Special Issue: Mental Health Workforce

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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In This Issue...

Federal report reveals lack of BH providers in Medicare, Medicaid programs

Few behavioral health providers in selected counties are actively serving Medicare and Medicaid enrollees, causing enrollees who experience difficulty accessing providers delays in care and the potential to forgo treatment altogether, according to a new report released by the U.S. Department of Health and Human Services' Office of Inspector General (OIG).

The OIG report, "A Lack of Behavioral Health Providers in Medicare and Medicaid Impedes Enrollees' Access to Care," found fewer than five active mental health care providers for every 1,000 enrollees. The report focused on providers with a specialization and training in behavioral health in 20 selected counties — a diverse group of 10 urban and 10 rural counties from 10 states that are geographically dispersed throughout the country.

OIG officials said they conducted this review, in part, because of congressional interest in ensuring that

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Bottom Line...
The Centers for Medicare & Medicaid Services (CMS) should increase reimbursement rates and reduce administrative burdens for providers, according to new report from HHS' Office of Inspector General.

Massachusetts program encourages careers in older-adult treatment

(Editor's note: In each issue of MHW *during Mental Health Awareness Month, we will feature an innovative initiative in mental health advocacy/promotion.)*

Like many of her clinician colleagues, Cassie Cramer, LICSW, harbored doubt early in her career about working with older clients, thinking at first it would prove depressing. Her view changed considerably after she saw what an older relative was experiencing in a rural nursing home setting.

"What I realized was depressing was the way people are treated," Cramer told *MHW*.

Today, Cramer serves as project director of the Older Adult Behavioral Health Network, an initiative of the Massachusetts Association for Mental Health that encourages clinicians to specialize in working with older adults during their careers. Reflecting the pressing need for these services, Cramer cited data indicating that older adults with untreated mental health conditions are three times as likely to be admitted to a nursing home, and at a younger age than individuals without mental health problems.

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Bottom Line...
The Older Adult Behavioral Health Network uses a combination of provider training and public education to shatter stereotypes about mental health in the older-adult population.

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enrollees have access to behavioral health services in traditional Medicare, Medicare Advantage, and Medicaid managed care (Medicaid).

According to the report, many types of behavioral health providers have reported concerns about being able to meet the increased need for behavioral health services. For example, 65% of surveyed psychologists said they had no capacity for new patients, and 68% said that their wait lists were longer than they were prior to the pandemic.

Additionally, although many other behavioral health providers may be accepting new patients, they do not participate in programs such as traditional Medicare, Medicare Advantage or Medicaid, the report indicated. For example, a recent study found that almost two-thirds of Medicare Advantage plans had fewer than a quarter of the counties' available psychiatrists in a plan's network.

Additionally, less than 55% of the nation's psychiatrists accept traditional Medicare, compared to more than 85% for other types of physicians.

Providers who specialize in behavioral health are essential to meeting the behavioral health needs of Medicare and Medicaid enrollees, the report stated. Enrollees with serious mental illnesses or substance use disorders often require a team of several different types of providers. This includes prescribing providers, such as psychiatrists and advanced practice nurses, as well as others, such as counselors, therapists and social workers.

Contributing factors

The assistant vice president for public policy and advocacy at the National Council for Mental Wellbeing (National Council), said she is not surprised by the current OIG report. A combination of factors are at play, Stephanie Katz, J.D., M.P.H., told *MHW*. "The rates we pay for treatment services are not high enough to provide the actual cost of providing care," Katz said.

Many providers can't cover their bottom line, she noted. More reliable payment comes in the form of private insurance or cash payments, said Katz. The Certified Community Behavioral Health Clinic program's payment system allows providers to receive payment for the cost of care, added Katz.

Meanwhile, payment rates and administrative issues are causing providers to leave the industry, Katz noted. "They're under a lot of stress and not able to provide care," she said. "Not only are rates low, but the administrative burden we put on behavioral health professionals is incredibly high," she stated. An increasing amount of paperwork and regulations, including different types of reporting, are also apparent.

