

NEWS RELEASE

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National Behavioral Health Conference Scheduled in New Orleans, October 28 – 31, 2018 Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions

The 2018 59th Annual National Dialogues on Behavioral Health (NDBH) annual conference will be held in New Orleans at the Renaissance Arts Hotel from October 28 -31, 2018, and is titled "Reinventing the Behavioral Health Workforce: Implementing Innovative Solutions". The pre-conference program will be held Sunday October 28.

Conference topics are designed for: psychiatrists, social workers, nurses, psychologists, counselors, addiction counselors, case managers, administrators, policy makers, behavioral Healthcare providers, peer recovery workforce, state and county behavioral healthcare administrators, judiciary justice system administrators, law enforcement/justice system stakeholders departments, emergency/disaster response professionals, educators and school based counselors.

National Dialogues Conference partners are the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), the Western Interstate Commission for Higher Education (WICHE) Mental Health Program and the National Association of State Mental Health Program Directors (NASMHPD).

The focus of this year's conference is particularly timely as it addresses issue of behavioral health workforce shortages and challenges. The future of the behavioral health workforce is dire. By 2025, shortages are projected for psychiatrists, behavioral health social workers, psychologists, school counselors, and marriage and family therapists. These shortages are not evenly distributed: Sixty-two million people live in rural or frontier counties and 75 percent of these counties have no practicing psychiatrists, psychologists or social workers **today**. That is, the emphasis on workforce shortages in the future is misleading. The workforce crisis exists **today**, and the current situation is alarming, if not unacceptable.

Page 2 National Behavioral Health Conference

It is notable that a large proportion of persons with mental illness and substance use problems remain unserved. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), only 19.6 million of the 43.8 million adults who have mental illness receive any mental health services. Similarly, of the 22.7 million adolescents and adults that have an illicit drug or alcohol use problem, only 4.1 million receive any treatment for their problems. The needs of children and people who are elderly, veterans and their families, those incarcerated and recently released from incarceration, and rural populations are particularly noteworthy.

Besides the issue of shortages, the current behavioral health workforce is characterized by being part of an aging population (for example, over 50% of male psychiatrists and 25% of female psychiatrists are over 60 years old), high turnover, mal-distributed, and as receiving inadequate compensation. At the same time, behavioral health systems are evolving so that there is a priority on the delivery of evidence-based services, a recovery orientation, quality and accountability, and integration with primary care. The current training infrastructure is ill-equipped to address the needs of this changing behavioral health environment. These system inadequacies have resulted in shifting the responsibility to other social service and law enforcement agencies. The workforce at these agencies, in large part, has not seen such responsibilities as part of its mission, and, consequently, staff have not been trained to address behavioral health needs.

The National Behavioral Health Conference which begins Monday, October 29, will address the following questions across two and a half days:

- How can one “resource shift” and better utilize the current workforce?
- How can technology and telehealth be used as workforce extenders, especially in rural areas?
- How can the use of peer specialists, family caregivers, school counselors, primary care providers, and providers in the child welfare and criminal (and juvenile) justice systems be optimized?
- How can effective behavioral health community collaboratives be formed?
- What are effective funding and reimbursement strategies to support needed workforce initiatives?

Page 3 National Behavioral Health Conference

The pre-conference program, which will be offered on Sunday, October 28, from 9:00 a.m. to 1:30 p.m., is titled: Is A.I. (Artificial Intelligence) or Artificial Intelligence-Assisted Therapy the Next Evolution of the Behavioral Health Workforce? The underlying premise of this program is that Artificial Intelligence or AI is used by virtually everyone---from the Google Assistant on your Android Phone/Tablet to Siri on your iPhone/IPAD to Cortana for Windows computers, to online customer support, to Netflix and Pandora---AI is the software that underlies and supports these applications. The last decade has seen the rise of the development of numerous applications (apps) that use AI to support or carry out many tasks in arguably more efficient and effective ways than ever before. The behavioral health field is not exempt from the adoption and utilization of AI. A variety of applications have been developed to support or provide increased access to behavioral health care. Conference participants attending this session will have an opportunity to see demonstrations of a variety of applications that have been developed to address and/or support behavioral healthcare needs. Discussion will focus on the use of such applications that have expanded the ability of individuals to access care.

The conference will include the opportunity for participants to have direct dialogue and discussion with the expert speakers during both the morning and afternoon sessions. This year, the experts who will present include:

- Brett Atwood, Senior Manager, Marketing, Linden Lab
- Gary Belkin, M.D., Executive Deputy Commissioner, New York City Department of Health and Mental Hygiene
- Gina Brimner, Senior Consultant, Western Interstate Commission on Higher Education
- Grant Drawve, Ph.D., Associate Professor, Department of Criminal Justice and Sociology, University of Arkansas
- Rini Gahir, Co-founder and CBDO Mozzaz Corporation
- Brian Grady, M.D., Director, TelePrimary Care/TeleMental Health Hub

Page 4 National Behavioral Health Conference

- Connie Goodson, LMSW, Director, Coordinated System of Care, Office of Behavioral Health, Louisiana Department of Health
- Rochelle Head Dunham, M.D., FAPA, Executive Director/Medical Director of Metropolitan Human Services District, New Orleans, LA
- James E. Hussey, M.D., Medical Director, Office of Behavioral Health, Louisiana Department of Health
- Trina Ita, M.A. Deputy Associate Commissioner, Health and Human Services Commission, Texas
- Sheila Jordan, Louisiana Coordinated System of Care Family Lead, Office of Behavioral Health
- Logan Kinamore, Patient and Communication Specialist, Open Health Caring Clinic (Former President)
- Janice Williams Petersen, Ph.D., Deputy Assistant Secretary, Office of Behavioral Health, Louisiana Department of Health
- Harvey Rosenthal – Executive Director, New York Association of Psychiatric Rehabilitation Services Inc.
- Kristin Savicki, Ph.D., Psychologist, Office of Behavioral Health, Louisiana Department of Health
- John Straus, M.D., Medical Director Special Projects of the Massachusetts Behavioral Health partnership and Founding Director of Child Psychiatry Access Programs
- Representatives from the following Managed Care Organizations will also speak in several sessions: Beacon Health Options, Magellan Health and Optum.

The fee for the general conference Monday through Wednesday is \$325. The pre-conference fee for Sunday October 28 is \$175. Registration can be secured and program and speaker details accessed at <http://nationaldialoguesbh.org/>.

Conference registration, detailed topic descriptions and presenters, and information on hotel registration can be accessed at nationaldialoguesbh.org. Questions may be directed to Brittany Copithorn at bcopithorn@wiche.edu. Early registration is encouraged.

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