Behavioral Health Workforce Projections, 2016-2030:
Addiction Counselors

This factsheet presents national-level supply and demand projections for addiction counselors from 2016 through 2030 using HRSA's Health Workforce Simulation Model (HWSM).[1] While the nuances of modeling workforce supply and demand differ for individual health occupations, the basic framework remains the same across provider types. For supply modeling, the major components include: common labor-market factors like unemployment; demographic and geographic characteristics of the existing workforce in a given occupation; new entrants to the workforce (e.g., newly trained addiction counselors); and workforce participation decisions (e.g., patterns in retirement and hours worked). For patient demand modeling, the HWSM assumes that demand equals supply in 2016,[2] and that the major components of patient demand include population demographics; health care use patterns; and demand for health care services (translated into requirements for full-time equivalents or FTEs).

About the National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis informs public and private sector decision-makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers. Visit the website: https://bhw.hrsa.gov/national-center-health-workforce-analysis

In terms of limitations, this HWSM assumes that over the period studied, current national patterns of labor supply and service demand remain unchanged within each demographic group. Thus, changes in health care utilization patterns may affect projected demand in future years. Similarly, advances in medicine and technology and shifts in health care delivery models (e.g., team-based care, telemedicine) may also affect the efficiency of service delivery, and consequently, how provider supply is best assessed. These projections do not account for the geographic distribution of providers, which can impact access to care. HRSA will consider incorporating such factors into its future workforce projections as the evidence-base evolves.

The following two scenarios are simulated: **Scenario One** assumed supply and demand were in equilibrium in 2016, and **Scenario Two** adjusted current and projected demand based on estimates of unmet need from recent studies. HRSA recognizes the challenges with estimating demand and unmet need for behavioral health services. More information and a detailed explanation of how unmet need was estimated in our workforce model can be found in our technical documentation.[3]

[1] This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person's demographic and socioeconomic characteristics, health behavior, and health risk factors that affect health care utilization patterns. For more information on data and methods, please see: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf

[2] The assumption that supply equals demand at baseline is a standard approach in workforce projection modelling. Please refer to: Ono T, Lafortune G, Schoenstein M. "Health workforce planning in OECD countries: a review of 26 projection models from 18 countries." *OECD Health Working Papers, No. 62*. France: OECD Publishing; 2013: 8-11.

[3] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for HRSA's Health Workforce Simulation Model. Rockville, MD: U.S. Department of Health and Human Services, 2018. Available from: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf.

BACKGROUND

Addiction counselors provide treatment and support to people who suffer from addiction to alcohol and other drugs, or other behavioral health problems. Their duties may include conducting mental and physical health assessments; developing treatment goals and plans; reviewing and recommending treatment options; helping people to develop the skills and strategies necessary for recovery; making referrals for resources and services; and conducting outreach to help people identify and better understand substance use and behavioral disorders.[4] Licensure and certification requirements for addiction counselors vary by state.[5]

FINDINGS

At the national level, the supply of addiction counselors is projected to increase 6 percent between 2016 and 2030 (*Exhibit 1*). Under Scenario One, the demand for addiction counselors is expected to increase 21 percent by 2030, with demand exceeding supply and leading to a deficit of addiction counselors of approximately 13,600 full-time equivalents (FTEs). Under Scenario Two, which adjusts for the 20 percent of the population reporting unmet behavioral health needs due to barriers in receiving care, demand is projected to exceed supply by approximately 38 percent in 2030, with demand increasing from 105,260 FTEs to 127,850 FTEs, again resulting in a deficit. These estimates do not capture changes in care delivery patterns or regional mal-distributions in the supply of addiction counselors that may be present both at baseline and in 2030.

Exhibit 1. Estimated Supply of and Demand for Addiction Counselors in the United States, 2016-2030

	Scenario One (Assumes equilibrium)	Scenario Two (Assumes unmet need)
Supply		
Estimated supply, 2016	87,690	87,690
Estimated supply growth, 2016-2030:	5,220 (6%)	5,220 (6%)
New entrants, 2016 - 2030	*38,780*	*38,780*
Attrition, 2016 – 2030 [a]	*-34,890*	*-34,890*
Changing work patterns [b]	*1,330*	*1,330*
Projected supply, 2030	92,910	92,910
Demand		
Estimated demand, 2016	87,690	105,260
Estimated demand growth, 2016-2030 [c]	18,820 (21%)	22,590 (21%)
Projected demand, 2030	106,510	127,850
Projected Supply (minus) Demand, 2030 [d]	*-13,600*	*-34,940*

Note: All numbers reflect full-time equivalents (FTEs). Numbers may not sum to totals due to rounding.
[a] Includes retirements and mortality.
[b] For example, changes from full-time to part-time hours, or vice versa.
[c] Demand growth reflects changing demographics.
[d] The demand for addiction counselors may lag behind supply due to projection models' use of current utilization patterns as the basis for future projections. This pattern of utilization may be due to lack of access to behavioral health care.

[4] US Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook,* Substance Abuse and Behavioral Disorder Counselors. Available from: https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm.
[5] University of Michigan, Scopes of Practice for Behavioral Health Professionals. Accessed at: http://www.behavioralhealthworkforce.org/practice-data-visualizations/ accessed July 27th, 2018.