There are not enough hours in a given working day to treat patients and follow administrative protocols, she noted. "You have less hours to treat the patient in order to comply with the administrative work," Katz said.

"Meanwhile, it's hard for behavioral health IT and physical IT to communicate with one other, said Katz adding that it's important to make sure that continuum of care is happening seamlessly.

Resource capacity is another issue, added Brie Reimann, MPA, vice president of Practice Improvement and Consulting for the National Council. "We're seeing these stressors in every area of the country, both rural and urban," Reimann told *MHW*.

Rural area counties face workforce shortages because many behavioral health professionals do not live in rural areas, Reimann said. It could be one provider in one rural community. Transportation issues and other barriers are specific to rural communities, she said.

Reitmann added, "Retention also becomes an issue. It's harder to retain clinicians in rural communities."

Reimann pointed to the National Council's National Center for Workforce Solutions' Crosswalk of National Behavioral Health Workforce Recommendations. The National Council launched the Center for Workforce Solutions in 2023 in partnership with The College for Behavioral Health Leadership (CBHL)

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and Health Management Associates. The goal of this shared work is to build an equitable and sustainable workforce.

Expanding both the professional and non-traditional workforce are central to addressing current and future shortages and are part of clinical innovation and new models of care, according to the center.

"We know that many folks [are needed] to solve the workforce crisis," said Reimann. "We looked at 400 recommendations we know are working across the country and in communities," she said. "The goal is to build working groups to look at the recommendations and scale those in use by other communities rather than reinvent the wheel."

Medicare providers

It took Congress quite some time to get over the finish line to create new Medicare provider types; marriage and family therapists and mental health counselors, Katz noted. "It took 17 years for the piece of legislation that added marriage–family therapists and licensed professional counselors as providers in Medicare (who can independently bill and seek reimbursement from Medicare for their services) to be signed into law after its first introduction," Katz explained.

As of Jan. 1, 2024, these professionals are able to apply to enroll in Medicare and thus are able to treat these patients when they age "into" Medicare, she said. "Professionals are not required to enroll as Medicare eligible providers, but are able to choose to do so," Katz added.

"Groups such as National Council and our partner organizations who represent these professionals (trade associations, patient organizations etc.) are working diligently to bring additional professionals with alternative licensure into Medicare," Katz indicated. There is currently another National Council priority bill that would make peer support services provided by peer support specialists reimbursable services under Medicare (PEERS in Medicare Act of 2023), she said.

Also, regarding loan repayment programs, Katz mentioned that there is a need for providers to go out into the community and not to be restricted within the four walls of wherever their practice is in order to be eligible for the loan (see related story beginning below).

Provision of care to the most vulnerable populations is often most effective when the individuals are engaged with and provided services within the community. "The HRSA [Health Resources and Services Administration] views the statutory language narrowly in this case — to require that no more than eight hours be spent outside of the clinic walls weekly," Katz stated. "The most effective way, without requiring a statutory change, to remedy this is for Congress to submit report language which would direct HRSA to view the restriction in the broadest possible sense." •

Recommendations from the Office of Inspector General (HHS/OIG)

HHS' Office of Inspector General recommends that the Centers for Medicare and Medicaid Services (CMS):

1. Take steps to encourage more behavioral health providers to serve Medicare and Medicaid enrollees;
2. Explore options to expand Medicare and Medicaid coverage to additional behavioral health providers;
3. Use network adequacy standards to drive an increase in behavioral health providers in Medicare Advantage and Medicaid; and
4. Increase monitoring of Medicare and Medicaid enrollees' use of behavioral health services and identify vulnerabilities.

CMS concurred with, or concurred with the intent of, all four recommendations, the HHS/OIG report stated.

Impact of federal LRPs on behavioral health workforce examined

In the midst of a national behavioral health workforce shortage, it is necessary to evaluate the nature and effectiveness of current federal policy strategies to address this public health crisis, study authors of a new policy review stated about identifying and characterizing the impact of federal loan repayment programs (LRPs) on the behavioral health workforce.

