



**The City University of New York**  
**Behavioral Health Workforce Task Force**  
**Final Report**

**September 2017**

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## EXECUTIVE SUMMARY

The **Behavioral Health Workforce Task Force** was convened in October 2016 to identify priorities and make recommendations to strengthen CUNY programs that prepare students to provide prevention and treatment services to NYC residents with mental health and substance use problems. Behavioral Health (BH), a term that encompasses both mental health and substance use disorders, is at the center of health care reform nationally, and throughout New York.

The Task Force report describes CUNY's undergraduate and graduate degree and certificate programs in Social Work and Human Services, Nursing, Mental Health Counseling, Clinical Psychology and related fields, that collectively educate a large segment of the emerging BH workforce in the region. It reviews and analyzes best practices and challenges in recruiting, training and graduating students, and readying them for licensure and employment after graduation. It also recommends steps CUNY can take to strengthen these programs including:

- Creating a Health Professions Council to Facilitate Interprofessional Learning Experiences for Faculty and Students across Schools, Departments and Degree Programs.
- Providing Basic Training in Behavioral Health to all Nursing, Social Work and Human Services Students.
- Preparing Mental Health Counseling and Clinical Psychology Students for Emerging Roles as Behavioral Health Consultants and Primary Care Psychologists.
- Facilitating the Academic Progression and Career Advancement of Incumbent Workers.
- Enhancing the Diversity of the Behavioral Health Workforce through Licensure Reform.
- Supporting the Career Development of Graduates of Behavioral Health Degree Programs.
- Increasing Capacity in Psychiatric Nurse Practitioner Programs.
- Providing Leadership and Resources through the CUNY Office of Academic Affairs.

## INTRODUCTION

Executive Vice Chancellor Vita Rabinowitz convened a CUNY-wide **Behavioral Health Workforce Task Force** in October 2016. Behavioral Health (BH), a term that encompasses both mental health and substance use disorders, is at the center of health care reform, nationally and in New York. The purpose of the Task Force was to identify priorities and make recommendations that would strengthen CUNY programs that prepare students to work in this practice area. (See Appendix A: Task Force Members.)

It is CUNY's responsibility to prepare qualified personnel to provide prevention, treatment and recovery services to New York City residents with BH conditions. To fulfill this mandate CUNY offers graduate degree programs in most of the Health Resources and Services Administration's (HRSA) federally designated "core mental health professions" including Clinical Social Work, Mental Health Counseling, Clinical Psychology and Psychiatric Nurse Practitioner (Heisler, et al, 2014). CUNY also offers other graduate and undergraduate degrees and certificate programs that prepare licensed and unlicensed personnel to enter the BH field and provide opportunities for career advancement for incumbent workers who are already employed in this sector.

Virtually all health and human services professionals interact with individuals with BH problems throughout the service delivery system. For example, one-quarter of adults discharged from hospitals in NYS have previously been diagnosed with a mental illness or substance use disorder. These are not persons hospitalized for BH conditions, but patients with BH problems among the general inpatient population (Arthur Webb Group, 2016). The Institute of Medicine cited a study that more than half of all older adults living in nursing homes have been diagnosed with depression, dementia and/or other mental health conditions (2012). The Substance Abuse and Mental Health Services Administration (SAMHSA) reported that one in five Americans lives with a BH disorder (2014). According to the American Psychological Association (2015) most people that seek care for BH problems do so in primary care settings. Thus, on a daily basis, a sizeable percentage of people served by healthcare personnel across various settings are likely to have a mental health or substance use issue.

In 2015, SAMHSA and HRSA jointly funded the Behavioral Health Workforce Research Center. Its mission is to inform efforts by states and localities to strengthen their workforce responsible for the prevention and treatment of mental health and substance use disorders. It cites a growing body of research that integrating primary and behavioral care using a team-based workforce model, improves patient outcomes, reduces stigma, contains costs and increases staff productivity (Buche, et al, 2017). Consistent with the national trend, the integration of BH services into primary care is a core strategy of Medicaid reform in New York State.

In 2013, annual NYS Medicaid funding was almost \$50 billion, and covered 5.8 million residents. Medicaid recipients diagnosed with BH conditions accounted for 21% of all recipients, but 60% of the total cost of care (Fish, 2016). In 2014, the Centers for Medicare and Medicaid Services (CMS) approved New York's Medicaid Redesign Team waiver amendment. The goal of the *Delivery System Reform Incentive Payment (DSRIP)* federal waiver is to reduce avoidable hospitalizations by transforming the healthcare delivery system and also the way that healthcare is paid for. To receive funding Medicaid providers and community-based organizations had to form networks called *Performing Provider Systems (PPSs)*. Twenty-five PPSs were funded statewide and of these eleven cover NYC's five boroughs. All were required to use evidence-based best practices to integrate BH services into primary care. Their future funding is contingent on the success of their efforts as measured by patient outcomes. To assist in the transformation of the workforce DSRIP awarded funds to PPSs to recruit new personnel, and retrain and re-deploy incumbent staff (NYSDOH, DSRIP).

