



Opioid Workforce Expansion Program – OWEP Paraprofessional Evaluation

Academic Years 2019-2023

The Health Resources and Services Administration (HRSA) is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high-quality primary health care by supporting the training of health professionals – focusing on the geographical distribution of providers to areas where they are needed most.

In response to the opioid epidemic HRSA established the Opioid Workforce Expansion Program (OWEP) in Fiscal Year (FY) 2019. OWEP aimed to increase the number of behavioral health workers in underserved areas who were prepared to deliver integrated, interdisciplinary opioid use disorder (OUD) and other substance use disorder (SUD) prevention, treatment support, and recovery support services. Through two parallel programs, OWEP enhanced community-based experiential training for behavioral health professions such as addiction counselors, psychologists, and social workers (OWEP Professionals program), and paraprofessional students, including community health workers, behavioral health technicians, and outreach workers (OWEP Paraprofessionals program).

This report summarizes the results of a retrospective outcome evaluation on the entire grant period of the OWEP Paraprofessionals program, which was administered during Academic Years (AY) 2019-2023, including the program's influence on the supply and distribution of the behavioral health workforce.

Key Findings

- OWEP produced 4,933 paraprofessional graduates from AY 2019-2023.
- Of the 2,217 graduates with employment data available at graduation, 58% were working in a medically underserved community or rural area.
- Program graduates were more likely to work in a medically underserved community or rural area if they trained in a rural area (84% vs. 42%) or in a primary care setting (77% vs. 51%) compared with those who did not.
- 391 individuals reported paraprofessional state certification at the time of graduation. An additional 1,235 intended to get certification.
- Program graduates, on average, worked in counties with higher overdose mortality rates from drugs (41 vs. 37 per 100,000) and opioids (34 vs. 27 per 100,000) compared with the national average.

Who participated in the OWEP Paraprofessionals program?

An objective of the OWEP Paraprofessionals program is to expand the number of behavioral health-related paraprofessionals in the workforce. During AY 2019-2023, a total of 4,933 paraprofessionals trainees completed their program and were prepared to join the workforce (Table 1). The most common graduates included peer paraprofessionals (33%), substance use workers (10%), and mental health workers (8%).

Table 1. Total Number of OWEP Graduates by Paraprofessional Type, AY 2019-2023

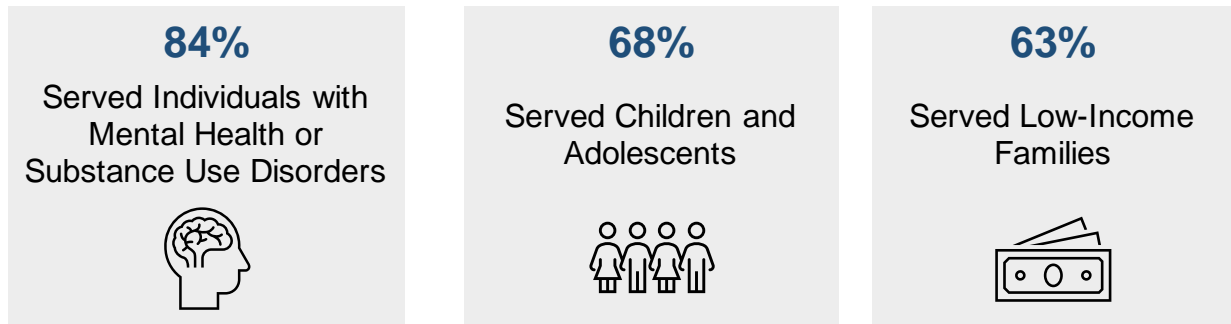
Paraprofessional Type	Number of Graduates
Behavioral health technicians	179
Community health workers and promotores	192
Mental health workers	411
Peer paraprofessionals	1,643
Substance use workers	470
Youth workers	163
Other paraprofessionals	1,875
Total	4,933

Note: Other paraprofessionals include direct service workers, outreach workers, social services aides, and other paraprofessionals who did not report a discipline. All types listed here serve to promote mental health within a community and serve as an advocate for mental health needs of individuals by communicating with behavioral health care providers or social service agencies. They participate in programs that promote, maintain, and improve individual mental health.

How did OWEP paraprofessionals gain OUD- and SUD-related experience?

OWEP paraprofessionals gained OUD- and SUD-related experience at their experiential training sites. Most training sites served individuals with mental health or substance use disorders, children and adolescents, and low-income families (Figure 1). Other populations served included transitional youth and college students (48% of sites), individual experiencing homelessness (68%), and chronically ill individuals (25%). These populations may be at higher risk for opioid or other substance use disorders.

Figure 1. Populations Served by Experiential Training Sites, AY 2019-2023 (N=642)



Did the program improve the distribution of OWEP paraprofessionals in medically underserved communities and rural areas?