The policy review, "Impact of U.S. Federal Loan Repayment Programs on the Behavioral Health Workforce: Scoping Review," is published online in *Psychiatric Services*.

Bottom Line...

Although federal loan repayment programs (LRPs) are effective in addressing the behavioral health workforce shortage, additional policy strategies are needed to attract and retain providers and diversify the workforce, study authors stated.

Federal policymakers have deployed a variety of financial strategies, including the use of loan repayment programs (LRPs), to recruit and retain behavioral health providers, the study stated. Many LRPs incentivize providers to practice in health professional shortage areas, which are geographic areas, populations, or facilities that face severe shortages in health care providers.

These federal programs vary in their benefits, requirements, and

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implementation, but may offer as much as $250,000 in loan repayment in exchange for several years of clinical service in high-need facilities or geographic regions.

"Our primary goal is to conduct a scoping review of research on federal loan programs and attention to federal loan repayment program advances as an important policy tool," Briana S. Last, Ph.D., incoming associate professor in the psychology department at Stony Brook University in Long Island, New York, and the study's lead author, told *MHW*.

Last noted that she and her colleagues have not seen research on the efficacy and impact of federal LRPs on the behavioral health workforce. "To our knowledge, this [scoping review] is the first," she said.

The youth mental health crisis, the opioid crisis and the lack of available services in rural areas are key areas, Last added. The National Health Service Corps (NHSC) has developed several LRPs to address workforce shortages in these key areas, she said. Some examples include the NHSC Substance Use Disorder (SUD) Workforce Loan Repayment Program and NHSC Rural Community Loan Repayment Program.

Study methods

Study authors searched the Ovid MEDLINE; the Web of Science; the American Psychological Association's literature database, PsycINFO; EconLit, PAIS Index, and Embase databases; 'gray' literature was also reviewed. The full-text screening identified 17 articles that met eligibility criteria.

'Historic' workforce shortage

The review discussed the historic shortage of mental health and substance use providers facing this country. The federal Health Resources and Services Administration estimated that 165 million U.S. residents live in areas that have shortages of behavioral health providers, with more than 8,326 additional providers needed to meet the service demand.

Additionally, behavioral health providers are not equally distributed across the country: 80% of counties without an urban center lack a psychiatrist, 61% of these counties lack a psychologist, and 91% of these counties lack a psychiatric nurse practitioner, the researchers determined. As a result of these shortages, less than half of those who seek behavioral health services receive care.

Generally speaking, there has been a lot of effort to target areas with high needs and states have developed their own financial incentives and policies (including LRPs) to address behavioral health workforce shortages, said Last.

Regarding providers' perceptions of and experiences with the NHSC, two studies noted that behavioral health providers reported satisfaction with most facets of the NHSC program, although few reported satisfaction with their wages and workloads. Wages tend to be low, and workloads tend to be very high, said Last. "Generally speaking, people who do participate in these loan repayment programs tend to be satisfied with their work and practice," she said.

A 2019 study reported that more than 85% of the surveyed behavioral health providers indicated that they had applied to the NHSC LRP to gain educational debt assistance, and more than 70% indicated that they had applied to help the underserved.

"The reports we've reviewed suggest that scholarships might be a better way of recruiting providers and more diverse providers in particular."

Briana S. Last, Ph.D.

Results

The studies tended to look at retention in shortage areas over the 1–5 years post-service commitment, said Last. One interesting finding, noted Last, is that most behavioral health providers still commit to their program to alleviate debt. "They still have debt," she said. "We also found that these programs are very effective in getting people to participate in the short term."

Last indicated that she and fellow researchers looked at whether programs impacted recruitment and retention, but more broadly, are providers satisfied with the program? Last indicated. What kind of providers are attracted to these programs? Do they leave with debt remaining?