CUNY's Labor Market Information Service (LMIS) interviewed NYC-based agencies that are members of the Coalition for Behavioral Health. LMIS reported that health reform is roiling local providers as new initiatives such as DSRIP are being superimposed. Consolidation is taking place with some agencies closing, others merging, and new partnerships, especially with primary care providers, being negotiated. With the proliferation of team-based workforce models "care managers" have become especially important. Credentialed Alcoholism and Substance Abuse Counselors (CASACs) are highly valued and can be counted toward professional staff ratios. Increasingly organizations are employing peer specialists who have lived experience with mental health and/or substance use (LMIS, 2017).

Multi-disciplinary team members usually have a range of life experiences and levels of formal education. NYS licensed or credentialed professionals may include Licensed Master Social Workers (LMSWs), Licensed Clinical Social Workers (LCSWs), Psychiatrists, Nurses and Nurse Practitioners, Clinical Psychologists, Mental Health Counselors and CASACs. Baccalaureate level social workers and other health and human services professionals often serve as care managers. Community health workers, peers, and paraprofessionals are playing key roles. Their first-hand knowledge of the community and their cultural and linguistic diversity make them great assets in team-based models of care (Shockley, et al, 2013).

As health professions degree programs evolve in response to reforms, the transition to team-based models of care poses a challenge to institutions of higher education. In academia health professions programs are usually administered through discipline specific departments, and there are relatively few opportunities for students to interact across degree programs. To address this issue leading professional associations including the American Association of Colleges of Nurses (AACN), the Council on Social Work Education (CSWE), and the American Psychological Association (APA) convened an Interprofessional Education Collaborative, and in 2016 it published a “Core Competencies for Interprofessional Collaborative Practice” update (IEC, 2017). The goal is to prepare future health professionals in the team-based model by engaging students of different disciplines in interactive learning with each other.

In November 2015 NYC launched *ThriveNYC*, a comprehensive initiative to improve the way that local government and its partners provide care to people with mental health and substances use disorders (The City of New York, 2016). The *ThriveNYC* roadmap was informed by reports that many of these New Yorkers lacked access to care, and that existing gaps in quality services had a disproportionate impact on low income, Black and Latino, and immigrant populations. It emphasized the economic benefits as well as the moral imperative of providing culturally appropriate early intervention and evidence-based treatment services to NYC residents with or at risk of having behavioral health problems.

*ThriveNYC* also called for attention to the recruitment, training and education of students in behavioral health disciplines. To further this aim, in June 2016, the NYC Department of Health and Mental Hygiene (DOHMH) and the CUNY Graduate School of Public Health and Health

Policy organized a Mental Health Workforce Summit. CUNY participants agreed that the current and future workforce requires greater access to higher education, and more and different career advancement and professional development opportunities. Given that each year approximately 270,000 students enroll in its credited courses and degree programs, there was a consensus that CUNY is indispensable in this effort. Thus, the Summit was the impetus for convening the **CUNY Behavioral Health Workforce Task Force**.

The following report provides an inventory, overview, and analysis of CUNY degree programs that are most closely associated with BH including the core mental health professions identified by HRSA, and dozens of other undergraduate and graduate degrees and certificates that provide career pathways in this practice area. The disciplines of Social Work, Human Services, Nursing, Mental Health Counseling, Substance Abuse Counseling and Clinical Psychology are reviewed. Recommendations to enhance CUNY's capacity to better prepare students to serve NYC residents with BH conditions are proposed.

## CUNY SOCIAL WORK AND HUMAN SERVICES DEGREE PROGRAMS

Thirteen CUNY colleges offer degree programs in Social Work or Human Services, ranging from the Associate level to the Doctorate. As a consortium, the following programs provide a network of career ladders for students who are interested in entering these disciplines, and for practitioners who want to advance in the field.

### Inventory of CUNY Social Work and Human Services Programs

College	Human Services		Social Work	
	Associate	Bachelor's	Bachelor's	Graduate
BMCC	AS			
Bronx CC	AAS			
Guttman CC	AA			
Kingsborough CC	AS			
LaGuardia CC	AA			
NYC College of Technology	AAS	BS		
College of Staten Island			BS	MSW
Hunter College			BSW	MSW
John Jay College			BS*	
Lehman College			BA	MSW
Medgar Evers College			BS	
York College			BS	MSW*
Graduate Center				Ph.D.

Unless otherwise indicated, CUNY data in this section is from the JFK, Jr. Institute for Worker Education report, *Social Work & Human Services Degree Programs at CUNY* (Dale, et al, 2017b).

