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The Behavioral Health Workforce in Alaska: A Status Report

**Prepared by the Western Interstate Commission for Higher Education
(WICHE) Mental Health Program
For: University of Alaska, Statewide
Office of the Associate Vice President for Health**

March 2004

EXECUTIVE SUMMARY

In largely rural states, such as Alaska, there have been historical difficulties in recruiting and retaining an effective behavioral health workforce. Additionally, the recent report of the President's *New Freedom Commission on Mental Health* described in detail the significant problems facing mental or behavioral health systems throughout the country, particularly in rural areas. These include critical gaps in accessibility to services, critical shortages in the availability of providers and programs, impaired acceptability of care due to urban-based models and strategies, and establishing mental health policy without consideration of its rural impact.

The University of Alaska (UA) system convened a meeting of educators from disciplines spanning the behavioral health field to discuss how they can most effectively address workforce shortages, especially in rural areas. Despite a number of productive efforts in the UA system to develop an effective workforce that is trained in rural behavioral health, educators in Alaska see that more work needs to be done and are committed to formalizing workforce development activities that ensure the needs of Alaskans are met.

In order to create a clear path toward achieving the development of an adequate and effective behavioral health workforce, UA educators, in collaboration with the Western Interstate Commission for Higher Education (WICHE) Mental Health Program, have been researching relevant issues facing Alaska. What follows is a summary of relevant concerns and data in several areas, including 1) the national context of rural behavioral health shortages, 2) Alaska workforce data, 3) occupational and population projections in Alaska, 4) trends in UA behavioral health programs regarding enrollment and degrees awarded, and 5) recommendations for developing the behavioral health workforce.

National Issues for Rural Behavioral Health

- More than 60% of rural Americans live in mental health professional shortage areas.
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas.
- More than 65% of rural Americans get mental health care from their primary care provider.
- Rural Americans enter care later in the course of their disorders, with more advanced symptoms, and require more intensive and expensive interventions.
- Rural Americans travel further to provide and receive services.
- Rural Americans are less likely to have insurance benefits for mental health care.

- Rural Americans are less likely to recognize mental illnesses, and understand their care options.
 - Specialty providers are highly unlikely to be available in rural areas.
 - Comprehensive services are often not available.
 - Few programs train professionals to work competently in rural places.
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Alaska Workforce Data

- Virtually the entire state is designated as a mental health professional shortage area, with most designations based on ratios of providers to population.
 - In terms of actual numbers of professionals, Alaska ranks on average 9.8 among the 15 WICHE member states.
 - The lowest rankings (14th) were for Clinical, Counseling, and School Psychologists, as well as Educational, Vocational, and School Counselors.
 - Additionally, seven of the eleven (64%) behavioral health professional groups ranked between 10th and 14th in number of providers compared to other WICHE states.
 - The vast majority of these providers are in the most densely populated areas.
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Alaska Occupational and Population Projections

- The Alaska Department of Labor and Workforce Development, Research and Analysis Section reports that “Alaska employment is projected to increase 16.7%...between 2000 and 2010.”
- On average, there will be a 47.3% increase in the need for behavioral health professionals.
- Mental health and substance abuse social workers are ranked 6th among fastest growing occupations and are projected to have a 94.1% increase between 2000 and 2010.
- Professions with high projected percentage increases include medical and public health social workers (81.5%), mental health counselors (79.2%), and substance abuse and behavioral disorder counselors (76.2%).
- Alaska is one of the few WICHE states projected to have more people entering the workforce than leaving it by 2025.
- However, nearby “lower 48” states are projected to have deficits in persons entering the workforce, which may require attracting workers from nearby states, including Alaska.\

- In Alaska, for every 100 9th graders, only a little over 60% graduate from high school, about 28% enter college, and only 6% graduate within six years. All these numbers are lower than the national average and those from nearby states.
- Additionally, 52.1% of the occupational growth rate will require an Associate or Postsecondary Vocational Training and/or a Bachelor's or higher degree.

UA Behavioral Health Program Trends

- The UA system has 1,538 enrolled students who have declared their major in behavioral health programs.
- 307 students graduated from the UA system with behavioral health degrees in 2003.
- Enrollment in UA behavioral health programs has increased 8.2% since 1998, but degrees awarded decreased by 16.1%.
- However, the UA system's overall enrollment dropped in 1999 and 2000, including behavioral health programs, but has increased since that time. For instance, between 2001 and 2003, enrollment in behavioral health programs increased by 10.3% and degrees awarded increased 6.2%.
- Enrollment increased by 11.3% at UAA and 2.9% at UAF from 1998 to 2003 (UAF enrollment increased by 9% from 2001 – 2003).
- These enrollments mirror the general trends of the UA system as a whole.
- Degree awards have remained relatively steady or have increased for the past several years after an initial decline in 1999 (e.g., UAF had a 41.2% decrease between 1998 and 2003, but this increased by 15.5% from 2001 to 2003).
- At UAA, two programs (Counseling and Guidance and General Psychology) have had increases in both enrollment and degrees awarded between 1998 and 2003.
- At UAF, the Social Work and Guidance and Counseling programs have had 44% and 36% increases in enrollment since 1998.

Challenges and Barriers to Workforce Development

- Budgets that are set up to be competitive for scarce resources.
- A “here today, gone tomorrow” funding structure that makes it difficult to plan long range.
- The source of resources to support grow-your-own initiatives.
- The need to support students over a long period of time.
- State licensure and credentialing requirements have the effect of directing training, and billing and reimbursement are tied to licensure/credentialing.

- “Brain drain” of traditional age college students, resulting in a surplus of non-traditional students.

Behavioral Health Workforce Development Recommendations

Based on the December 17th, 2003 meeting regarding behavioral health workforce development in Alaska, educators in University of Alaska behavioral health programs recommend the following actions in the areas of collaboration, education, financing, and evaluation and research:

Collaboration

1. Convene the first ever University of Alaska/Behavioral Health stakeholder discussion on workforce development. The workshop will be held in the spring of 2004, co-hosted by the State of Alaska Behavioral Health Division and the University of Alaska Associate Vice President for Health. It will include provider groups, policy boards, the Alaska Mental Health Trust, and urban and rural providers. The workshop will develop a behavioral health workforce vision and action plan.
2. Create collaborations to develop more rural-specific training and continuing education opportunities at all levels of competency.
3. Educate practitioners for changing roles; provide multidisciplinary training.
4. Explore how UA should respond to the integration of mental health and substance abuse disciplines.

Education

1. Support innovative approaches using distance education to expand access to continuing education that enables rural persons to obtain professional training.
2. Improve access to higher education for underrepresented students.
3. Support the development of an articulated career pathway from paraprofessional through post-graduate training.

Financing

1. Provide adequate funding to expand behavioral health professional training.
2. Offer financial incentives for graduates to return to or remain in Alaska to practice in rural and underserved areas.

Evaluation and Research

1. Collect and analyze more data regarding articulation of coursework and training among UA behavioral health programs, as well as workforce needs.
2. Analyze factors that increase enrollments and declared majors, as well as factors that promote retention and degree completion.