Although NHSC is the program that was most studied, it is not clear if it is one of the most popular, she added.

The vast ajority of behavioral health providers reported satisfaction with their NHSC LRP experiences, work, practices and communities, and these findings were comparable to responses by other nonbehavioral health NHSC LRP participants, the report stated. "Retention rates are really promising in several policy reports we analyzed," said Last.

Scholarships, diversity needed

In considering potential areas for improvement, she said, "We need to increase funding for scholarship programs." Scholarship programs could help recruit providers who may not have the means or the funds for the cost of training programs, Last said. "The reports we've reviewed suggest that scholarships might be a better way of recruiting

providers and more diverse providers in particular."

Other areas of persistent problems include wages and workload. "We need to make this a desirable environment," Last indicated. "The workload is really demanding. We need to provide them with financial support and [good] working conditions. We need other strategies that can complement this work."

Last added, "Overall, I think the [LRPs] are largely positive in addressing the workforce issues we're seeing."

Overall, the findings of this scoping review indicate that the research on federal LRPs for behavioral health providers is relatively sparse and would benefit from further examinations, particularly as the behavioral health workforce shortage persists, study authors stated. •

Professional development aids peers, family support specialists

Inspiring recovery and wellness through professional development and continuing education in order to equip emerging leaders and strengthen the peer and family support workforce is the stated mission behind an Arizona-based organization's intent to improve workforce development and address workforce shortages.

The Arizona Peer and Family Career Academy is one of the few organizations that can provide this continuing education specific to lived experience work, company officials stated. The career academy was founded by the state Medicaid agency in 2015 and became an independent organization in 2020.

"We're investing in the lived experience workforce," Hayley Winterberg, M.P.A., M.S.U., CPRSS, CPFS, executive director of the Arizona Peer and Family Career Academy, told *MHW*. "The workforce shortage is an emerging theme we're faced with now."

Peers and family support specialists can aid in the workforce shortage, noted Winterberg. "They can meet mental health professionals where they are," she said. "They can help case managers and clinicians move that person forward. We can do transportation and connect them with community resources to meet their needs."

A challenge facing individuals with lived experience is ensuring "other professionals recognize peer and family support as a best practice, which research has proven makes a difference in the individuals supported," Winterberg said. Although the challenges vary based on their organization and their role, some common challenges are present, she said.

"The second challenge is being supported by their employer with reasonable accommodation and proper training to enhance their skills/knowledge," said Winterberg. "The third challenge is that peer and family support specialists need to make a livable wage with opportunities to have career ladder-of-growth within the community they work in."

Peers and family support specialists can develop independent living skills and advocacy skills and help case managers and clinicians serve individuals with behavioral health needs, including transportation, said Winterberg.

NATCON presentation

Winterberg and her colleague, Brissa Rubio, learning and development manager at the Arizona academy, presented at a workshop during the National Council for Mental Wellbeing's NATCON 24 conference on April 15 in St. Louis (see "Field encouraged to think big, do the impossible and transform MH, SUD care," *MHW*, April 22; https://doi.org/10.1002/mhw.34016).

The workshop, "The Power of Lived Experience Professional Development," defined professional development as gaining new skills through continuing education and career training after entering the workforce. It can include taking classes or workshops, attending professional or industry conferences, or earning a certificate to expand one's knowledge in a chosen field.

During the standing-room-only presentation, the presenters noted that lived experience professionals are often on the front lines and in the field doing the meaningful work of member engagement. However, they are often the least trained within most organizations, creating additional knowledge gaps and burnout.

Outcomes of professional development are achieving higher retention rates, attracting better talent, learning new skills and developing leadership skills, career advancement and promotions, they stated.

Examples of some training programs include trauma-informed care, motivational leadership reaching outcomes, effective advocacy, coordination of care, SUD [substance use disorder] and recovery, technology to promote wellness. Evidence-based trainings include CPR/First Aid, Youth Mental Health First Aid, and Intentional Peer Support.