### Roles of Social Workers on Integrated Care Teams

Social workers are the largest group of BH professionals. To better understand their roles in integrated care delivery models, a recent study examined their activities in randomized controlled trials in which behavioral and physical healthcare were integrated and provided by



teams. Social workers performed three primary functions. As “behavioral health specialists” they provided clinical interventions for patients with BH disorders. As “care managers” they monitored care plans, assessed treatment progress, and consulted with primary care providers. In a “referral role” they connected patients with community resources when social determinants of health compromised treatment. Frequently social workers performed these roles simultaneously. The data showed that integrated care provided by inter-professional teams inclusive of social workers improved both the behavioral and physical health of patients without increasing the overall cost of care (Fraser, et al., 2016).

### **Local Demand for LMSWs and LCSWs**

According to the NYS Office of the Professions, as of January 2017, there were 11,847 Licensed Master Social Workers (LMSWs) and 10,531 Licensed Clinical Social Workers (LCSWs) residing in NYC. The LCSW provides clinical services such as the diagnosis of mental, emotional, behavioral, developmental, and addictive disorders, the development of treatment plans, and psychotherapy. The LMSW may provide these clinical services but only under the supervision of a LCSW, licensed psychologist or psychiatrist. To achieve licensure as an LMSW graduates must pass an examination administered by the Association of Social Work Boards (ASWB). LMSWs who have completed the required clinical coursework, three years of post-graduate supervised experience, and passed another ASWB clinical exam may qualify as an LCSW. LCSWs practice at the top of their professional license, their services can be reimbursed, they can supervise and mentor LMSWs, and they can play a leadership role in changing the culture of the organization.

There is a local demand for LMSWs and LCSWs. For example, an analysis conducted for One City Health, the NYC Health + Hospitals led PPS, determined that over the next several years, just in its project to integrate primary care and behavioral health, it would need to hire more than one hundred additional LCSWs. One City Health will also need additional generalist level LMSWs as part of a cadre of multi-disciplinary team leaders across several behavioral health initiatives (One City Health, 2016). Other NYC-based PPSs such as NYU Lutheran, Maimonides, and St. Barnabas have reported high vacancy rates for LMSWs and/or LCSWs (NYSDOH, 2017).

## **MSW Degree Program Admission, Graduation, Diversity**

In 2015-16, three CUNY schools offered the MSW: The Silberman School of Social Work at Hunter College, Lehman College and the College of Staten Island (CSI). Graduates are eligible for licensure through the NYS Office of the Professions as LMSWs and LCSWs. From 2006-07 through 2015-16 the annual number of CUNY MSW graduates nearly doubled from 330 to 625. A fourth MSW program at York College is expected to start up in Fall 2017.

Admission into a CUNY MSW program is highly competitive. In Fall 2016, 57% of those who applied to Hunter's MSW were accepted; only 35% of applicants were accepted into the Lehman MSW program. Once they enroll in any CUNY MSW program, students are likely to graduate in a timely manner. Hunter and Lehman MSW graduates are similar in terms of gender and age, but there are differences in diversity. In both programs, 80% of the graduates are women, and the average age is early thirties. More than three-quarters of Lehman graduates are from underrepresented groups compared to forty-five percent from Hunter.

## **LMSW and LCSW Licensure Rate**

A serious problem is the relatively low rate of licensure among CUNY MSW graduates. From a supply-side perspective, it has contributed to a shortage of qualified personnel in NYC. As of May 2016, 65% of Hunter MSWs were ever licensed as LMSWs, and only 19% as LCSWs. For Lehman, 56% were ever licensed as LMSWs, and only 6% as LCSWs. The race and ethnic disparities are especially disturbing. Of all Hunter and Lehman MSW graduates, 73% of White graduates but only 58% of Hispanic graduates, and 54% of Black graduates were ever licensed as LMSWs. Preliminary statistical analysis of the effects of race and ethnicity on licensure finds significant differences in licensure rates between White and Black, and White and Hispanic MSW graduates. The mean difference in licensure rates between White and Black graduates is estimated to be 22.7% (95% CI: 19.7%-25.7%). The mean difference in licensure rates between White and Hispanic graduates is estimated to be 11.5% (95% CI: 8.3%-14.7%).

Since 2002, when the NYS Education Law was amended to include the new titles, scopes of practice and licensure requirements for LMSWs and LCSWs, a series of exemptions was enacted

for MSWs employed in programs that are regulated, operated, funded or approved by the Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office of Alcoholism and Substance Abuse Services (OASAS), Department of Health (DOH) and other state and local agencies. These ongoing exemptions were enacted because public and private providers worried that the regulations would create an artificial shortage of qualified personnel. It would also limit flexibility in deployment of staff at a time when professional personnel need to take on expanded roles to align with system-wide health care reforms. In addition, it is likely that the exemptions have had an impact on licensure rates among MSWs some of whom would not need to be licensed to maintain employment in exempted agencies.

