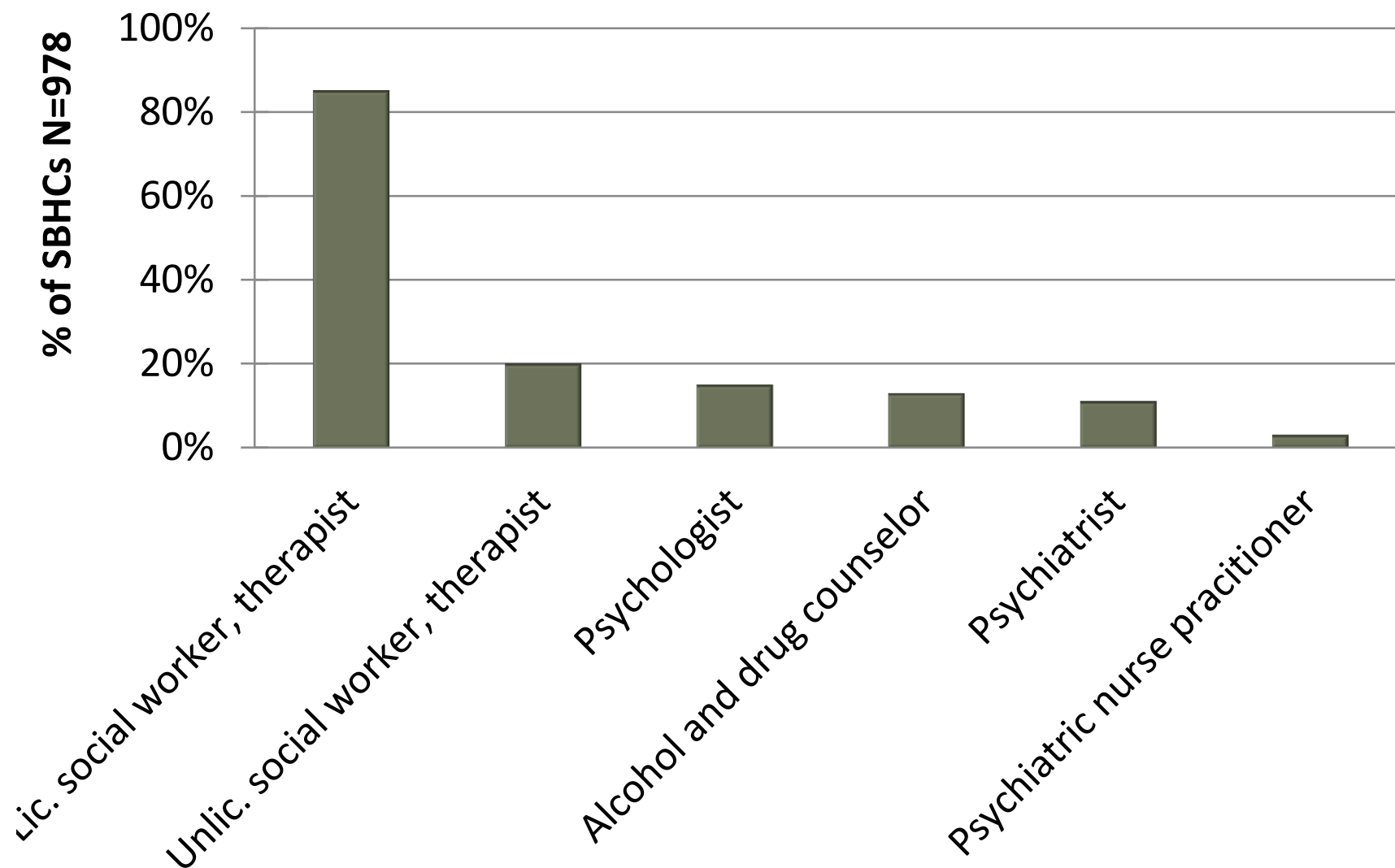


# School-based Health Center Primary Care Staffing (Larson, 2016)