Training offerings

"We have over 30 training offerings available to the behavioral health workforce developed by subject matter experts and lived experience professionals," said Winterberg. These courses include topics such as hope and healing in the opioid use crisis, supporting individuals with a justice background, ethics and boundaries, self-care, motivational leadership, and many more, she said. "The topics are endless," Winterberg noted.

"We also provide trainings from

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national providers such as Mental Health First Aid (Adult and Youth), Resilience 5 Skills, ASIST [Applied Suicide Intervention Skills Training] suicide intervention, and many more," Winterberg indicated. Another course the organization provides is one on story telling. "We have a training on story sharing with appropriate disclosure," she said. "This is a course to support peer and family support specialists in how to share their story appropriately with those they serve."

"As a statewide organization, we provide continuing education/training to any Arizona provider who is providing behavioral health services," Winterberg said. "We have begun contracting with other states with a variety of models to best support that community's professional development needs."

There are more than 40 organizations across the state that provide credential training to become a peer or family support specialist, said Winterberg. "We provide the continuing education and professional development following that credential training," she said.

Winterberg noted that the Arizona academy has an annual stakeholder survey to obtain feedback on the workforce's needs and ensure that they continue to develop programming and trainings to address the current training needs of the community. "Our training courses are always [built] upon what's needed," she said. •

"We have begun contracting with other states with a variety of models to best support that community's professional development needs."

Hayley Winterberg, M.P.A., M.S.U, CPRSS, CPFS

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The Older Adult Behavioral Health Network's activities include provider training and public education. Its advocacy work over the years has produced tangible results, including the state's establishment of an Elder Mental Health Outreach Team (EMHOT) program that offers crisis intervention, short-term counseling and referral services to elderly adults with mental health needs.

"Older adults with behavioral health issues are most vulnerable because of a lack of ongoing supports," Cramer said. "It's heartbreaking to see someone go into a nursing home who doesn't want to be there."

Surprising realizations

Kathy Kuhn, MSW, LICSW, recalls having had similar thoughts to Cramer's early in her practice career. Stigmatizing attitudes toward older adults reinforced a belief that it wasn't possible to do meaningful clinical work with the elderly. Working with this population would simply amount to hand holding, Kuhn recalled as the prevailing attitude at the time.

A founding member of the Massachusetts Aging and Mental Health Coalition, Kuhn came to realize quite the opposite about older adults as she progressed through her career. "There are so many different aspects to aging," she told *MHW*. "Because of their experiences in life, they are psychologically interesting. You can do family work with this population. And you can work in different settings, such as senior centers or in-home visits."

The predominant challenge has involved securing adequate funding for services targeting older adults. Kuhn, director of workforce development at Boston University's Center for Aging & Disability Education & Research, worked for 10 years in a senior center setting that she found ideal for identifying client problems early and referring individuals to appropriate clinical services. But that clinical program was forced to close, facing the typical challenge of meeting mandated staffing requirements amid limited funding.

Kuhn said she believes it's important to consider offering incentives for clinicians in training to pursue careers in older-adult care. "School is really expensive, and then you have a two-year field placement, and these are mostly unpaid," she said.

Kuhn experienced this firsthand, with the federal Administration on Aging providing financial assistance to schools at the time she was pursuing her degree. "That paid for my second year of school, plus a stipend," she said. This would give her early exposure to the benefits of working with the older-adult population.

Kuhn's center at Boston University trains individuals who work in older-adult care settings but have received limited education on the mental health issues affecting this group. "Most senior center staff don't have formal training," she said.

This leads to misconceptions around aging and mental health, Kuhn said. "People think depression is a natural part of aging — it's not," she said.

"When I teach, I ask students to go into a card store and look at the birthday cards. Many of them make fun of aging," she said. This reinforces the stereotypes that can impede progress in helping this population, she noted.

"Treating mental health issues early on, before people get too debilitated, saves money," Kuhn said.