In recent years CUNY MSW programs have made increasing the pass rates of their graduates on the LMSW exam a priority. Hunter presents licensing information to all incoming students and launched a “Licensing Center” that centralizes information and resources for students to prepare for and pass the LMSW exam including a free test preparation course. Lehman offers free and ongoing test preparation until its graduates pass the LMSW, and also provides financial support for fees associated with taking the exam.

The LMSW exam itself might contribute to the racial and ethnic disparities in licensure rates. In a recent white paper, Lehman social work faculty called out Social Work as a profession for not requiring that the ASWB, that administers the MSW licensing exam nationally, report on passing rates by test-taker demographics. Based on an analysis of the licensing exam questions, they argue that it is discriminatory, and the authors recommend that if the ASWB continues to refuse to report passing rates by test-taker demographics, “state licensing boards should stop using their exams, and utilize examinations by other organizations that are willing to report such figures” (Castex, et al.). Lehman faculty members are challenging the transparency and adequacy of the licensure process, and their position is supported by the aforementioned licensure data derived from the NYSED Office of the Professions LMSW and LCSW registries.

MSWs are employed throughout the fields of child welfare, healthcare, mental health and aging and they provide services to children, youth, adults and the elderly with BH conditions, and their families, throughout these delivery systems. Many important roles are performed by unlicensed MSWs, especially at exempted agencies, but the shortage of a more diverse LMSW and LCSW

workforce limits the scope of ongoing health care reforms, as well as the career prospects of many CUNY MSW graduates.

### **HRSA and SAMHSA National Initiatives in Integrated Care and SBIRT**

HRSA supports selected social work programs that add new coursework related to BH, and that expand field placements in integrated care settings. Stipends are provided to participating students. The Lehman Department of Social Work has received several HRSA grants that focus on children, youth and other underserved clients in the Bronx who are at risk of experiencing BH conditions. The goal is to increase the number and improve the cultural competence and educational preparation of Lehman MSW students who intend to serve vulnerable populations in the community. Recently Lehman was awarded a new HRSA grant focusing on BH issues across the lifespan. The grant includes interdisciplinary enhancements to the MSW program.

Social workers in every field of practice interface with individuals who have substance use problems. The Lehman Department of Social Work received a grant from SAMHSA to integrate *Screening, Brief Intervention, and Referral to Treatment* (SBIRT) into its MSW and BA in Social Work curricula and field placements. SBIRT is an evidence-based, public health approach that addresses “risky” substance use behavior and provides opportunities for early intervention before more serious problems occur. It is promoted as a best practice by OASAS and is being implemented by many DSRIP providers. An evaluation of the Lehman project showed increases in the students’ knowledge of this methodology, and more favorable attitudes toward working with substance using clients (Senreich, et al., 2017).

In addition, New York City College of Technology (NYCCT) received SAMHSA funding to integrate SBIRT into its Human Services curriculum and field placements, and to promote its use across disciplines. It recently conducted a summer workshop for twenty-three faculty members from departments of Human Services, Social Work and Nursing, from seven CUNY schools, so they could practice SBIRT in a simulated environment, and subsequently infuse it into their respective degree programs.

## **MSW Degree Programs and Recruiting Incumbent Workers**

An important way to strengthen the workforce is to create incentives for exemplary staff employed at agencies that serve individuals with BH conditions to advance in their careers. Hunter's Residency option within its MSW program is a work-study program designed to provide access to graduate study in social work to full-time baccalaureate personnel with degrees in related fields of study. The social service agency provides an approved field placement for its participating employee. Graduates of the Residency option are more diverse, older and more likely to be male than graduates of the full time program. In Fall 2016, 31% of new admits into Hunter's MSW were in the Residency option. Although the Lehman MSW does not have a separate work-study track, more than one-third of its students are doing field placements at their place of employment.

To strengthen the incumbent workforce, the NYC DOHMH provides scholarships to full time employees of organizations that are in contract with its Bureau of Mental Health. After graduation students are required to work for several additional years at their agency. Through DSRIP PPSs have provided tuition support for incumbent staff, and unions such as Local 1199 SEIU Health Workers East offer tuition assistance as a benefit to their members. The scholarship programs facilitate academic progression and career advancement, and likely encourage motivated baccalaureate level professionals to stay in and advance in the BH field.

