Developing a Behavioral Health Workforce to Address Co-Occurring Mental Health and Substance Use Disorders

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THE ROAD TO IMPROVING ACCESS

- 2008 - Mental Health Parity Addiction Equity Act

- 2010 – Affordable Care Act / Medicaid Expansion
Medicaid Enrollment and Spending: FYs 1966-2017


2010: ACA
1 in 5 Medicaid beneficiaries has a behavioral health condition

But accounts for more than half of total Medicaid expenditures for adults

CO-OCCURRING MENTAL ILLNESS AND SUD, ADULTS AGE 18+, 2017

18.7 million Adults had SUD

10.2 million

8.5 million

38.1 million

SUD and Mental Illness

10.2 million

8.5 million

38.1 million

SUD, no Mental Illness

SUD, no SUD

Mental Illness, no SUD

46.6 million Adults had Mental Illness

Source: Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health, SAMHSA
PAYMENT SOURCES

8.5 million Adults with Mental Illness and SUD

56% Private Insurance

24% Medicaid

15% Uninsured

5% Other Insurance Coverage

Nearly 40% rely on public sector service providers
Barriers to Integrated Treatment

- Locating dually trained treatment providers is a challenge
- Insurance Coverage
- High cost of treatment
- Low provider reimbursement rates
- Shortage of medication prescribers
DEFINITIONS

• Behavioral Health Workforce =
  • Licensed Clinical Providers
  • Certified Providers
  • Unlicensed Providers
  • Non-certified Provider
  • Other health professionals
TRIINNGG  PRRROOOGRRAAMMS

• Limited training in treating co-occurring disorders
• Few programs formally train on EBPs for COD
• No national credential for COD providers

• HRSA Behavioral Health Workforce Education and Training program
• Qualified training programs providing COD training
• Certificates, Certification or other Credential?
• Which entities or state licensing boards have info on COD training & specialty licenses or certifications?
• Searchable list and location of active COD providers & their practices

• University of Michigan’s BH Workforce Research Center
  • National BH Workforce Minimum Data Set – standardized
  • Implementation Barriers & Potential
INNOVATIONS FOR INTEGRATED TREATMENT

- Collaborative Care Models
  - Free training from the APA
    https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained

- Certified Community Behavioral Health Clinics (CCBHC)
RECOMMENDATIONS

• Establish a nationally recognized professional credential for treating COD

• States expand the authority to prescribe medications to other qualified BH professions

• Develop a system to effectively track the U.S. BH workforce
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