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Morning Keynote Address

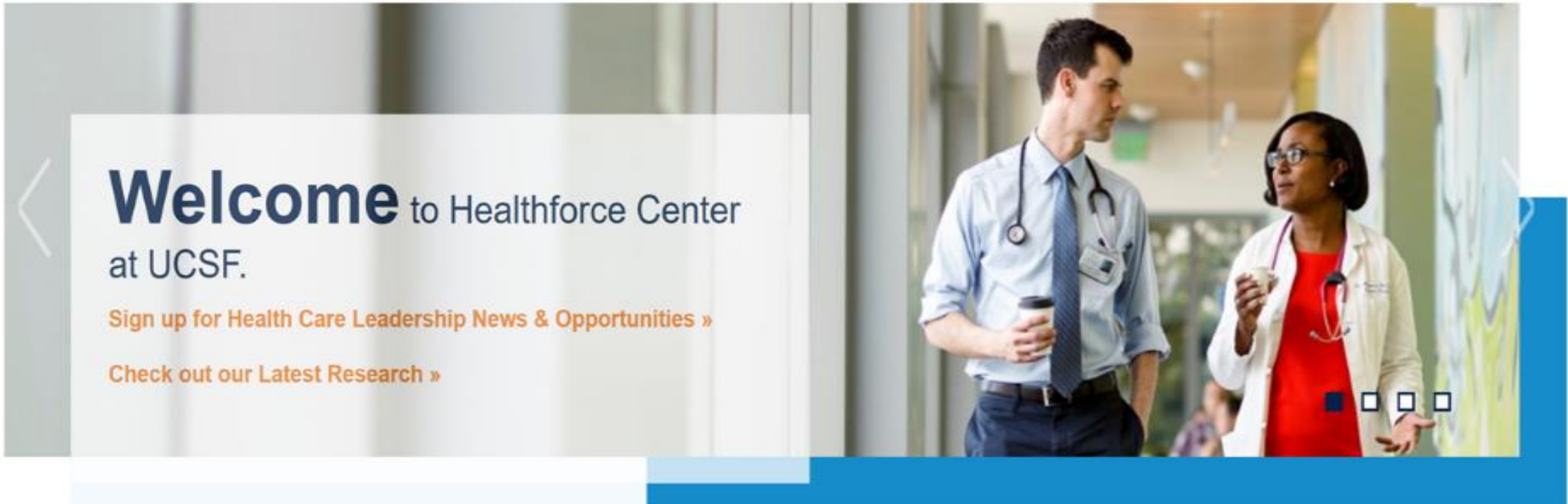


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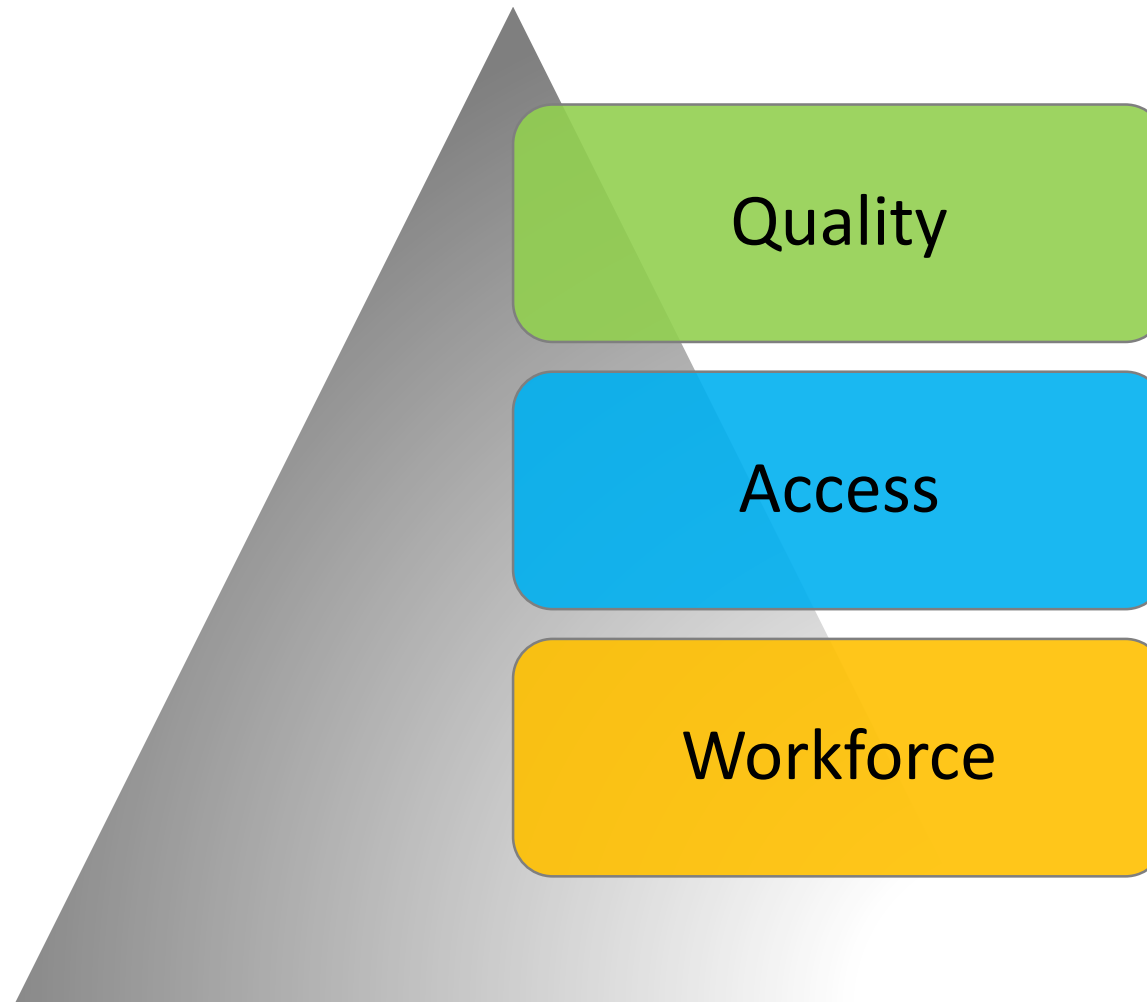
Acknowledgements