## **Baccalaureate Social Work and Human Services Degree Programs**

Six CUNY schools currently offer the Bachelor's degree in Social Work or Human Services. CSI, Medgar Evers and York offer the BS in Social Work, Lehman has a BA in Social Work, and NYCCT offers a BS in Human Services. In Fall 2016 Hunter launched a new BSW program. Another new BS in "Human Services and Community Justice" at John Jay is expected to start up in Fall 2017. From 2010-11 to 2015-16 the annual number of baccalaureate graduates increased from 262 to 462. This number should continue to increase as the new programs at Hunter and John Jay graduate their first students. Academically qualified graduates with a baccalaureate degree in social work from an accredited program can get one-year of advanced standing within the Hunter, Lehman and CSI MSW programs. Eighty percent of baccalaureate graduates are

Black or Hispanic and their timely academic progression would enhance diversity at the graduate level.

### **Baccalaureate Social Workers as Care Managers**

Increasingly team-based models of care rely on baccalaureate level care managers. To address this need Hunter's new BSW includes a track in "care coordination." In addition, the York College Department of Social Work partnered with Brooklyn Health Homes and the New York Alliance for Careers in Healthcare (NYACH) on a Health Homes Care Manager Field Placement project. Health Homes are models of coordinated care between medical and social support networks that provide intensive case management to Medicaid beneficiaries who have a chronic medical condition and/or a mental health or substance use diagnosis. Beneficiaries at the highest risk of avoidable hospital use are those who are eligible for Health Homes. York students received two weeks of training in care management before participating in a supervised field placement. Thus, CUNY is beginning to create a pipeline of baccalaureate social workers with training as care managers/care coordinators.

### **Associate Human Services Degree Programs**

Six CUNY schools offer associate degrees in Human Services. Kingsborough CC (KBCC) offers an AS in Human Services and Mental Health Counseling, and an AS in Substance Abuse Counseling. Bronx CC (BCC) and NYCCT offer the AAS in Human Services, Borough of Manhattan CC (BMCC) has the AS in Human Services, LaGuardia CC (LGCC) and Guttman offer an AA in Human Services. CUNY-wide the annual number of graduates of these programs increased in recent years from 476 to 577. As in the baccalaureate programs, eighty percent of the graduates of CUNY associate degree programs in human services are Black or Hispanic.

The associate programs provide access to higher education for assistive health personnel with little or no college. Recruiting community health workers, peers and paraprofessionals such as medical assistants and patient navigators into CUNY degree programs strengthens the existing workforce and creates career ladder opportunities for motivated staff. However, associate degree curricula may need to be updated to include competency-based trainings in areas such as care

coordination and health coaching that employers have identified as priorities. As an example, KBCC in collaboration with the Maimonides PPS, and NYACH, established a credited certificate to train medical assistants as health coaches. Health coaches are clinical support personnel that provide care coordination and engagement services for patients with chronic physical and/or BH conditions. Several cohorts have completed the certificate and earned six college credits that can be counted toward a degree at KBCC or other colleges.

### **Credentialed Alcoholism and Substance Abuse Counselors**

OASAS credentials Alcoholism and Substance Abuse Counselors who are permanently exempted from Social Work and Mental Health Counseling scope of practice restrictions for the work they perform in OASAS facilities. CUNY schools offer a variety of credited course options that can count toward CASAC. Students in Lehman's BA in Social Work and MSW programs who take designated substance abuse electives can simultaneously meet the educational requirement for CASAC-T (Trainee). With supervision a CASAC-T can do screening, intake, assessment, treatment planning, counseling, case management, and crisis intervention. They must still complete an approved field placement and pass an exam to become a CASAC. NYCCT's Human Services Department offers a credited CASAC certificate that includes coursework toward the educational requirement. John Jay offers a credited Addiction Studies Certificate through its Psychology Department. KBCC's credited Certificate in Substance Abuse Counseling and AS in Substance Abuse Counseling incorporate coursework toward the CASAC-T requirement. While many CUNY schools offer non-credit trainings, imbedding and/or adding credited courses that fulfill educational requirements toward CASAC into degree programs, and providing opportunities for students to do their fieldwork at OASAS sites, is an efficient way to enhance the BH competencies and employability of students across related disciplines. Recently, OASAS introduced a new "Substance Use Disorder Counselor" scope of practice, which creates a career ladder. Starting in 2018, "CASAC-Level 2" will require an associate degree in human services, "Advanced CASAC" will require a Bachelor's degree, and "Master CASAC" will require a Master's degree (NYS OASAS, 2017).