Progress in funding

The Older Adult Behavioral Health Network has been conducting meetings for the past 25 years, involving professionals in Massachusetts who recognize the scarcity of resources devoted to this population, Cramer said.

The network conducts professional training, hosts an annual conference focusing on best practices and presents a public education series designed to broaden the community's understanding of older-adult mental health concerns. One of the network's most impactful accomplishments involved rallying support for a line item in the Massachusetts state budget to fund the EMHOT program.

Kuhn explained that the program's mental health outreach teams work under a flexible model in which home visits are allowed and funding is not tied to individuals' insurance status. However, these services still are not available in all communities across the state, she said.

It also remains difficult to maintain clinic operations specializing in older-adult care, she said, as these require physician, nursing and social worker staffing in order to retain state regulatory approval. Several of these clinic operations have closed in recent years, Kuhn said.

So the quest to obtain additional funding, and to reduce stigma, continues. Kuhn said she believes some progress is being made on the stigma front. "Self-stigma remains, but I'm hoping that the baby boomer generation will make progress, as it is a little more open to the idea of pursuing help when you need it," she said.

Cramer continues to have hope that more young clinicians will understand the rewards of working with older adults. With experience, clinicians' fears of experiencing vicarious trauma give way to being exposed to the older-adult wisdom that has come with living a full adult life. "You hear incredible stories, and that can change your perspective," she said. •

Training aims to help MH providers care for LGBTQ+ patients

Mental health providers have an obligation to understand stigma and health disparities among lesbian, gay, bisexual, transgender, queer, and all sexual-diverse and gender-diverse (LGBTQ+) persons, deliver affirming care, and provide equitable services to their LGBTQ+ patients as a standard practice, said the authors of a new study published online in *Psychiatric Services*.

In the study, "It's a Start: An Online, On-Demand LGBTQ+ Mental Health Training Session for Providers Nationwide," the authors said they set out to determine whether such training could improve providers' preparedness, attitudes, and knowledge regarding care for LGBTQ+ patients.

LGBTQ+ communities have been found to experience high rates of minority stress that is unique, socially constructed, and chronic stressors that sexual diverse and gender diverse–identifying people endure, such as homophobia, biphobia, and transphobia due to cisnormative and heteronormative dominant societal values and resulting conflicts within their social environments, according to the study.

Acts of discrimination, which are fueled by societal stigma and pose serious threats to the safety and well-being of LGBTQ+ people, significantly contribute to this stress, the authors stated. More than half of LGBTQ+ individuals in the United States have reported experiencing acts of interpersonal discrimination, such as slurs, microaggressions, sexual harassment and violence in their lifetimes.

Study methods

Between January and June 2022, participating mental health providers completed the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) before and after the mental health training session. Built on the minority stress theory framework of identity, stressors, and health outcomes, the training session consisted of lessons on multiple topics, including sexual orientation and gender identity terminologies, mental health disparities among LGBTQ+ individuals, and the history of sexual-diverse and gender- diverse identities within the *Diagnostic and Statistical Manual of Mental Disorders*.

Mental health module

Dustin Nowaskie, M.D., clinical assistant professor of psychiatry and behavioral sciences (clinician educator) in the Department of Psychiatry and the Behavioral Sciences at the Keck School of Medicine at the University of Southern California, told *MHW* that the mental health module of this research publication stemmed from an LGBTQ+ organization he founded.

OutCare Health is a leading nonprofit organization dedicated to promoting health equity for LGBTQ+ communities worldwide. OutCare's mission is to empower LGBTQ+ people with comprehensive information, resources, support and education, including an affirming health care provider directory, mentorship, training, consultation, research, community building and more.

According to the study, long-term exposure to these forms of prejudice and processes of minority stress increases the risks for LGBTQ+ populations to experience high rates of mental health conditions (e.g., anxiety, depression, substance use, and suicidality); high rates of general medical conditions (e.g., asthma, cancer, diabetes, and heart disease); and poor quality of life.

