



Opioid Workforce Expansion Program – OWEP Professionals 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, and recovery services. Through two parallel programs, OWEP enhanced community-based experiential training for behavioral health professional students such as addiction counselors, psychologists, and social workers (OWEP Professionals program), and paraprofessional students, including community health workers, behavioral health aides, and outreach workers (OWEP Paraprofessionals program).

This report summarizes the results of a retrospective outcome evaluation covering the entire grant period of the OWEP Professionals program, which was administered during Academic Years (AY) 2019-2023.

Key Findings

- During AY 2019-2023, OWEP supported 2,642 graduate-level behavioral health students to complete their programs and enter the workforce.
- 75% of students received training in medically underserved communities, providing over 1.3 million hours of patient care in those settings.
- One year after graduation, 55% of graduates reported treating individuals with substance use disorders and/or working at a facility providing OUD and SUD services.
- OWEP graduates are providing OUD and SUD services in the nation's most affected regions. OWEP graduates were employed in counties with higher overdose mortality rates from substances (44 vs. 37 per 100,000) and opioids (35 vs. 27 per 100,000) compared with the national average.
- OWEP graduates who entered the workforce during AY 2019-2023 have the potential to reduce the projected shortage of mental health and substance use social workers by 16%.

How did the OWEP Professionals program prepare students to work as substance use treatment professionals in underserved areas?

OWEP Professional students received training in OUD and other SUD treatment services through didactic coursework and clinical experiences. With OWEP funding, awardee institutions developed or enhanced 451 academic courses, workshops, and other trainings in substance and opioid use disorders treatment. An additional 42 courses focused specifically on behavioral health and primary care integration. Nearly all students trained in at least one topic related to treatment for substance use disorders, including delivery of medications for opioid use disorder (MOUD; Figure 1).

Figure 1. Percentage of Students Trained in SUD and/or MOUD Each Year, AY 2019-2023 (N=2,838)



Note: Categories are not mutually exclusive and may sum to more than 100%.

Clinical Training

Awardees partnered with 1,497 clinical training sites to prepare students to work in communities and with populations in need of behavioral health, OUD and SUD services. Clinical sites often served populations with limited access to health care services, including children, adolescents, and transitional-age youth (ages 16-25), a key population that may be at higher risk for behavioral health disorders and SUD (Table 1).¹

Table 1. Characteristics of Clinical Training Sites and Communities Served, AY 2019-2023 (N=1,497)

Services Offered at Sites	% of Sites
Offered substance use treatment services	75%
Offered integrated behavioral health services in a primary care setting	39%
Offered medications for opioid use disorder (MOUD)	35%
Populations Served at Sites	% of Sites
Served children, adolescents, and/or transitional-age youth	66%
Provided care to low-income individuals and families	60%

Note: Categories are not mutually exclusive and may sum to more than 100%.