## **Certified Recovery Peer Advocate**

A recovery and resiliency oriented approach is consistent with health care reforms. As evidenced by high vacancy rates at PPSs, peers (usually self-disclosed persons in recovery) are difficult to recruit members of the emerging multidisciplinary BH workforce (NYS DOH, 2017). To address the shortage Queensborough Community College (QCC), in association with CUNY's Office of Continuing Education and Workforce Programs, and NYACH, designed and implemented a Certified Recovery Peer Advocate (CRPA) credited certificate. CRPAs are individuals who build on their lived experience to provide coaching, information, guidance and encouragement to those seeking or sustaining recovery from a substance use diagnosis. Peer services provided by CRPAs are reimbursable at an increased Medicaid rate. The 80-hour training program incorporates a three-credit course on "Addictions and Dependencies" that can be counted toward a degree at QCC or other colleges. Thus the certificate also provides access to higher education and a career ladder. Recently, thirty-nine individuals graduated and have been offered jobs with employer partners. This type of credited certificate is designed for a special cohort and is offered on an as-needed basis contingent on external funding.



## CUNY NURSING DEGREE PROGRAMS

Each year, through its extensive network, CUNY prepares cohorts of nurses, at multiple levels, that are dedicated to providing quality health care to all New York City residents. The local delivery system depends on CUNY for a reliable supply of new nurses as well as career ladder opportunities for currently practicing RNs.

### Inventory of CUNY Nursing Programs

College	LPN	AAS	BS	RN to BS	MS	DNP	PhD
BMCC		✓					
Bronx CC	✓	✓					
Hostos CC	✓	✓					
Kingsborough CC		✓					
LaGuardia CC	✓	✓					
Queensborough CC		✓					
College of Staten Island		✓		✓	✓	✓	
Hunter College			✓	✓	✓	✓	
Lehman College			✓	✓	✓		
Medgar Evers College	✓	✓		✓			
NYC College of Technology		✓		✓			
School of Professional Studies				✓	✓		
York College			✓	✓			
Graduate Center							✓

### Essential Mental Health and Substance Use Competencies for All Registered Nurses

National nursing organizations have identified *Essential Psychiatric, Mental Health and Substance Use Competencies* for all RNs (Archive of Psychiatric Nursing, 2012). The competencies include motivational interviewing, screening for BH issues, incorporation of SBIRT and the use of behavior change interventions such as cognitive behavioral strategies (SAMSHA-HRSA Center for Integrated Health Solutions, 2014). Twelve CUNY colleges offer pre-licensure RN programs leading to either an associate or bachelor's degree. In 2015-16, a total 888 students graduated from these programs (Dale, et al., 2016). All the pre-licensure RN programs include coursework and clinical placements in Psychiatric Mental Health (PMH). The

CUNY Nursing Discipline Council has developed a rubric to assess curriculum content and clinical placements in PMH. It will provide guidance to participating colleges to update and strengthen this degree requirement.

### **The Stigma of Mental Illness in Nursing and the Health Professions**

There is a concern that students are reluctant to enter the field of PMH nursing. The literature identifies several interrelated factors that may contribute to this reticence including the “stigma of being associated with a stigmatized group,” and feelings of stress, anxiety and fear especially prior to their clinical experience in this practice area (Hunter, et al, 2014). The Nursing Department at CSI is surveying students in its associate degree program before and after their clinical experience in PMH. The results will inform efforts to better address the stigma of mental illness throughout the curriculum, and to provide adequate support for students as they interact with patients with BH conditions across all service settings.

Stigmatized attitudes and beliefs toward individuals with mental health and substance use disorders exist in the culture of the health care system, and are also held among many health professionals. All the BH related degree programs should develop strategies to assess stigma among their faculty and students and take steps to remediate its impact.

### **Nurse Practitioners and the Opioid Epidemic**

Nurse Practitioners (NPs) play an important role in prescribing opioids and in medication-assisted treatment for opioid dependence. The Centers for Disease Control and Prevention (CDC) has developed a *Guideline for Prescribing Opioids for Chronic Pain* that includes recommendations for safe prescribing (Dowell, 2016). Nationally over two hundred schools of nursing, including Lehman’s nursing program, have pledged to teach these guidelines to students enrolled in their NP programs. A consortium of six national nursing organizations, including the AACN has developed a webinar series to educate nursing students and faculty in this area. All CUNY NP programs should make a commitment to address the opioid epidemic through education and faculty development.

## **Psychiatric Nurse Practitioners**

Psychiatric Nurse Practitioners are licensed to provide a full spectrum of mental health services and are more likely than Psychiatrists to treat underserved populations (Buerhaus, et al, 2015). While the number of Psychiatric NP programs is growing across the country there is still a significant shortage (Delaney, 2016). Of all NPs licensed in NYS, approximately 9%, have a specialization in Psychiatry. NYC based PPSs including NYU Lutheran, Maimonides, St. Barnabas, One City Health, and Mt. Sinai have reported high vacancy rates for Psychiatric NPs ranging from 19% to 33%.

In 2015-2016 there were 29 graduates of Hunter's Masters-level Psychiatric NP program, and 7 graduates of its Psychiatric NP Post-Masters Advanced Certificate. Hunter also offers a Doctorate in Nursing Practice (DNP) with a specialized track in Psychiatry/Mental Health. Given the documented demand, increasing the capacity of these programs is recommended.

