HRSA
Health Resources & Services Administration

Mental Health and Substance Use Disorder Integration: Workforce Shortages, Retention, and Resilience

Mental Health/Substance Use Disorder Integration Technical Assistance

January 15, 2026

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Vision: Healthy Communities, Healthy People

Disclosure

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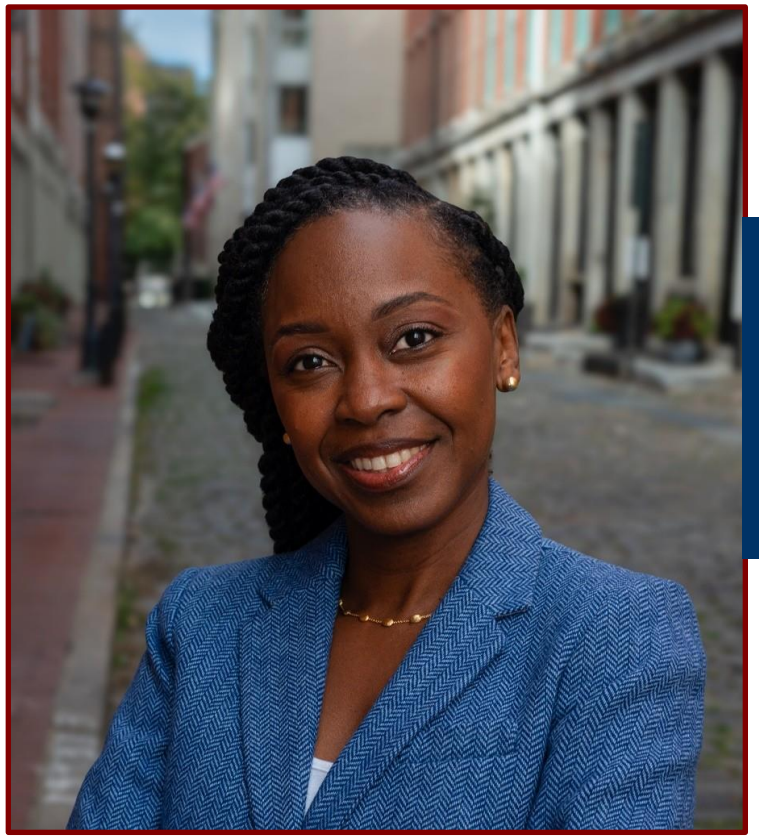
Presenter



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Today's Agenda

Background

Current State of Mental Health (MH) and Substance Use Disorder (SUD) Workforce

Leveraging & Supporting the Integrated Care Team

Q & A

Objectives

- Build a workforce development framework that addresses today's integrated care staffing needs while creating a pipeline for future roles.
- Outline activities that facilitate a supportive work environment and enhance job satisfaction in integrated care settings.
- Develop an effective peer support network and debriefing techniques for staff to process challenging experiences.
- Understand the role of continuous quality improvement in applying workforce development strategies.

Polling Question #1

What challenges are you facing at your health center regarding workforce development? (Select all that apply.)

a) Recruiting trained MH and SUD staff

b) Retaining trained MH and SUD staff

c) Meeting the increased demand for MH and SUD services

d) Providing access to specialized practitioners, such as those who provide services to children or those with SUD

e) Preventing burnout among MH and SUD staff

f) Dealing with financial constraints due to lower reimbursement rates and increased operating costs