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When LGBTQ+ patients living with these adverse health outcomes seek health care for their conditions, 20–40% report encountering discrimination, including discriminatory attitudes and refusal of medically necessary prescriptions, in health care settings around the world.

Members of LGBTQ+ communities who are aware of, or have directly experienced these biases are often reluctant to seek medical care because they want to avoid enduring experiences of discrimination in health care settings, the study noted.

Results

Of the participants who had completed the entire training module (449), most (72%, 322) had filled out both the pre-training and the post-training LGBT-DOCSS. Participants included various mental health specialties, including one behavior analyst and case managers, counselors, marriage and family therapists, nurse practitioners, psychiatrists, psychologists and social workers in different regions of the U.S.

The study found that mental health providers had significantly improved scores on measures of preparedness, awareness, and knowledge regarding care for LGBTQ+ people after the LGBTQ+ mental health training.

Although the participating mental health providers showed improvements, small but notable gaps in LGBTQ+ health awareness and practice remained, the study authors stated. These areas of future improvement suggest that LGBTQ+ education cannot be achieved through one training session alone but rather requires motivated, longitudinal, ongoing and lifelong learning approaches.

Mental health providers need a lot more training to better affirm LGBTQ+ people, but this effective training session is a promising start, Nowaskie and his fellow researchers concluded. •

Coming up...

The **National Association of Children's Behavioral Health** is holding its Public Policy Conference **June 4–5** in **Washington, D.C.** For more information, visit https://www.nacbh.org/public-policy-conference.

The **National Alliance on Mental Illness** is holding its annual conference, NAMICON, "Elevating Mental Health," **June 4–6** in **Denver**. For more information, visit https://convention.nami.org.

In case you haven't heard...

Can pharmacists help ease the mental health workforce shortage? Pharmacists are not new to health care, but Ray Love, psychiatric pharmacist and past president of the College of Psychiatric and Neurologic Pharmacists, says they're underutilized, according to an article published in the April 23 issue of #CrisisTalk. "Within pharmacy, we can serve a whole array of clinical roles in patient care settings," he said. As behavioral healthcare demands increase and the workforce continues to plummet, Love believes psychiatric pharmacists can help address these shortages, the article stated. In recent years, the pandemic has pushed community pharmacists into the spotlight, with those working at retail pharmacies like Walgreens and CVS administering vaccines and long-acting injectables like antipsychotic medications and naltrexone for substance use disorders. "Community pharmacists were the unsung heroes of Covid — they did all the vaccinations in assisted living and nursing homes and then administered them in the community," he said. The National Center for Health Workforce Analysis at the Health and Human Services Department has projected that by 2036, there will be shortages throughout the behavioral health workforce, including addiction counselors, psychiatrists, psychologists, social workers, school counselors and psychiatric physician assistants. As workforce shortages rise, Love believes psychiatric pharmacists can help. "We're skilled in behavioral health medications and are complementary team members," he said.

Names in the News

Harvey Rosenthal, CEO of the Alliance for Rights and Recovery (formerly the New York Association of Psychiatric Rehabilitation Services [NYAPRS]) will receive the Lifetime Achievement Award on May 16 from Mental Health News Education (MHNE) at its 2024 Leadership Awards Reception. MHNE, a nonprofit organization, publishes *Autism Spectrum News* and *Behavioral Health News*. The leadership award celebrates outstanding leaders who are making a difference in people's lives.

Call for Proposals

The National Association of Children's Behavioral Health (NACBH) is now accepting proposals for the NACBH 2024 Emerging Best Practices Conference, taking place Dec. 4–6 in St. Pete Beach, Florida. NACBH is looking for dynamic speakers and engaging sessions that can contribute to the conference theme, "Cultivating Tomorrow's Excellence." The best NACBH sessions are interactive and engaging, offering new ideas and fresh approaches, officials stated. Submissions are due by 11:59 p.m. PST on Friday, May 31, 2024.

For more information, visit https://nacbh.memberclicks.net/call-for-proposals--2023ebpc.