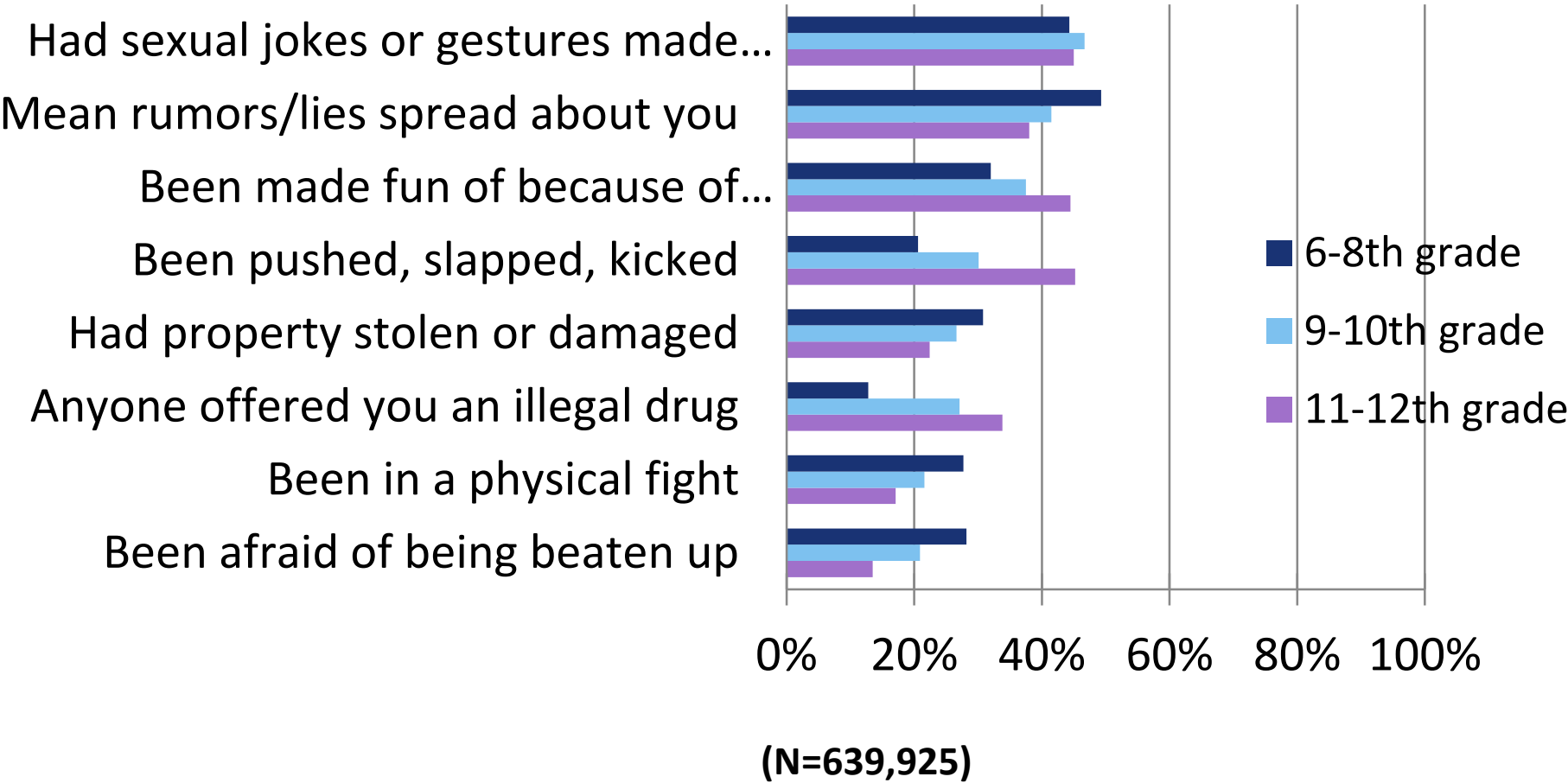
# School-based Health Center: Mental Health Care Staffing

(Larson, 2016)