g) Other…share your response in the Q&A

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Workforce Gaps

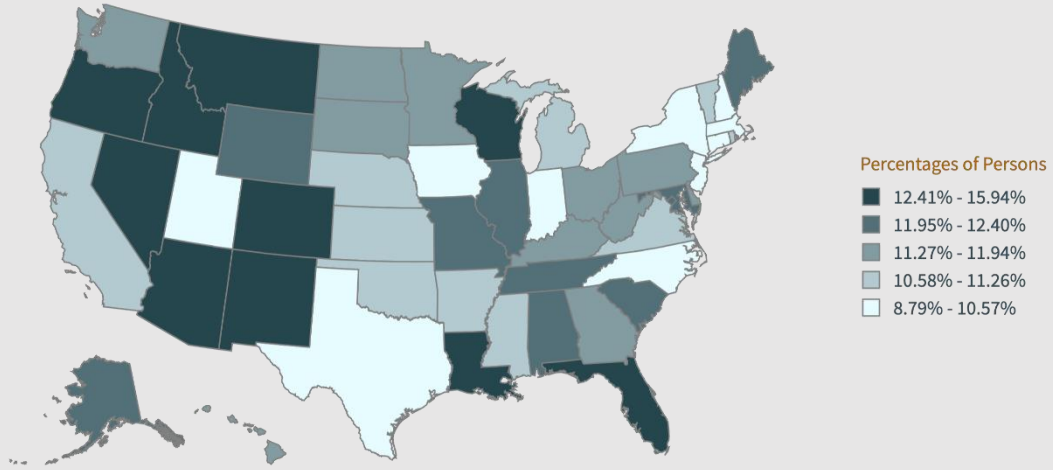
- According to HRSA's projections, by 2037 the U.S. will face shortages of about:
  - **113,930** addiction counselors
  - **87,840** MH counselors
  - **79,160** psychologists
  - **50,440** psychiatrists
  - **34,170** marriage & family therapists

- As of September 30, 2025:
  - **8,207** primary medical Health Professional Shortage Areas (HPSAs) need **14,929** practitioners to close the gap
  - **6,604** MH HPSAs need **6,405** practitioners to close the gap

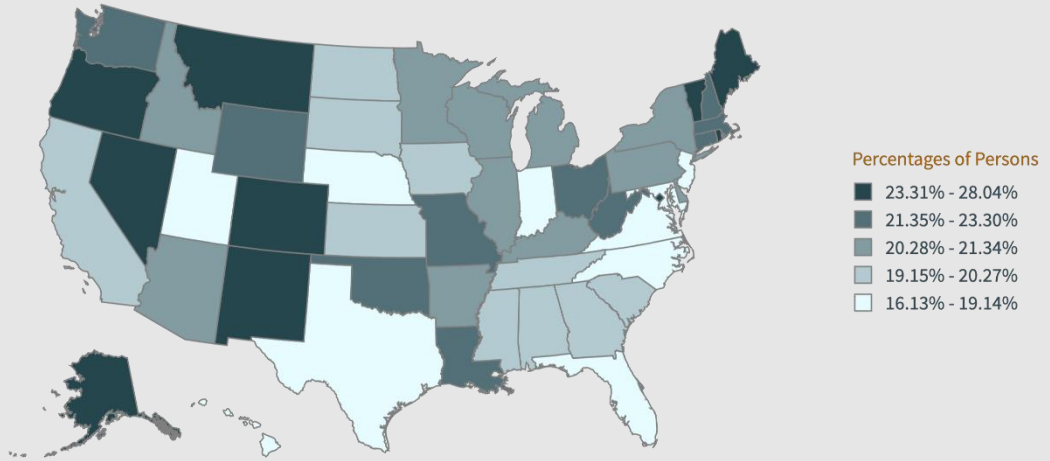
HRSA. (2024, November). *Health Workforce Projections*. Available from: https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand

Impacts to Substance Use Treatment

Classified as Needing Substance Use Treatment in Past Year Among Youths Aged 12 to 17, by State: 2022-2023



Classified as Needing Substance Use Treatment in Past Year Among Adults Aged 18 or Older, by State: 2022-2023



SAMHSA. NSDUH State Estimates, 2022-2023. Available from: https://datatools.samhsa.gov/