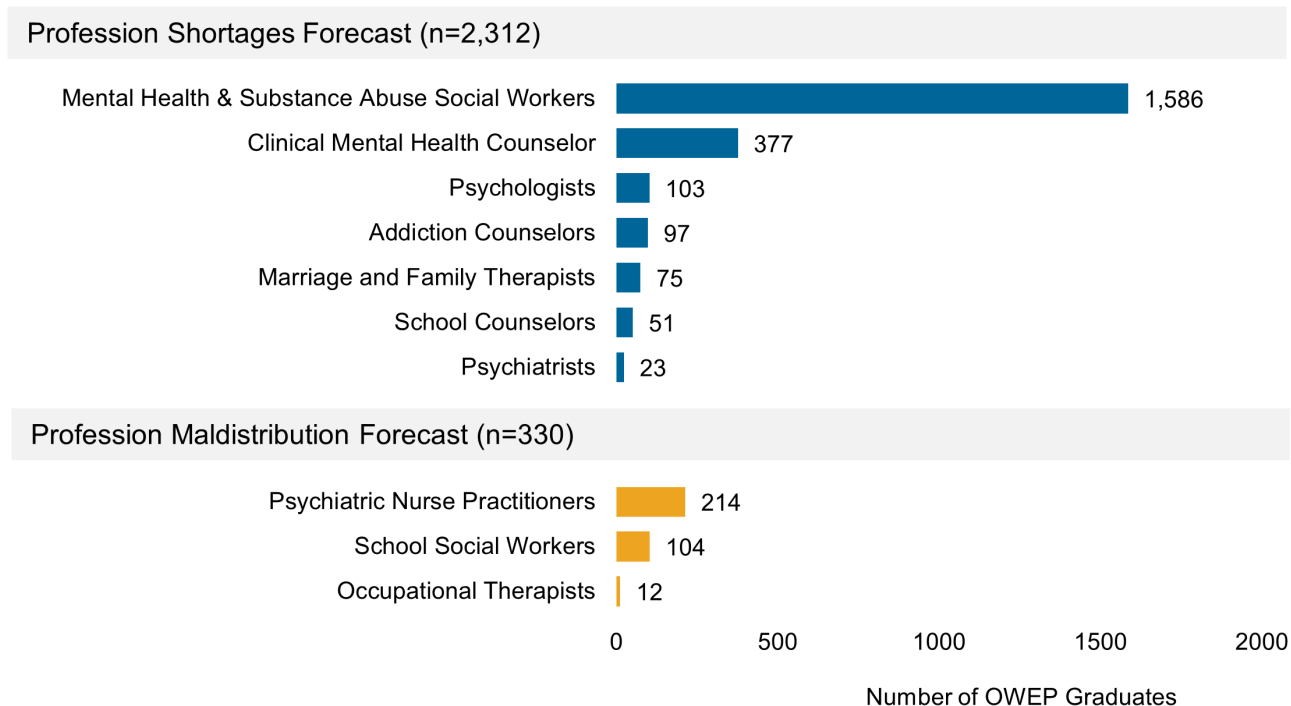
¹ National Institute on Drug Abuse. (January 2014). *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide*. National Institutes of Health. <https://archives.nida.nih.gov/sites/default/files/podat-guide-adolescents-508.pdf>

Across the four-year period, OWEP students provided over 1.3 million hours of patient care in underserved areas. Additionally, 23% of students trained in rural areas, accruing nearly 300,000 patient contact hours in rural settings.

What impact did the OWEP Professionals program have on reducing provider shortages and improving the distribution of behavioral health professionals in underserved areas?

During AY 2019-2023, 2,642 graduate-level behavioral health students completed their programs and entered the workforce. The most common disciplines included mental health and substance abuse social workers, clinical mental health counselors, and psychiatric nurse practitioners (Figure 2). By supporting the addition of new behavioral health professionals in these key professions, the OWEP Professionals program increased the supply of behavioral health providers prepared to meet the growing demand for services. Among mental health and substance abuse social workers, OWEP Professionals graduates from AY 2019-2023 have the potential to reduce the projected shortage for providers in this profession by 16%.^{2,3,4}

Figure 2: Behavioral Health Professionals Added to the Workforce (N=2,642)



Note: Professions listed under “Profession Shortages Forecast” are among the key behavioral health professions with a projected shortage in 2036. Those in the “Profession Maldistribution Forecast” category did not have a projected shortage in 2036.² Nevertheless, these professions are forecasted to have short supply in underserved and rural areas.

² Health Resources and Services Administration. (2024, January 17). Workforce Projections: Projected Supply and Demand of Healthcare Workers Through 2036 [Dashboard]. U.S. Department of Health and Human Services. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

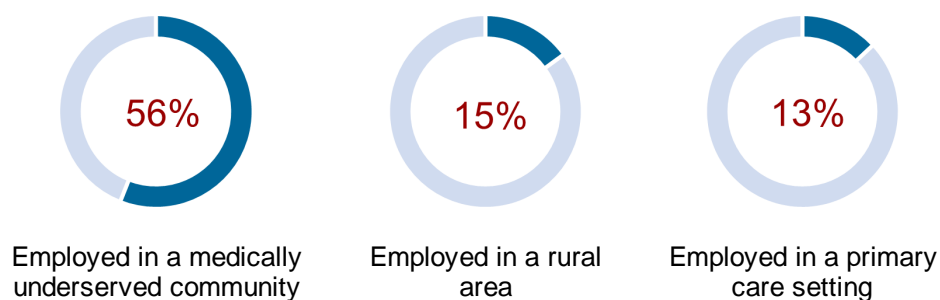
³ Shortage reduction figures are estimates. This assumes that all OWEP mental health and substance abuse social worker graduates are working full-time and that they continue to work in this field through 2036.