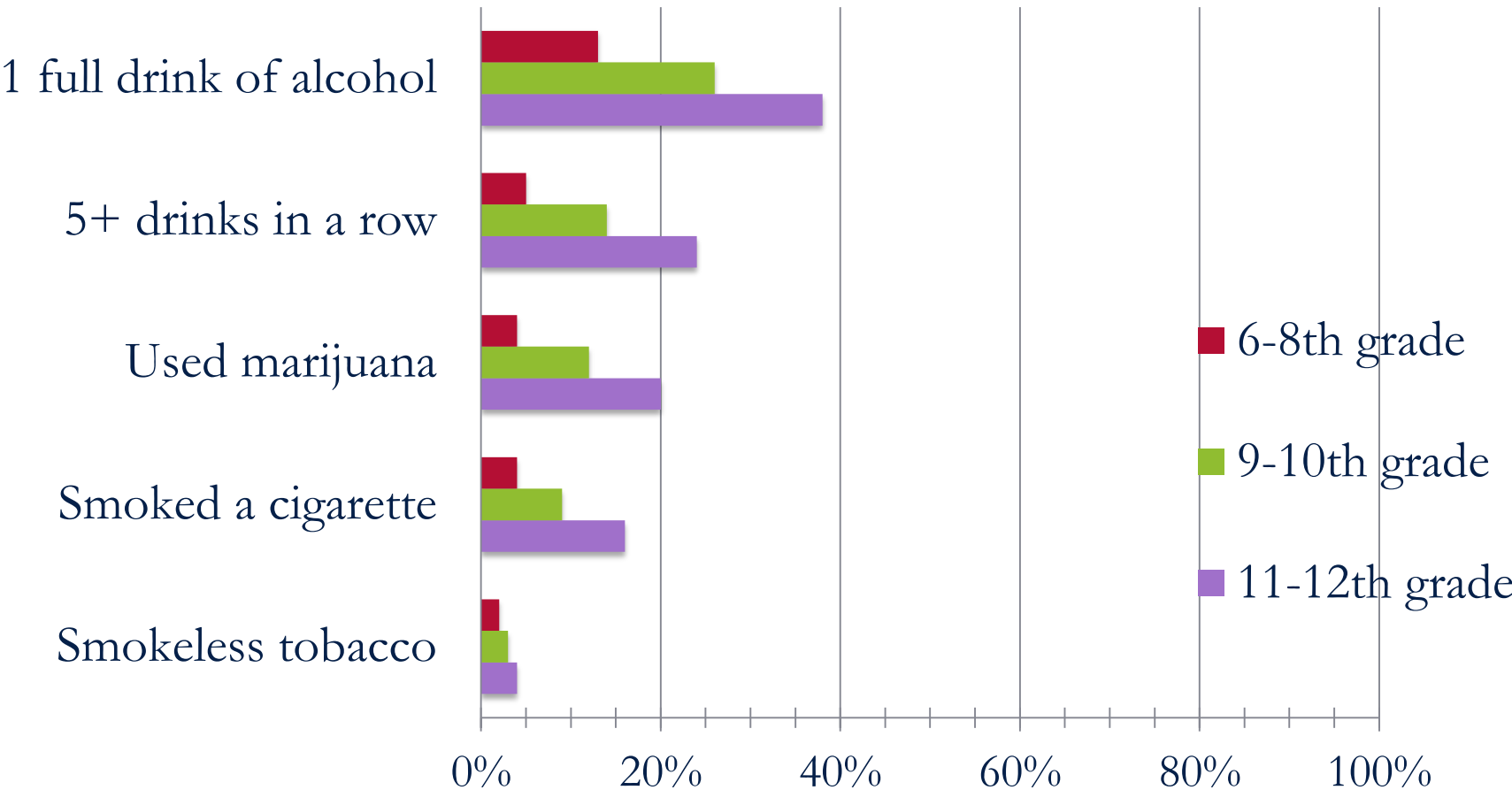


# Evidence of Need: California Healthy Kids Survey 2010

Exposure to a victimizing event(s) in past 12 months



# Past 30 day substance use by students



(N=639,925)

# How to enhance behavioral health services for children, youth, and families

- Utilize each type of worker to full capacity of education and experience
- More focus training on children, youth, and family
- More focus on team model
  - Who needs to be on the team
  - How does the team integrate with primary care
  - Inclusive of family, school, and community