- Susan Chapman, PhD, MPH, RN
- Janet Coffman, PhD, MPP
- Joanne Spetz, PhD



Credit: Ivelin Radkov

Workforce is foundational



Worse **quality** of care when BH not addressed



Source: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

Inadequate access

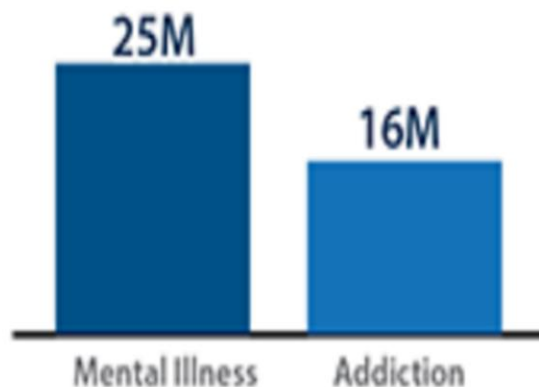
Behavioral Health Conditions Affect Many Americans, but Access to Treatment is Limited

Over **43 million** adults have a mental illness such as depression, anxiety, or schizophrenia, as of 2015.

Over **19 million** adults have an addiction.



In 2015, millions of people with behavioral health needs **did not receive** treatment.

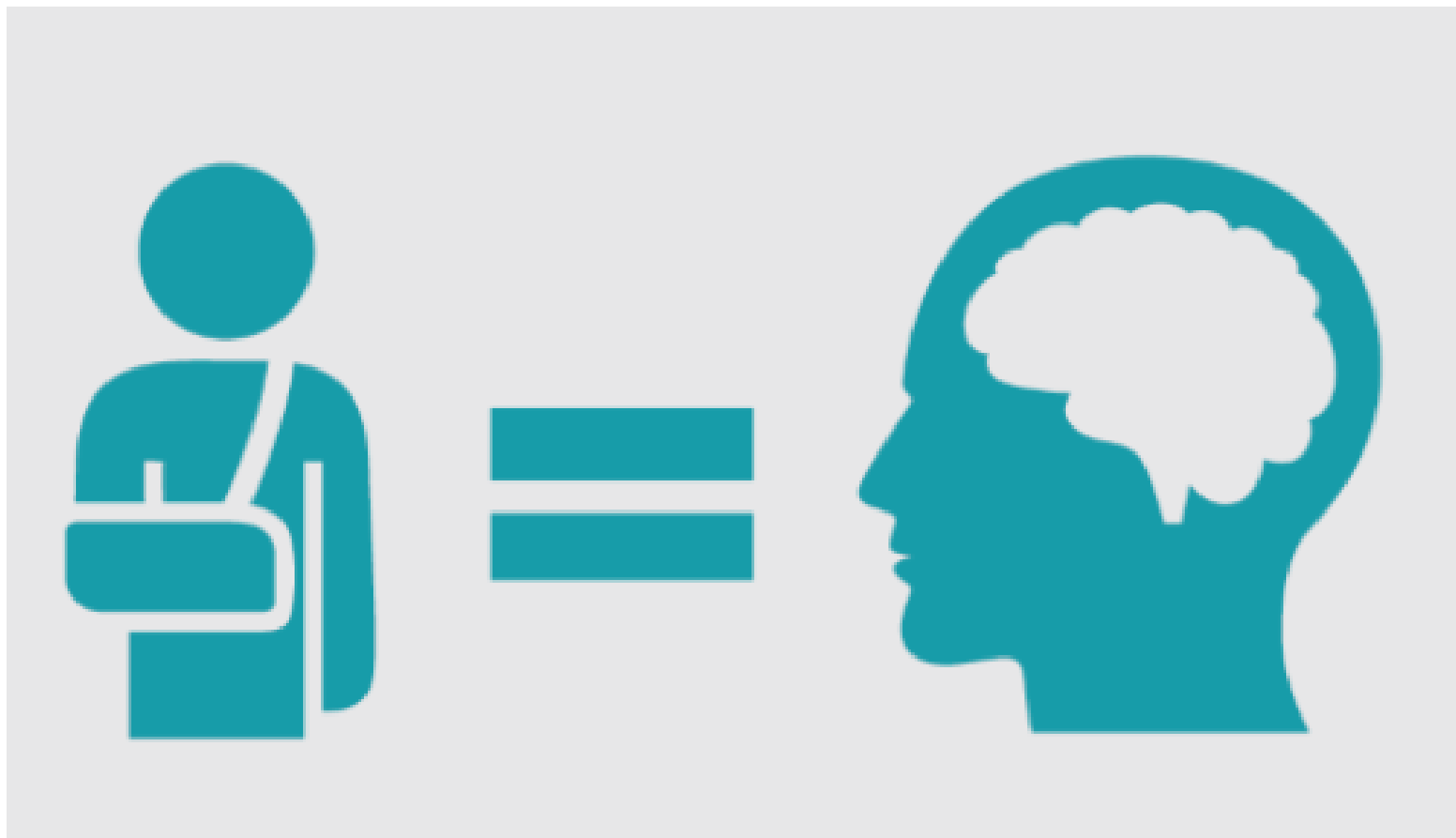


Behavioral health provider **shortages** are significant throughout the country, particularly in **rural** areas.



Source: Kaiser Family Foundation May 2017

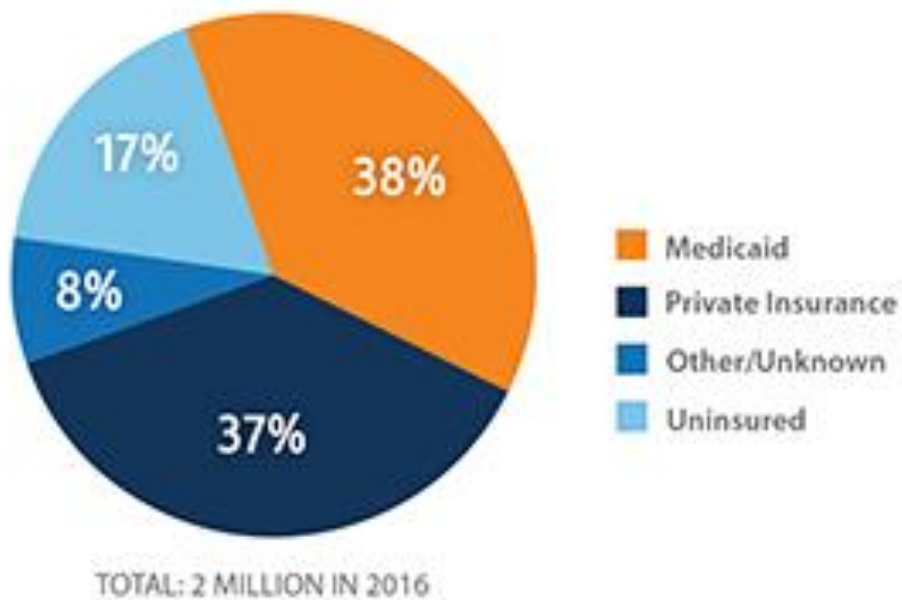
Access affected by expanded coverage



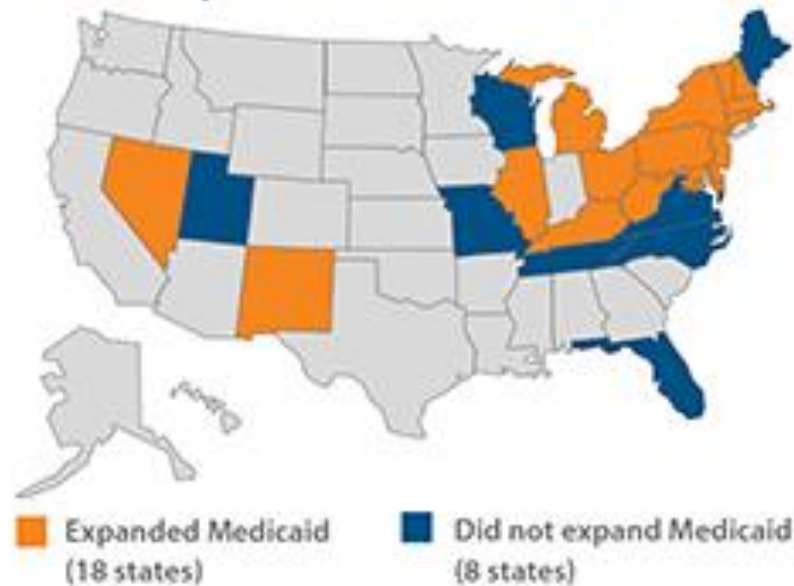
Expanded access through coverage

The ACA Broadened Medicaid Coverage for Adults and State Capacity to Address the Opioid Epidemic

Medicaid covers nearly **4 in 10** nonelderly adults with opioid addiction.