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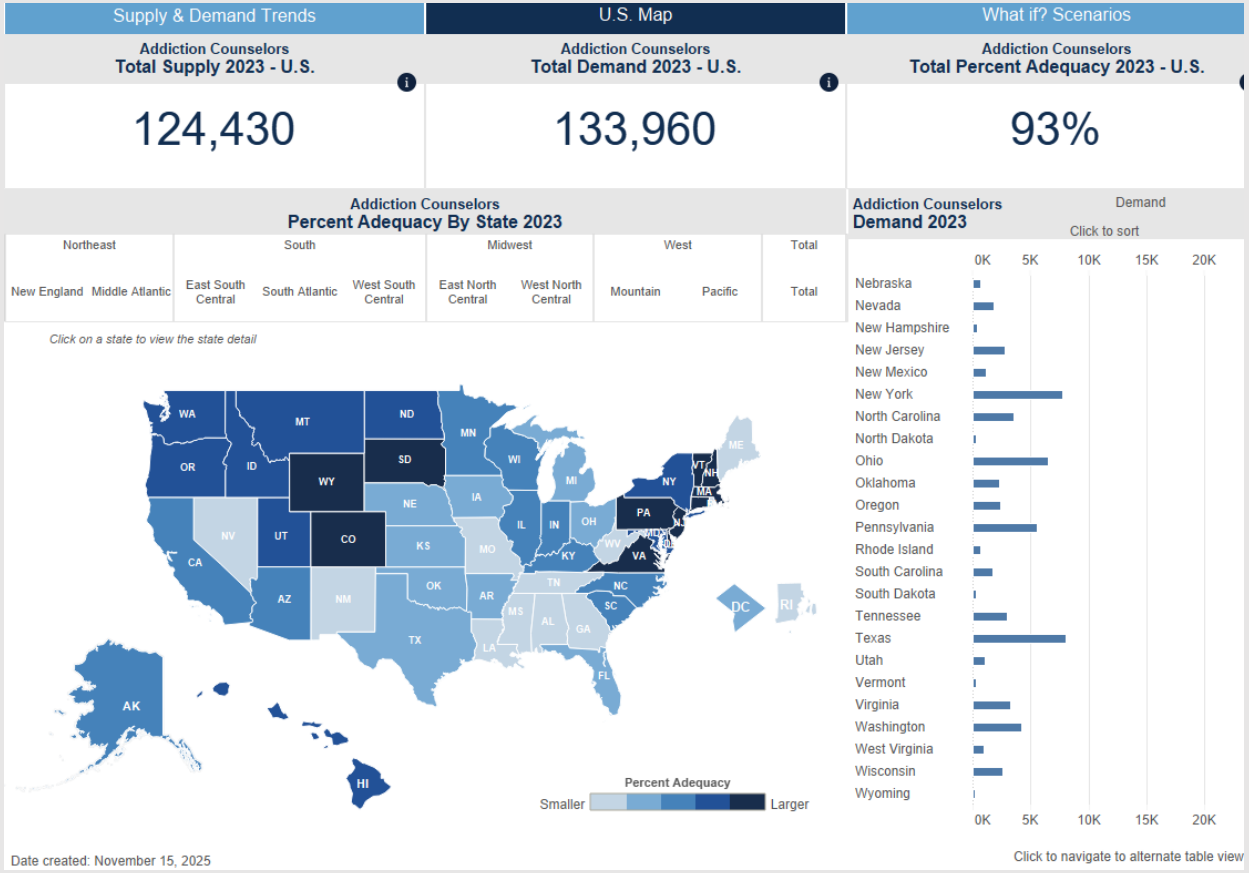
Coverage of Addiction Counselors by State, 2023



Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available from: https://bhw.hrsa.gov/data-research/review-health-workforce-research