## CUNY GRADUATE DEGREE PROGRAMS IN PSYCHOLOGY AND MENTAL HEALTH COUNSELING

Seven CUNY schools offer the Master's in Mental Health Counseling (MHC); four offer the doctorate in Clinical Psychology. In addition, four CUNY schools offer the MA in General Psychology including a new online option through CUNY SPS. John Jay has a MA in Forensic Psychology and Queens has a MA in Applied Behavior Analysis. Master's degree programs in other areas of Psychology that are less directly related to the BH workforce, such as Experimental or Industrial/Organizational, are not included in the following inventory.

### Inventory of CUNY Graduate Programs in Psychology & Mental Health Counseling

<i>College</i>	<i>Mental Health Counseling</i>	<i>General Psychology</i>	<i>Forensic Psychology</i>	<i>Applied Behavior Analysis</i>	<i>Geriatric Mental Health</i>	<i>Clinical Psychology</i>
City College	MA	MA				Ph.D.
Baruch College	MA					
Hunter College	MS	MA		Adv. Cert.		Ph.D.
Brooklyn College	MA				Adv. Cert.	
Queens College	MS	MA		MA		Ph.D.
College of Staten Island	MS					
John Jay College	MA		MA			Ph.D.
School of Professional Studies		MA				

### Mental Health Counseling

In 2006 NYS implemented licensure requirements for MHCs. The scope of practice for the profession includes the diagnosis of BH conditions, patient assessment and evaluation, and psychotherapeutic treatment. An applicant for licensure must complete a supervised internship as part of the degree, post-graduate supervised practice, and pass a clinical exam administered by the National Board for Certified Counselors (NBCC). As of August 2017, almost 7,000 MHCs were licensed statewide with 2,000 residing in NYC (NYSED, Mental Health Practitioners, 2017).

Starting in 2007-08 the annual number of CUNY MHC graduates increased dramatically, but over the last three years it has leveled off at about 200 graduates per year across seven CUNY schools. More than three-quarters of graduates are women, two-thirds are White and the average age is 30 years. CUNY MHC graduates are younger, less diverse, and earn less, than CUNY MSW graduates. Only about half of CUNY MHC graduates ever become licensed in NYS (Dale, et al, 2017a).

As with LMSWs and LCSWs, a series of exemptions was enacted for MHCs employed in programs that are regulated, operated, funded or approved by OMH, OPWDD, OASAS, DOH and other state and local agencies. In 2015 NYSED surveyed exempted agencies and documented that unlicensed MHCs, and unlicensed Master's level psychologists, often provide services that, if not for the exemption, could only be provided by licensed personnel (NYSED, 2015). While the exemptions provide career opportunities for CUNY graduates of Master's programs in Psychology, it is also likely that many MHC graduates employed in the same agencies do not become licensed due to the continuing exemptions.

MHC students can enhance their competencies and employment prospects by adding CASAC coursework. For example, students who are enrolled in John Jay's MA in Forensic Mental Health Counseling program who are simultaneously seeking CASAC complete their fieldwork in an OASAS licensed facility and take additional undergraduate courses from the Addiction Studies Certificate.

In recognition of the trend toward integrated care The American Mental Health Counselors Association (AMHCA) created a specialist certification in Integrated Behavioral Health Care Counseling. There is also a growing emphasis on interprofessional education and "collaborative competencies" in mental health counselor education (Johnson, et al, 2014).

Expanding training opportunities for MHC students to diagnose and treat patients with substance use disorders, to practice with students from other disciplines, and to complete required internships in integrated care settings, would better prepare graduates for emerging roles, such as Behavioral Health Consultants, on multidisciplinary teams.

## **Doctoral Programs in Clinical Psychology**

Doctoral Programs in Clinical Psychology offered through City College, Queens College and John Jay average 14 graduates per year across the three programs. Approximately 75% of graduates are White, 82% are women, and the average age is 37. Seventy percent of CUNY Clinical Psychology graduates become licensed in NYS. A new Ph.D. in “Health Psychology and Clinical Science,” housed at Hunter College, has admitted students and is currently seeking accreditation in Clinical Psychology.

The APA’s Education Directorate (2017) is committed to promoting the education and training of Primary Care Psychologists. Expanding doctoral training in primary care settings, in practicing with students from other disciplines in team-based models of care, and in the diagnosis and treatment of individuals with substance use disorders, could better prepare graduates for emerging roles as Primary Care Psychologists.

## **PRIORITY AREAS AND RECOMMENDATIONS**

The purpose of the Task Force was to identify priorities and make recommendations that will strengthen CUNY programs that prepare students to work in BH.