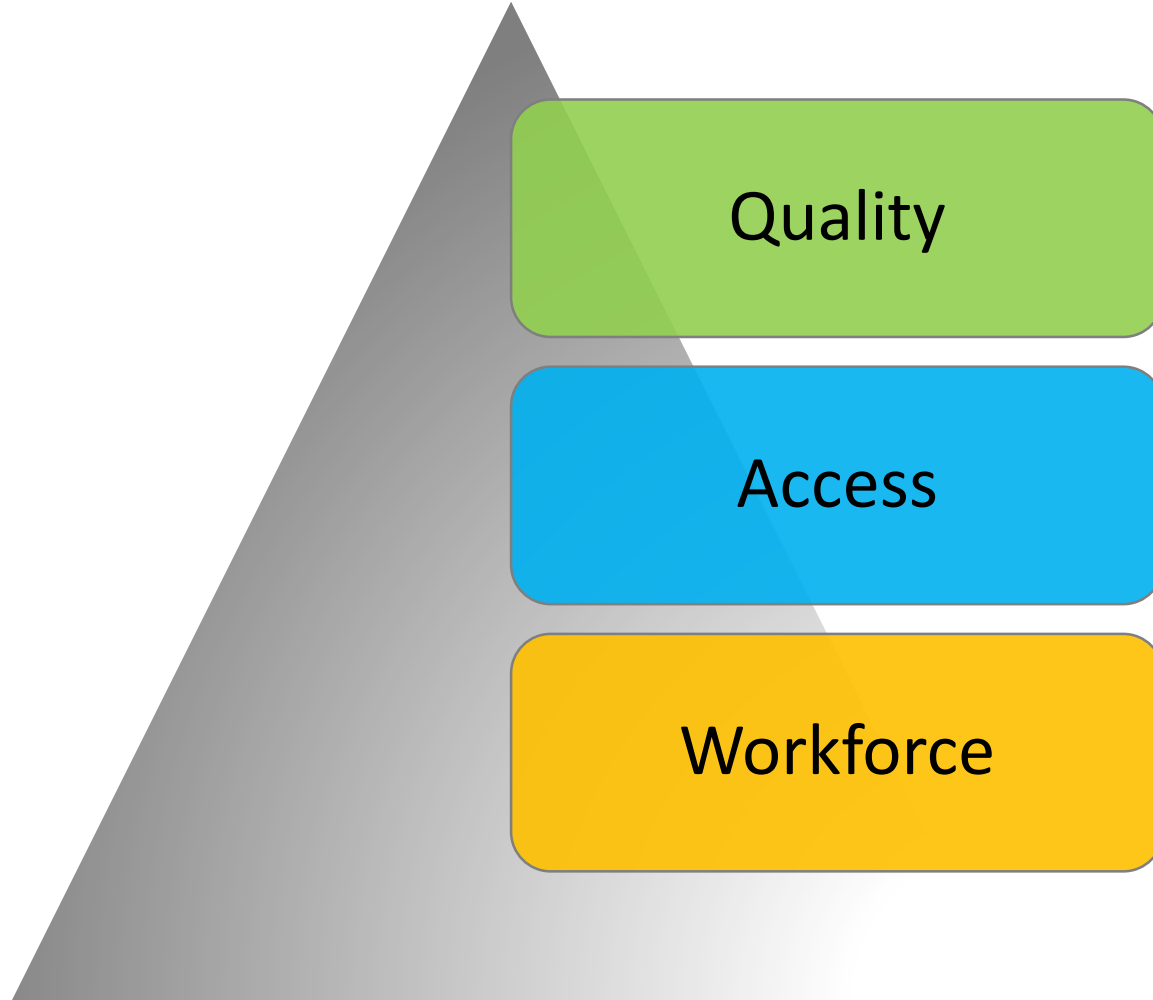


States with above average opioid overdose death rates include both Medicaid expansion and non-expansion states as of 2016.



Over half of states have **increased Medicaid enrollees' access to naloxone**, a prescription drug that reverses the life-threatening effects of opioid overdoses.