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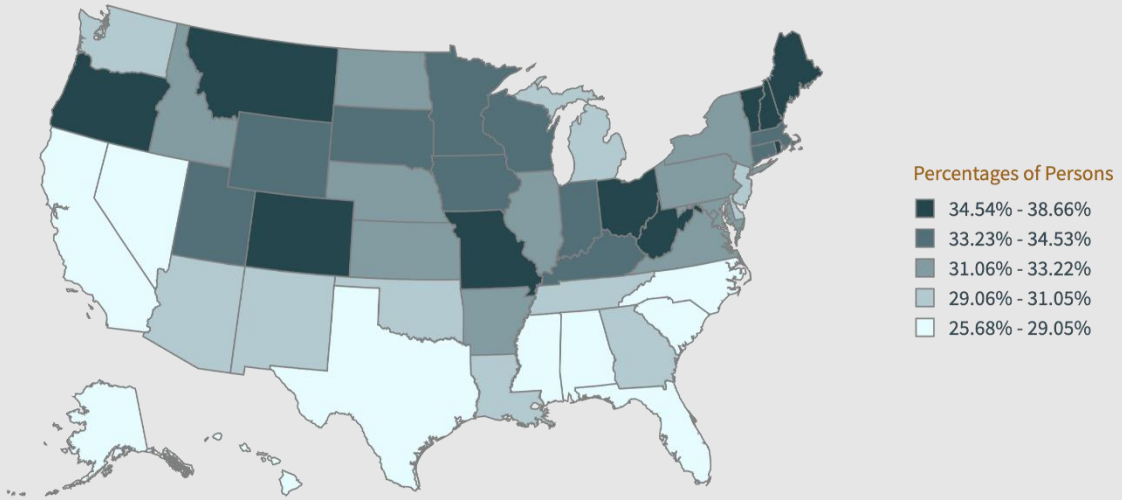
Impacts to MH Treatment

Received Mental Health Treatment in Past Year (2022 and later) Among Youths Aged 12 to 17, by State: 2022-2023



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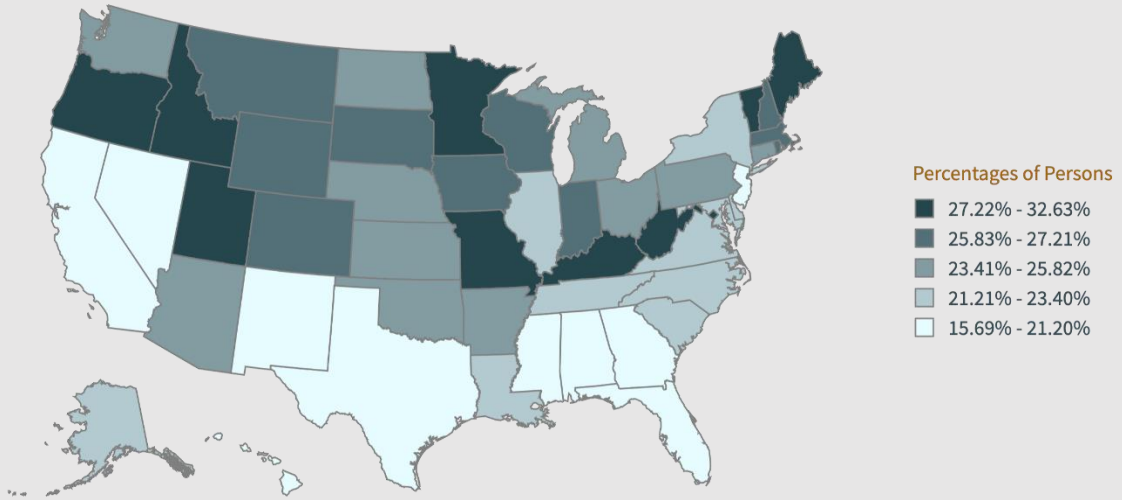

SAMHSA. NSDUH State Estimates, 2022-2023. Available from: https://datatools.samhsa.gov/