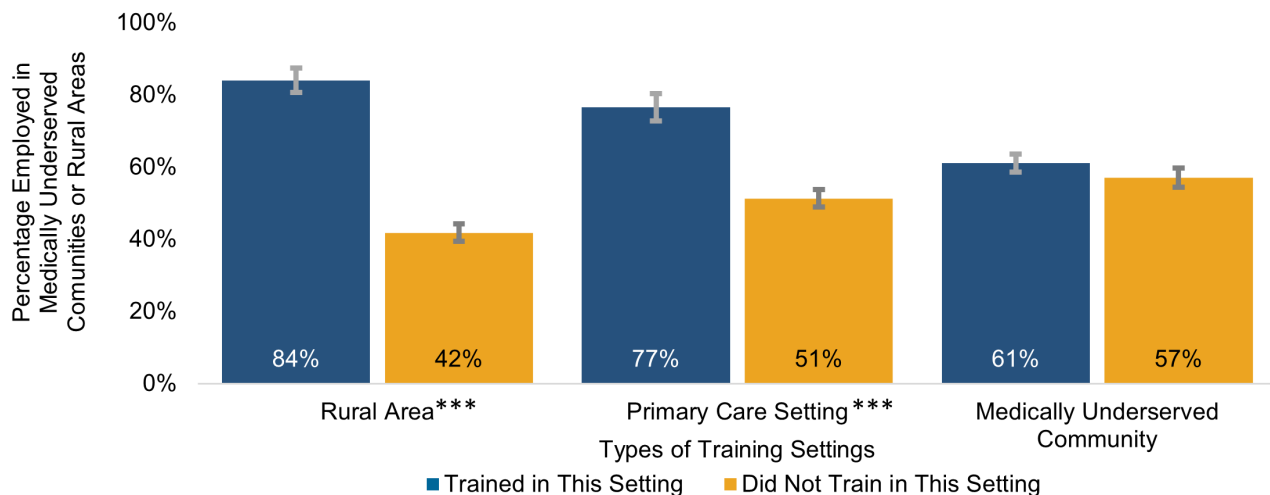
Another objective of the OWEP Paraprofessionals program is to improve distribution in medically underserved communities and rural areas. Individuals in these settings are constrained by a lack of access to behavioral health services which underscores the value and importance of OWEP.¹

Distribution of Paraprofessional Graduates into Medically Underserved Communities and Rural Areas

Employment data was available for 2,217 graduates. At the time of graduation, 58% reported working in a medically underserved community or rural area. Additionally, there were associations between training settings and employment settings at graduation (Figure 2).

- Paraprofessional graduates who trained in a rural area were significantly more likely to work in a medically underserved community or rural area at graduation compared to graduates who did not (84% vs. 42%, respectively).²
- Paraprofessional graduates who trained in a primary care setting were significantly more likely to work in a medically underserved community or rural area compared to graduates who did not (77% vs. 51%, respectively).³
- Paraprofessional graduates who trained in a medically underserved community had a higher rate of working in medically underserved community or rural area after program completion (61% vs. 57%, respectively), but the difference was not statistically significant.⁴

Figure 2. Percentage Employed in Medically Underserved Communities or Rural Areas by Training Setting, AY 2019-2023 (N=2,217)



Note: Comparisons were calculated using a 2-by-2 chi-squared test for independence. Error bars represent 95% confidence intervals.

*** $p < 0.001$

¹ Kepley, H.O., & Streeter, R.A. (2018). Closing behavioral health workforce gaps: A HRSA program expanding direct mental health services access in underserved areas. *American Journal of Preventive Medicine*, 54(6S3), S190-S191. <https://doi.org/10.1016/j.amepre.2018.03.006>.