Source: Kaiser Family Foundation February 2018



Behavioral Health Workforce

Licensed professionals

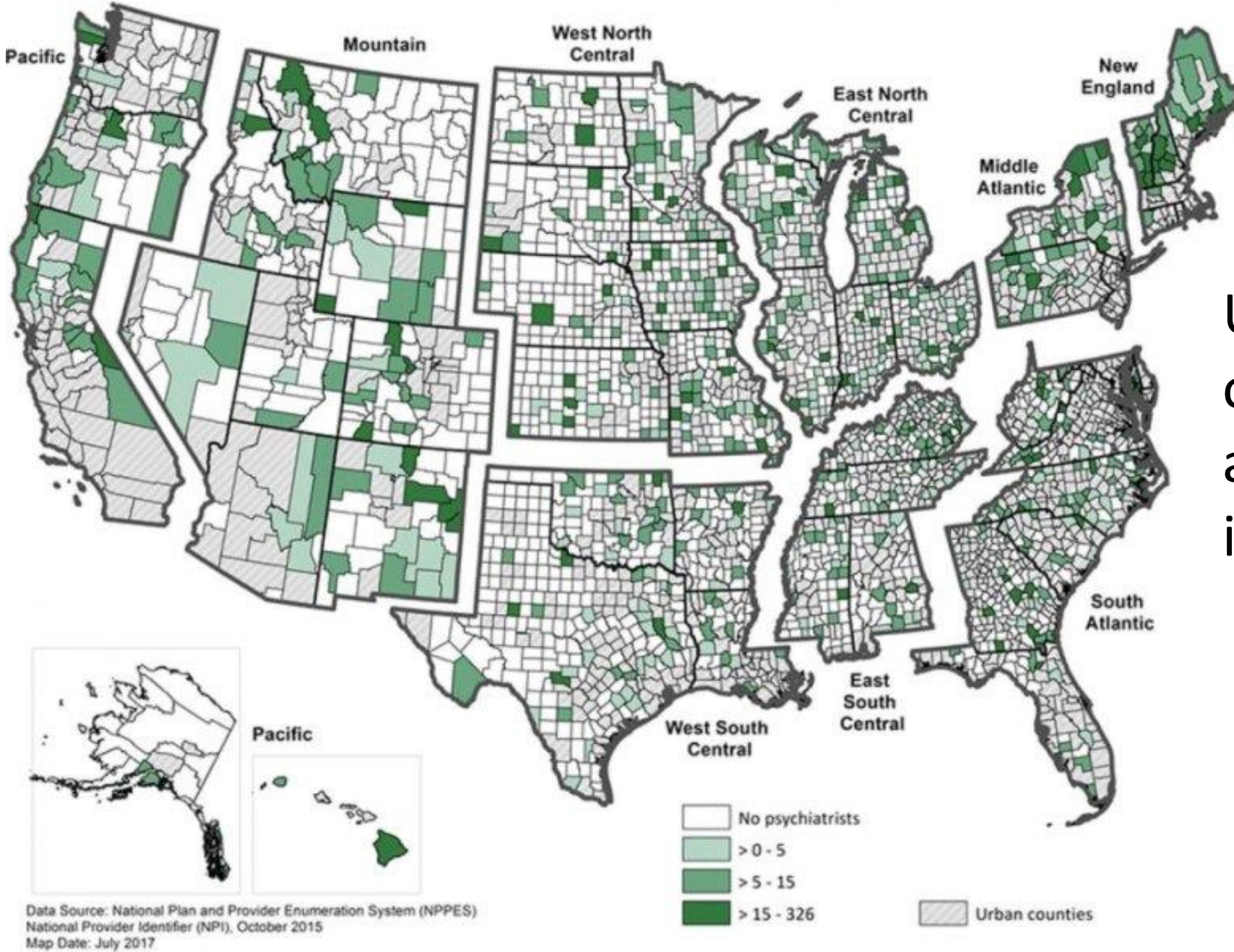
- Psychiatrists
- Psychologists
- Marriage and family therapists
- Social workers
- Licensed professional counselors
- Psychiatric mental health nurses

Certified professionals

- Addiction counselors
- Peer providers
- Psychiatric rehabilitation specialists
- Psychiatric aide/technicians
- Case managers