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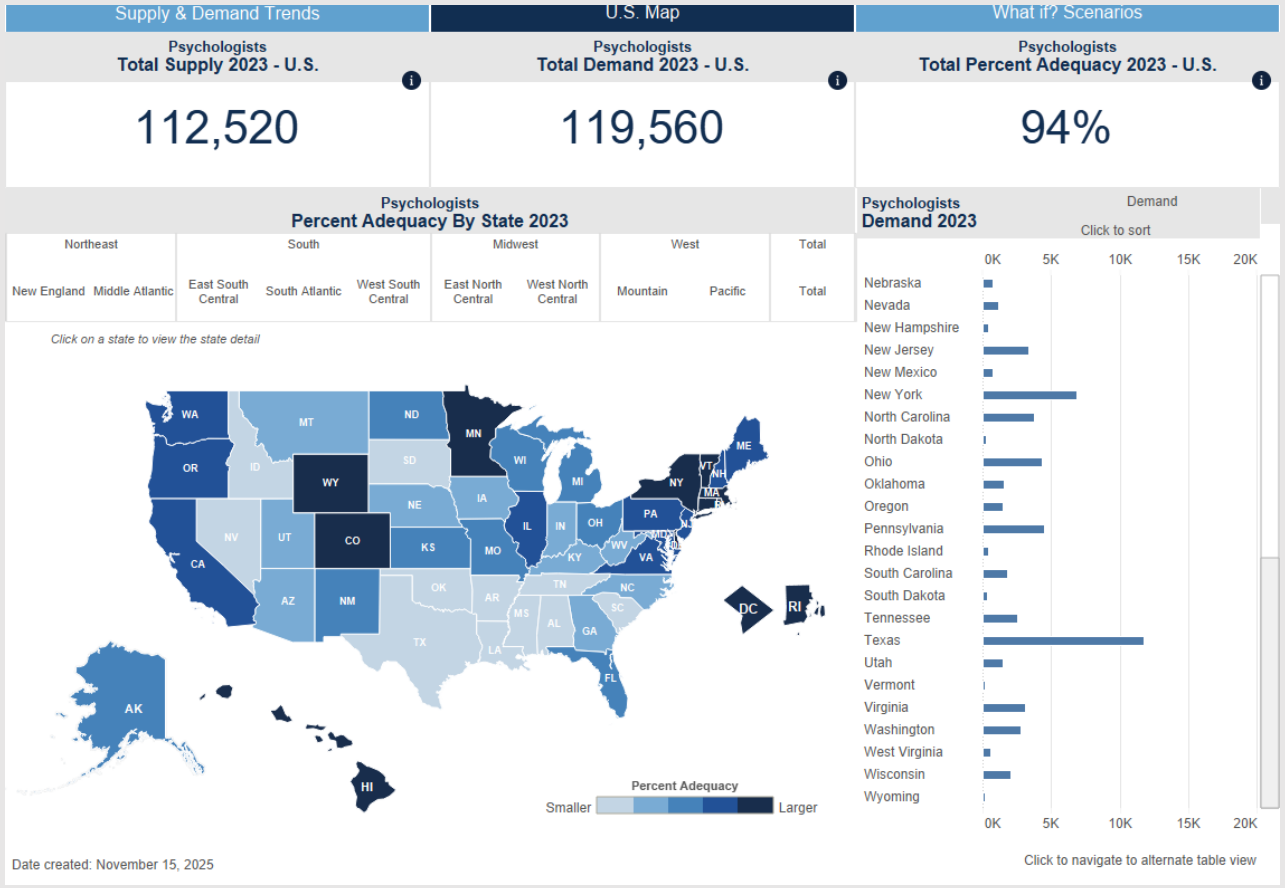
Coverage of Psychologists by State, 2023



Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections. Available from: https://bhw.hrsa.gov/data-research/review-health-workforce-research

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Impacts for Integrated Care Teams

- Workforce gaps span roles relevant to integrated care teams
  - MH and SUD clinicians
  - Care coordinators
  - Peer support specialists
  - Integrated primary care providers with MH and SUD training
- Integrated care adds complexity which can exacerbate stress: multiple disciplines, care coordination burdens, high-need patient populations (e.g., homelessness, SUD)
- High turnover, burnout, job dissatisfaction are characteristic of the MH and SUD workforce
- Other factors:
  - rural/underserved regions having fewer practitioners
  - inadequate compensation
  - administrative burdens
  - perceptions of the organization and work/life balance

Polling Question #2

Does your office have an overarching workforce development plan for MH and SUD staff?

a) Yes
b) No
c) Not sure

How Do We Bridge the Gap and Prepare for the Future?

- **Short-term:** deploy cross-trained staff (e.g., primary care providers with MH and SUD training; peers embedded in primary care) to relieve acute staffing gaps
- **Future roles:** roles such as MH and SUD-informed care coordinators, integrated care navigators, digital health coaches, telehealth team members

Determine your community's needs and risk to define your team composition accordingly.