### **Interprofessional Education**

To better prepare future health professionals in the team-based model, and to increase engagement of students of different disciplines in interactive learning with each other, the Office of Academic Affairs should:

- Convene a CUNY “Interdisciplinary Health Professions Council,” including the Deans of Schools of Health Professions, and others, to share information and implement projects that facilitate interprofessional learning experiences for faculty and students across schools, departments and degree programs.

### **Basic Training in BH for all Nurses, Social Workers and Human Services Students**

Health and human services professionals interact with a sizeable percentage of people with BH conditions across settings and throughout the service delivery system. Therefore, it is important that all graduates have adequate training in BH so they can provide quality care and referrals when necessary. In addition, introducing all students to topics related to mental health and substance use could inspire a greater percentage to specialize in the field. To achieve this goal CUNY schools should:

- Update the Psychiatric Mental Health courses that are required in all pre-licensure RN programs to insure that graduates have a basic mastery in the practice area.
- Further integrate credited courses that can be counted toward the educational requirements for CASAC into curricula of social work and human services degree programs, and expand opportunities for students to do their fieldwork at OASAS approved sites.

- Incorporate federal guidelines on safe prescribing of opioids into all Nurse Practitioner programs as already pledged by over two hundred nursing programs nationwide.
- Infuse training in Screening, Brief Intervention, Referral and Treatment (SBIRT) into social work, human services and nursing degree programs.
- Develop strategies to assess stigma among students and faculty in nursing, social work, and human services degree programs, and take steps to remediate its impact.
- Expand training opportunities for students to practice with students from other disciplines.
- Expand clinical affiliations and student placements in settings that provide integrated care and that employ multi-disciplinary teams.

### **Emerging Roles as Behavioral Health Consultants and Primary Care Psychologists**

To better prepare Mental Health Counseling and Clinical Psychology students for emerging roles as Behavioral Health Consultants and Primary Care Psychologists CUNY schools should:

- Enhance curricular and field-based training in the diagnosis and treatment of individuals with substance use disorders.
- Expand training opportunities for students to practice with students from other disciplines.
- Expand training opportunities in settings that provide integrated care and that employ multi-disciplinary teams.

### **Academic Progression and Career Advancement of Incumbent Workers in BH**

CUNY offers graduate and undergraduate degrees and certificate programs that provide opportunities for academic progression and career advancement for motivated personnel who are already employed in BH. To create incentives for exemplary staff to stay in and advance in the field CUNY schools should:

- Collaborate with employers, unions and government agencies to leverage scholarship funds and recruit incumbent workers into the extensive network of associate,



baccalaureate and master's degree programs in social work, human services and nursing.

- Develop credited certificate programs for community health workers, peers and paraprofessionals in priority areas such as health coaching, care coordination and patient advocacy.

### **Enhancing Diversity through Licensure Reform**

A serious problem faced by the field of social work is the ethnic and racial disparities in licensure rates that are documented in this report. The disparities call into question the adequacy and transparency of the licensure process itself. Therefore, the Office of Academic Affairs should:

- Support faculty in researching the ethnic and racial disparities in the licensure requirements for social work and other BH disciplines, and, if documented, advocating for appropriate changes within professional organizations and the NYSED Office of the Professions.

### **Supporting the Early Career Development of Graduates of BH Degree Programs**

To monitor post-graduate outcomes, and gather information that could suggest ways to decrease disparities in licensure rates and increase the percentage of graduates who are licensed and employed in providing services to people with BH conditions, the Office of Academic Affairs should:

- Survey MSW graduates to inquire into their exam taking behaviors and exam pass rates, licensure rates, past and current practice areas including turnover rates in the BH field, first employment experiences and early career trajectories.
- Explore the feasibility of routinely surveying the graduates of BH disciplines, especially those that require several years of post-graduate clinical supervision for licensure.

## **Increasing Capacity in Psychiatric Nurse Practitioner Programs**

There is a documented demand for Psychiatric Nurse Practitioners. To increase capacity in this specialization CUNY schools should:

- Explore the possibility of developing online options in this area.
- Negotiate affiliation agreements with large provider networks that can provide adequate clinical placements for an increasing number of Psychiatric NP students.

## **Leadership and Resources through the CUNY Office of Academic Affairs**

CUNY is indispensable in maintaining a current and future BH workforce that is capable of delivering quality services and supports to children, youth, adults, the elderly, and their families. To follow-up on the Behavioral Health Workforce Task Force, the Office of Academic Affairs should:

- Assign a person at the University Dean level to implement Task Force recommendations and provide ongoing leadership.
- Allocate funding through a Request for Proposals to address the priority areas identified in the Task Force report.

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## APPENDIX A – CUNY BEHAVIORAL HEALTH WORKFORCE TASK FORCE MEMBERS

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