Primary care clinicians

Adapted from: Behavioral Health Workforce Research Center University of Michigan

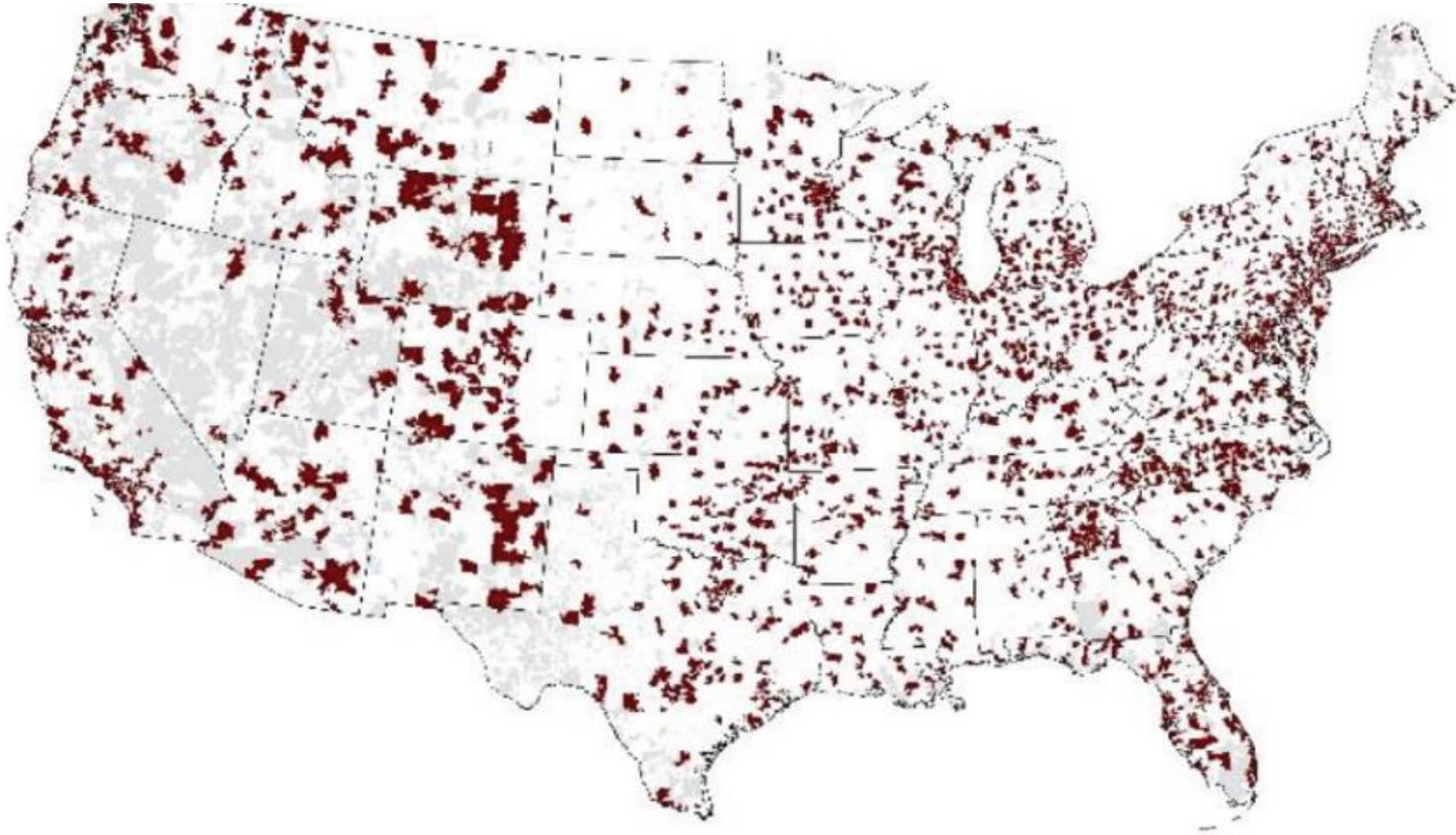


Uneven distribution of psychiatrists across U.S. and lacking in rural areas



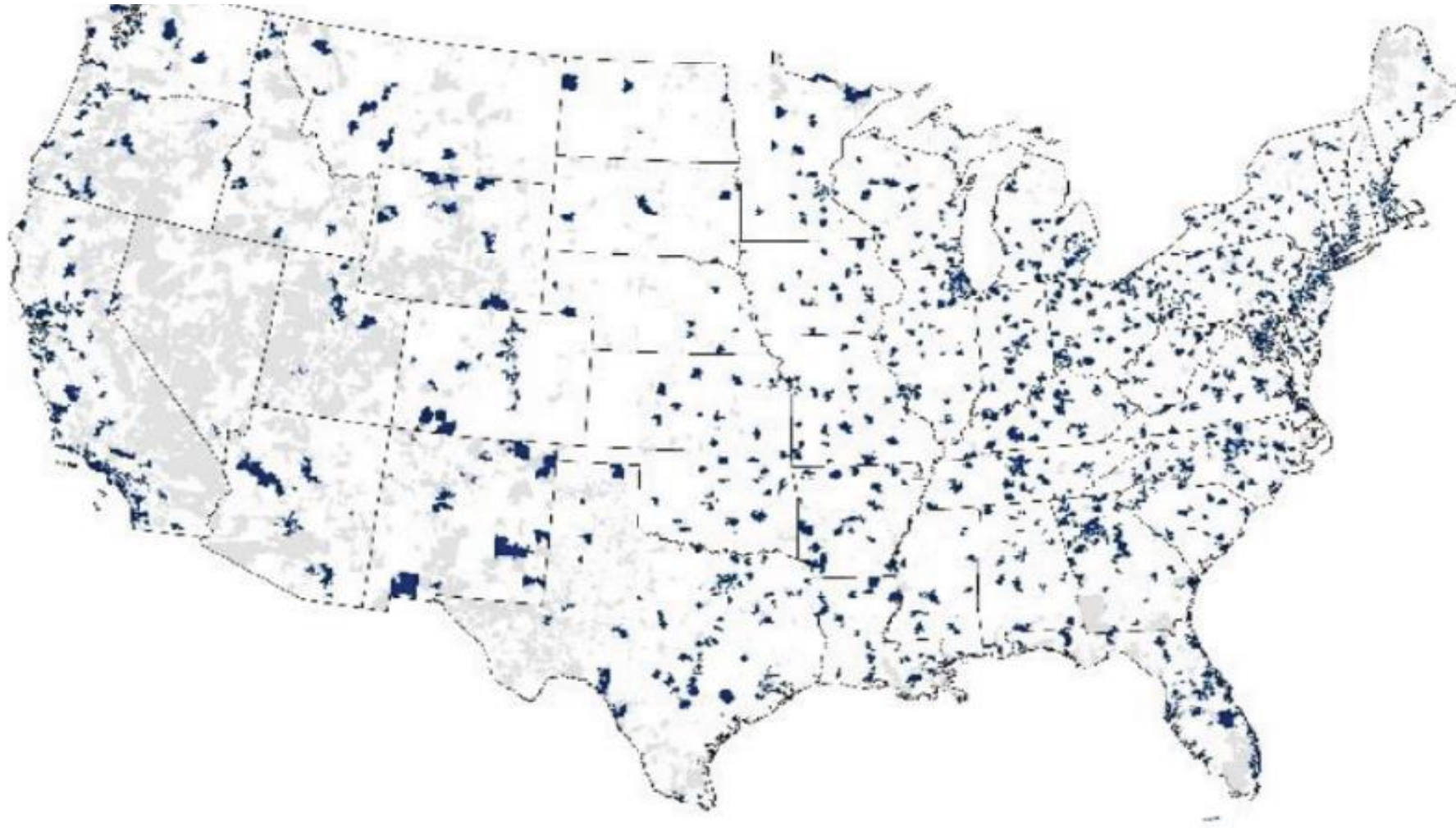
Data Source: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), October 2015
Map Date: July 2017