Sample Team Composition

- Care Team Coordinator
- MH/SUD Assistant
- Case Manager
- Housing Case Manager
- Employment Specialist
- Money Manager
- Peer Wellness Specialists
- Clinical Pharmacists & Pharmacy Technician
- MH/SUD Therapist
- Nurse
- Psychiatric Provider (geriatric, pediatric, addiction specialists)
- Primary Care Provider
- Psychologist

Define Roles & Competencies

- **Who is on your team? Are the roles clear?**
  - **MH and SUD clinician**: screening, brief intervention, referral, collaboration with primary care
  - **Care manager/coordinator**: monitors adherence, addresses non-medical factors that influence health, organizes referrals
  - **Peer support specialist**: patient engagement, recovery support
  - **Primary care provider**: patient-directed care, collaborates with MH and SUD team, integrates behavioral screening

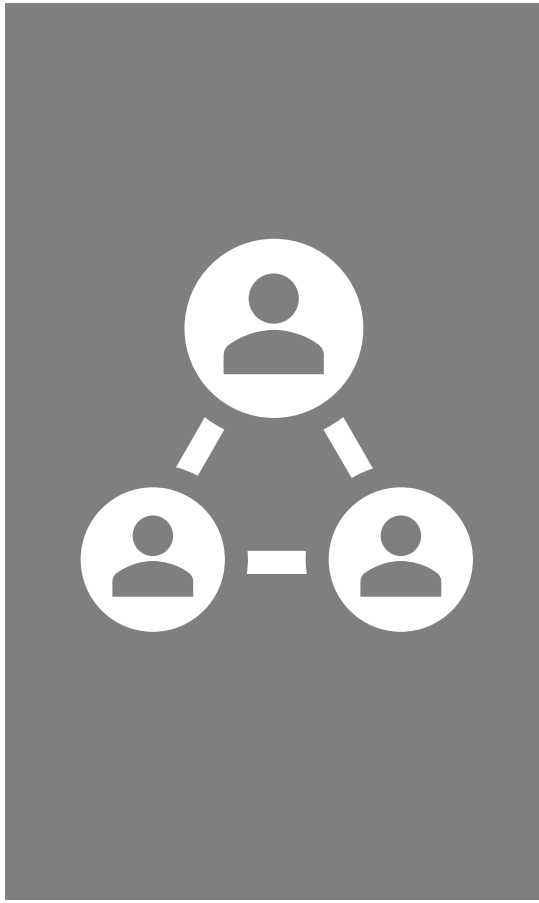
- **Competencies:**
  - Ability to work in interdisciplinary teams (primary care, MH, SUD, social work, peer)
  - Skills in screening, brief intervention, referral (SBIRT), medication-assisted treatment (MAT) for SUD
  - Care coordination, risk stratification, community-health orientation
  - Telehealth/virtual care literacy
  - Consider how artificial intelligence may be leveraged

Sample Care Team Composition

- **Session Team** – The team that is seeing the patient on any given day. Participates in the daily huddle. Ideally, the session team would be the same people as the planned care team.
- **Patient's Planned Care Team** – The patient's "go to" team. This team is accountable to and for a panel of patients and manages all of the "usual" care.
- **Coverage Team or Pod** – a structure to support a higher level of access and continuity for patients and sharing of staff; usually contains one to three planned care teams.
- **Complex Care Management Team** – The team who is responsible for managing the care of the top 5% highest risk patients in collaboration with patient's planned care team.

Onboarding Processes

- On-boarding program with mentorship, peer support, career-path discussions
- Include orientation to team workflows, defined communication pathways, supervision structure
- Training on and use of standardized tools
  - Care plans
  - Team workflows
  - Shared documentation
  - Team dashboards
  - Performance metrics