⁴ Health Resources and Services Administration. (2023, December). *Behavioral Health Workforce, 2023*. U.S. Department of Health and Human Services. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>

Improving Distribution to Underserved Areas

Graduates from the OWEF Professionals program helped fill provider shortages in underserved areas and in primary care settings. Figure 3 shows key employment settings for the 1,217 OWEF professionals who reported employment data at graduation.

Figure 3. Employment Settings at Graduation, AY 2019-2023 (N=1,217)

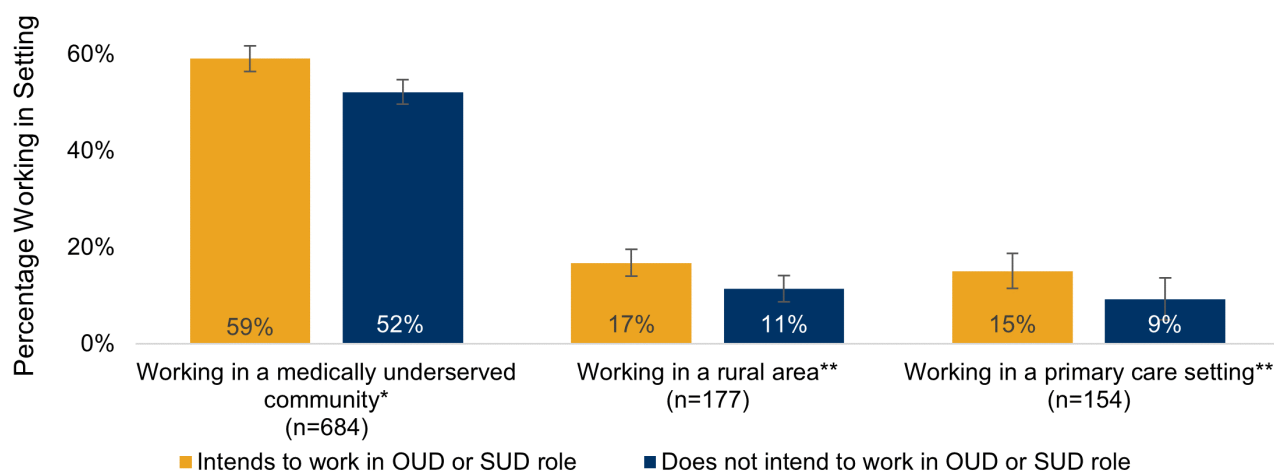


Note: Categories are not mutually exclusive and may sum to more than 100%.

Predicting Employment in Underserved Areas

NCHWA examined whether OWEF Professional graduates who intended to work with individuals with OUD or SUD after graduation would choose to work in underserved and primary care settings. Graduates who reported intentions to work with these individuals were significantly more likely to work in medically underserved communities (59% vs. 52%),⁵ rural areas (17% vs. 11%),⁶ and primary care settings (15% vs. 9%)⁷ at the time of graduation compared with those who did not report intentions to work with these individuals (Figure 4). This finding suggests that identifying individuals with a strong interest in working with persons with OUD or SUD is a good predictor of later employment in underserved areas and in primary care settings.