Office-based mental health specialists (non-physicians)



Source: Cummings JR et al JAMA Psychiatry. 2017;74(5):476-484.

Office-based mental health specialist (physicians)

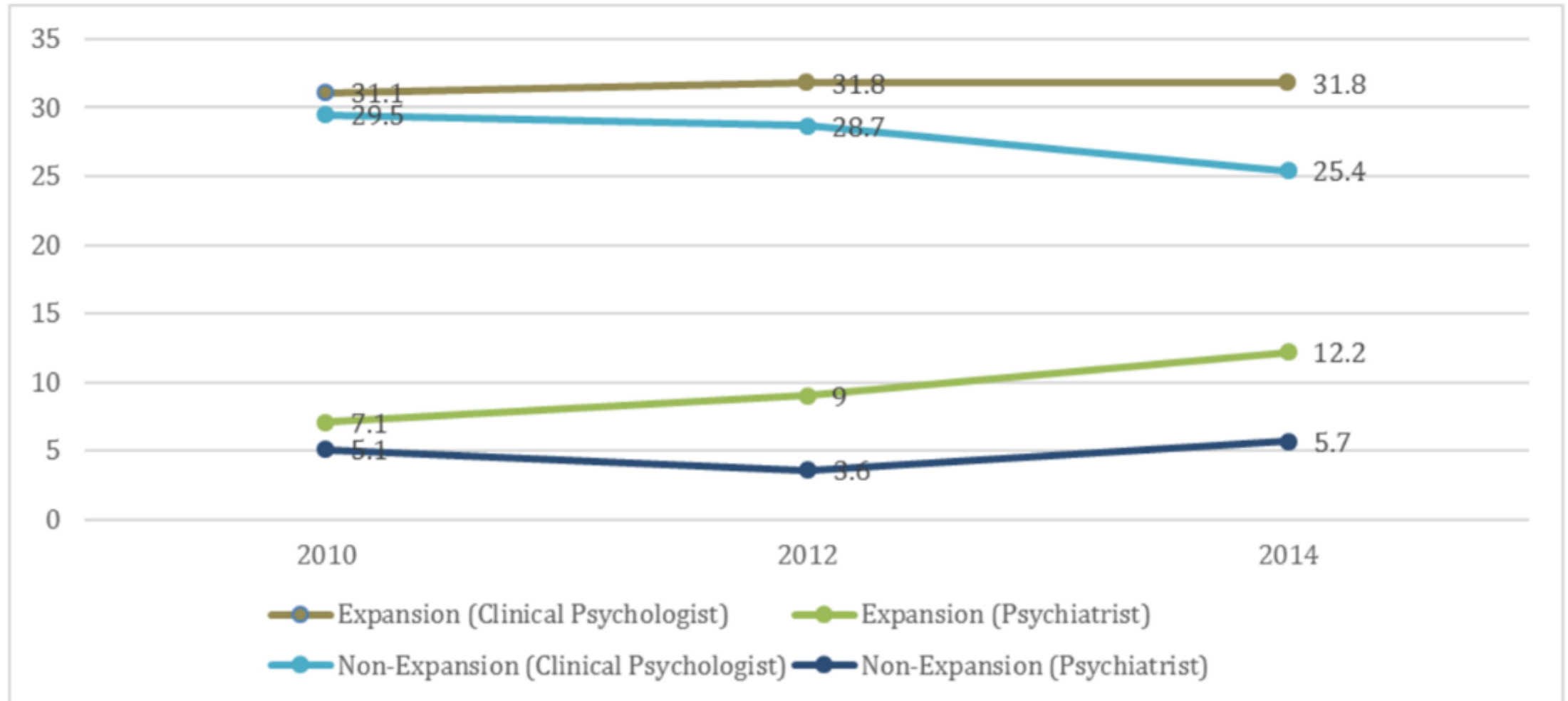


Source: Cummings JR et al JAMA Psychiatry. 2017;74(5):476-484.