² $\chi^2(1) = 384.7$, $p < .001$

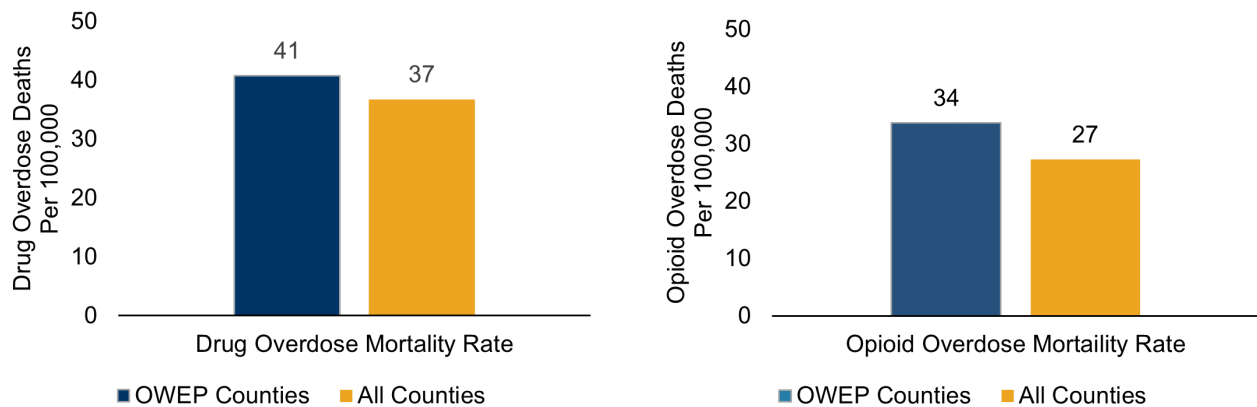
³ $\chi^2(1) = 115.1$, $p < .001$

⁴ $\chi^2(1) = 3.1$, $p = .08$

Working in Counties Affected by Opioid Use or Substance Use Disorders

OWEP Paraprofessional program graduates worked in areas where there were higher-than-average opioid and substance use deaths per capita.^{5,6,7} Paraprofessional graduates worked in areas serving 252 counties across 17 states. On average, graduates working in counties with higher overdose mortality rates (41 vs. 37 per 100,000, respectively) and opioid-specific overdose deaths (34 vs. 27 per 100,000, respectively) compared with all counties nationally (Figure 3).^{8,9}

Figure 3. Average Drug and Opioid Overdose Mortality Rates for Counties with OWEP Graduates (N=252) Compared with All Counties Nationally, 2018-2021



Note: Opioid overdose deaths are a subset of all drug overdose deaths.

What percentage of OWEP Paraprofessionals became certified?

The OWEP Paraprofessionals program aims to expand and improve direct access to quality support services. One method by which they do so is through a behavioral health-related paraprofessional state certification process. Although not all states offer paraprofessional certifications, state certifications can signal to potential employers that the applicant has training and skills to provide high-quality supportive care.

At graduation, 391 program graduates reported receiving paraprofessional state certification and another 1,235 intended to get state certification. Behavioral health technicians, substance use workers, and peer paraprofessional graduates were most likely to report that they received state certification or intended to get a state certification.

Looking at each discipline:

- 72% of behavioral health technician graduates received state certification at time of graduation, while an additional 2% intended to get certified.
- 6% of substance use workers had a state certification at graduation, while an additional 21% intended to get a state certification.

⁵ Graduates provided ZIP codes of their employment settings which were linked to county-level data from the Drug Overdose Deaths in the United States mapping tool. ZIP codes matched to county level data using the following: HUD Office of Policy Development and Research. (2023). *HUD USPS ZIP Code Crosswalk Files [ZIP-Tract 2023-Q3]*. U.S. Department of Housing and Urban Development https://www.huduser.gov/portal/datasets/usps_crosswalk.html

⁶ Note: Some ZIP codes are associated with more than one county. All possible counties of employment have been included here for completeness. Additionally, clinicians may serve patients from neighboring counties.

⁷ NORC at the University of Chicago. (2023). *Drug Overdose Deaths in the United States [Overdose Mapping Tool]*. NORC. <https://opioidmisusetool.norc.org>

⁸ Adapted from: NORC. (2024, March 13). *Drug overdose deaths in the United States*. <https://overdosemap.norc.org/>

⁹ Adapted from: NORC. (2024, March 13). *Drug overdose deaths in the United States*. <https://overdosemap.norc.org/>

- While only 14% of peer paraprofessionals received state certification at graduation, an additional 67% intended to get state certification.

Graduates with state certification had 84 more training hours on average than graduates without state certification, and they were significantly more likely to work in a medically underserved community or rural area compared to graduates without state certification (78% vs. 56%, respectively).^{10,11}

What were the outcomes from the investment of federal funds into the OWEP Paraprofessionals program?

During AY 2019-2023, HRSA administered the OWEP Paraprofessionals program to increase the number of behavioral health-related paraprofessionals entering the workforce. To further understand the cost implications of training paraprofessionals, HRSA conducted a cost-effectiveness analysis.¹² Specifically, the amount of HRSA grant funding received by OWEP Paraprofessionals program awardees was divided by the number of relevant paraprofessional graduates. The results show that, on average and given all other aspects of the OWEP program, it would cost \$6,158 in grant funding to produce one additional paraprofessional graduate.

Conclusion

During AY 2019-2023, HRSA invested grant funds to expand the number of behavioral health-related paraprofessionals in the workforce equipped to provide support services for OUD and other types of SUD in medically underserved communities and rural areas. Most paraprofessional graduates were working in medically underserved communities, rural areas, or counties with higher-than-average opioid and substance use deaths per capita after completing their program.

Training setting appears to be an important factor motivating trainees to continue working in medically underserved communities and rural areas at graduation. Additionally, state-certified OWEP paraprofessional graduates gained more training hours, met state requirements, and were more likely to work in a medically underserved community or rural area at graduation. These factors have implications for future funding opportunities for behavioral health paraprofessionals. While an additional state certified paraprofessional may be associated with additional cost, the paraprofessional graduate is better prepared and more marketable when entering the workforce.

For more information, visit the website: bhw.hrsa.gov

¹⁰ $t(4931) = 6.0, p < .001$

¹¹ $\chi^2(1) = 38.4, p < .001$

¹² Center for Disease Control. (2024) Cost-effectiveness Analysis. <https://www.cdc.gov/policy/polaris/economics/cost-effectiveness/index.html>