Team Communication: Huddle

- Brief meetings multiple times daily/weekly focused on **immediate caseload coordination needs**
- **Only includes team members necessary to review key workflow activities** and information since last huddle and/or before the next huddle
  - Review log of assigned follow-up tasks from last huddle and provide updates on task completion.
  - Review/scrub MH and SUD provider schedules during each huddle.
  - Review/scrub psychiatric provider schedule weekly (resolve no-shows, follow-up requests, etc.).
  - Provide updates on crisis events, emergency department presentations or admissions to a medical or psychiatric hospital for follow-up.
  - Provide updates on psychiatric nurse and psychiatric-medical provider check-ins.
  - Coordinate MH and SUD services with other types of care and partners, including primary care and other physical-medical care, specialty providers and other care stakeholders within and outside of the organization.
  - Conduct standard reviews, including annual metabolic labs and Abnormal Involuntary Movement Scale (AIMS) monitoring.
  - Assign tasks and record in log for review during next huddle.

Team Communication: Meeting

- Typically 1+ hour weekly/biweekly; strategic & operational focus
  - Review complex cases.
  - Analyze and respond to population health data.
  - Conduct group supervision to review protocols and initiatives that have been implemented or need to be implemented to engage in continuous quality improvement.
  - Discuss difficulties the team is experiencing with each other or with critical incidents.
  - Celebrate successes and achievements.
  - Discuss ad hoc topics that bring organizational staff from outside of the team to address specific issues (e.g., inviting a housing specialist to facilitate a process for coordinating and providing housing referrals and follow-up).

Polling Question #3

What is your level of capability in assessing and assisting staff who exhibit signs of burnout, frustration, or feelings of being overwhelmed?

a) Very capable

b) Capable

c) Somewhat capable

d) Not capable

Organizational Supports for Staff Well-Being

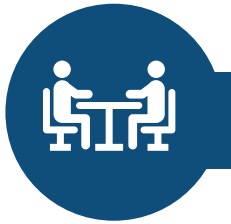
- Workload structuring
  - Realistic caseloads
  - Time for team meetings
  - Protected time for professional development
- Built-in debrief sessions after critical incidents or challenging patient care
- Host peer support networks
  - Facilitate peer-to-peer meetings, case or topic-based forums, mentorship pairings
- Offer wellness programming
  - MH resources for staff
  - Access to counselling
  - Resilience training
- Build career ladders: from peer or care manager roles to clinical roles, leadership pathways to retain talent
- Lead by example

How Supervisors Can Support Well-being

- Supervisors receive training in integrated care; able to support interdisciplinary staff
- Structured supervision times (individual + group) that focus on skill-building, resilience, boundary management
- Monitoring workload and ensuring distribution of complex cases
- Feedback loops:
  - Staff input into workflow improvements
  - Training needs assessment

- Team meetings:
  - Daily/weekly huddle for operational alignment
  - Monthly case review meeting (complex cases)
  - Quarterly learning session for competencies/training update
- Ensure staff have access to trainings on motivational interviewing, de-escalation techniques, SUD treatment options, community resources

Training Programs and Partnership Pipelines



Prepare staff for specific roles

- HRSA's Bureau of Health Workforce includes programs to support and develop the MH and SUD workforce

Invest in partnerships within the community:

- Academic institutions
- Community-based organizations
- MH and SUD agencies

Include trainees on integrated care teams

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Continuous Quality Improvement

Participate in **workforce development boards** with academic, state, and community partners

Create a **data dashboard** and/or **utilization reports:** staff retention, team performance, patient outcomes

Develop staff surveys and/or processes to collect and analyze qualitative data

Align local metrics with regional, statewide, and national datasets. Examples:

- Health Workforce Data, Tools, and Dashboards
- HRSA BPHC Uniform Data System

Key Takeaways

- Foster a supportive environment
  - Structured team meetings (huddles, case review, debrief) to build cohesion
  - Clear role definitions, team composition aligned to risk-stratified patient panels
  - On-boarding program with mentorship, peer support, career-path discussions
  - Professional development opportunities (e.g., cross-training, certification, continuing education)
  - Promote wellness initiatives, resilience support, stress management
- Gather data and assess

- What change can you make at your organization to support workforce development and resilience?
- What metric(s) presents an opportunity for improvement?

Q&A

Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

You must complete the assessment to claim continuing education credit.

Thank you for your time!

https://www.surveymonkey.com/r/BHIWorkforceWebinar

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