



South Carolina Institute of
Medicine & Public Health

The Evolving Workforce: Redefining Health Care Delivery in South Carolina

The South Carolina Institute of Medicine and Public Health (IMPH) is a nonpartisan convener with the mission to collectively inform policy to improve health and health care. The Workforce for Health Taskforce was launched in April 2018 to determine South Carolina-specific policy changes and health care workforce solutions needed to create sustainable, person-centered systems of health care that promote population health.

The Taskforce represented more than 60 of the state's leading experts from health care systems, state agencies, consumer groups, academia, community-based organizations, nonprofits and philanthropic organizations.

IMPH has been working to improve behavioral health care for South Carolinians since 2013, culminating in the publication of the 2015 Behavioral Health Taskforce Report, *Hope for Tomorrow: The Collective Approach for Transforming South Carolina's Behavioral Health Systems* and a follow-up report detailing the progress of its recommendations. The Workforce for Health Taskforce was informed by this work and the specific recommendations related to bolstering the behavioral health workforce in South Carolina as a strategy to increase access to care.

In the report *The Evolving Workforce: Redefining Health Care Delivery in South Carolina*, state specific, evidence-based practice and policy solutions are outlined in four key areas:

- Embracing the evolution of health and human service roles,
- Training and educating health and human service providers,
- Behavioral health workforce needs and
- Setting the stage for the evolving workforce.



Behavioral Health Workforce Needs

Behavioral health providers are in high demand. On an annual basis, substance use disorders and mental health illnesses cost the United States an estimated \$740 billion and \$200 billion in lost earnings, respectively. Additionally, behavioral health disorders are expected to be the leading cause of disability in the U.S. by 2020.

Community-based providers such as direct-care workers, family caregivers and behavioral health workers have customarily taken a backseat to other health care providers in terms of funding, support, visibility and inclusion in care teams. Today, more than ever, the health workforce should be trained to determine the genesis of, and best treatments for, behavioral health conditions.

New imperatives for patient and population health management require an adaptive, evolving health care workforce. Increasing the utilization of community-based professionals will allow other providers in the workforce to practice at the top of their licenses. This diffusion of responsibilities will also reduce the cost of care. A number of new and evolving behavioral health roles are likely to see increased utilization and growth as workforce needs adjust to support new care delivery models.

Behavioral health includes substance use disorders and mental health conditions.

Intake Specialists – Intake specialists work in the medical field to help direct people to the services they need. Intake specialists are used in many different areas, such as hospitals, mental health facilities, crisis centers, nursing homes and other care settings. Intake specialists talk directly with patients and their families, determining their needs, their medical history, physical and mental state and special requirements. Understanding these needs helps the intake specialist determine what services are needed and guides patients to the right areas. At this point in time there is no established source of data for these professionals. The South Carolina Office for Healthcare Workforce is investigating how often this job title, and others for emerging roles, are seen in the online job listing database available through the state Department of Employment and Workforce.

Mental Health and Substance Abuse Social Workers – These professionals assess and treat individuals with mental, emotional or substance disorders, including alcohol, tobacco and/or other drugs. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention and education. Integrating behavioral health workers into primary care settings, health care teams and other access points for community members is an important component of holistic, coordinated care.

Peer Support Specialists – Peer support specialists are professionals who use their experience of recovery from mental health disorders to support others in recovery. Combined with skills often learned in formal training, their experience and institutional knowledge puts them in a unique position to offer support. Although peer supporters have many titles (such as recovery coach), all specialists model recovery, share their knowledge and relate in a way that have made this evidence-based practice a rapidly growing field.

Psychologists – Psychologists are doctoral-level licensed practitioners who engages in the practice of psychology which includes:

- Psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, cognitive, physical and/or emotional abilities, skills, interests, aptitudes and neuropsychological functioning;
- Counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback and behavior analysis and therapy;
- Diagnosis, treatment, and management of mental and emotional disorder or disability, substance use disorders (SUDs), disorders of habit or conduct and the psychological aspects of physical illness, accident, injury or disability;
- Psychoeducational evaluation, therapy and remediation;
- Consultation with physicians, other health care professionals, and patients regarding all available treatment options; and
- The supervision of any of the above.



Creating a behavioral health system in South Carolina that fully meets the needs of residents and the behavioral health workforce is critical to improving the health and wellbeing of South Carolinians. The Workforce for Health Taskforce recommended several program and policy changes to improve the behavioral health workforce capacity and ensure that the health workforce at large understands the connections between mental and physical health:



1. Train health and human service students and existing professionals to understand how the health of an individual is impacted by the integration of behavioral health, primary care, population health, preventative care, social determinants of health, health equity and health disparities.

Health and human service providers should be trained to assess potential behavioral health conditions when treating patients in community-based, primary or acute care settings. Today, many people in the health care ecosystem recognize the importance of integrating behavioral health into primary care treatment so.

In an ideal care delivery model, behavioral health should be evaluated as a component of primary care, given that behavioral health is connected to individuals' physical wellbeing. Patients with co-morbid conditions should be treated by coordinated care teams rather than in traditionally siloed care delivery models. Educating current and future health professionals to treat patients with this integration in mind will improve the ability of the workforce to positively influence the health outcomes of South Carolinians.

2. Improve reimbursement for behavioral health services and enable government agencies and Community Based Organizations to improve pay for behavioral health professionals.

Budget constraints and lack of career advancement opportunities in state agencies drives experienced clinicians to private practice or other settings providing better compensation. The Taskforce encourages the Governor, the Department of Administration and the State Legislature to consider collaborating to adjust public sector pay bands to be more competitive and reflect the level of education required for behavioral health workers.



3. Reduce financial barriers to entry for students interested in behavioral health certifications and degrees.

Educational entities and other state partners should provide behavioral health students with additional tuition reimbursement opportunities, loan repayment programs and incentives funded by local, state and/or federal investments. Offsetting much of the cost of obtaining a degree will protect students from the significant loans they may incur and help them view a career in behavioral health as a financially sound investment.

4. Ensure educational entities, students and employers are aware of the need for more behavioral health professionals in our state.

Relevant government agencies and academic and training institutions should partner with health and human service providers to market roles within the behavioral health workforce to middle school, high school and college students.

Behavioral health stakeholders should ensure students have a clear line of sight to behavioral health careers, job opportunities and information about educational requirements. This could include an online tool and interactions with high school students and freshman and sophomore college students.



5. Place special emphasis on creating a positive, supportive work environment with opportunities for growth in behavioral health settings

Behavioral health providers have some of the most challenging jobs in the health care industry. Given the sensitivity of their work, employers of behavioral health providers should prioritize the creation of a positive and supportive work environment for employees by dedicating time for motivational activities and bonding among co-workers, utilizing coaching and consultation during field clinical supervision and identifying and implementing career ladder models for advancement and provide continuing education at no cost to employed behavioral health professionals.

For more information, please visit IMPH.org or contact Brie Hunt at Brie@IMPH.org.

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