Figure 4. Intentions to Work with Individuals with OUD or SUD as a Predictor of Employment Setting, AY 2019-2023 (N=1,217)



Note: Categories are not mutually exclusive, and some graduates indicated not working in any listed setting. Comparisons were calculated using a 2-by-2 chi-square test for independence. Error bars represent 95% confidence intervals. *p < .05, **p < .01

⁵ $\chi^2(1, N=1217) = 5.78, p < .05$

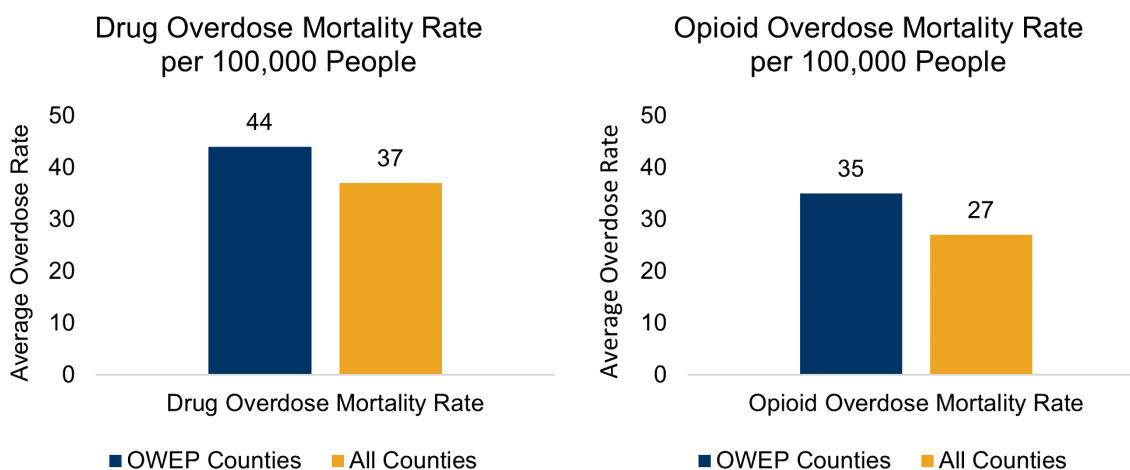
⁶ $\chi^2(1, N=1217) = 6.86, p < .01$

⁷ $\chi^2(1, N=1217) = 9.13, p < .01$

Provider Distribution at the County Level

OWEP graduates also reported employment in communities with a high need for OUD and SUD services.^{8,9,10} On average, graduates were employed in counties with higher overdose mortality rates (44 vs. 37 per 100,000) and opioid-specific overdose deaths (35 vs. 27 per 100,000) compared with all counties nationally (Figure 5).¹¹

Figure 5. Average Drug and Opioid Overdose Mortality Rates for Counties with OWEP Graduates (N=345) vs. All Counties Nationally, 2018-2021



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

OUD and SUD Employment Roles One Year After Graduation

The OWEP Professionals program was designed to prepare behavioral health professionals to provide prevention, treatment, and recovery services for OUD and other SUD. Of the 1,280 graduates who completed their programs during AY 2019-2022 and reported employment data one year later, 55% were treating individuals with substance use disorders and/or working at a facility that provided OUD or SUD services.

Graduates who were not working in an OUD or SUD role reported working in medically underserved communities (44%) and/or working with at-risk children, adolescents, and transitional age youth (33%).

Conclusions

The OWEP Professionals program successfully supported the training of behavioral health professionals to provide OUD and SUD services and prepared them to work in underserved settings. Within the discipline of mental health and substance abuse social work, the program trained 1,586 new providers, potentially reducing the projected shortage for providers in this occupation by 16%.

⁸ 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

⁹ 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.

¹⁰ NORC at the University of Chicago. (2023). *Drug Overdose Deaths in the United States [Overdose Mapping Tool]*. NORC. <https://opioidmisusetool.norc.org>

¹¹ Adapted from: NORC. (2024, March 13). *Drug overdose deaths in the United States*. <https://overdosemap.norc.org/>

Graduates who reported intentions to work with individuals with OUD or SUD were more likely work in medically underserved communities, rural areas, and primary care settings compared with those who did not report that intention. This finding suggests that identifying students with a strong interest in working with individuals with OUD or SUD may be a good strategy to use for future behavioral health professionals training grant programs.

One year after program completion, 55% of all graduates reported employment where they are treating patients with OUD or SUD and/or working at a facility that provided OUD and SUD services. While the opioid epidemic continues to impact the country, the 2,642 OWEPE alumni have increased the behavioral health workforce's capacity to provide OUD services in some of the nation's most high-need regions, including counties with higher rates of overdose deaths.

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