In rural U.S.

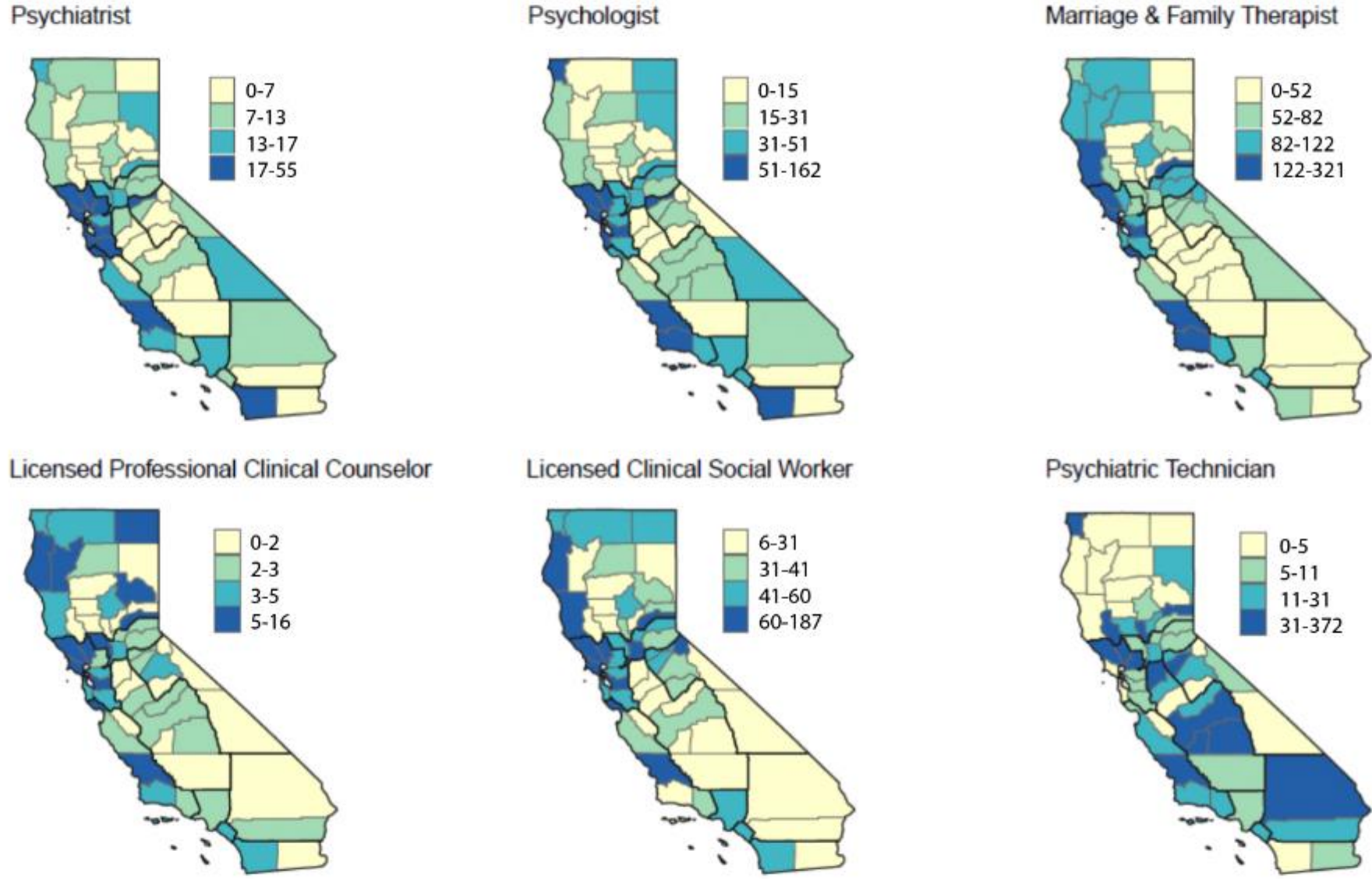
- More than 60% of Americans live in HPSA
- <10% psychologists and psychiatrists and 20% of MSWs work in these areas
- 65% get mental health care from primary care provider
- Mental health crisis responder is often law enforcement officer

Figure 1. Per Capita Percentage Change in Expansion and Non-Expansion States in 2010, 2012, and 2014



Source: http://www.behavioralhealthworkforce.org/wp-content/uploads/2018/05/ACA-Full-Paper_4.16.18-1-1.pdf

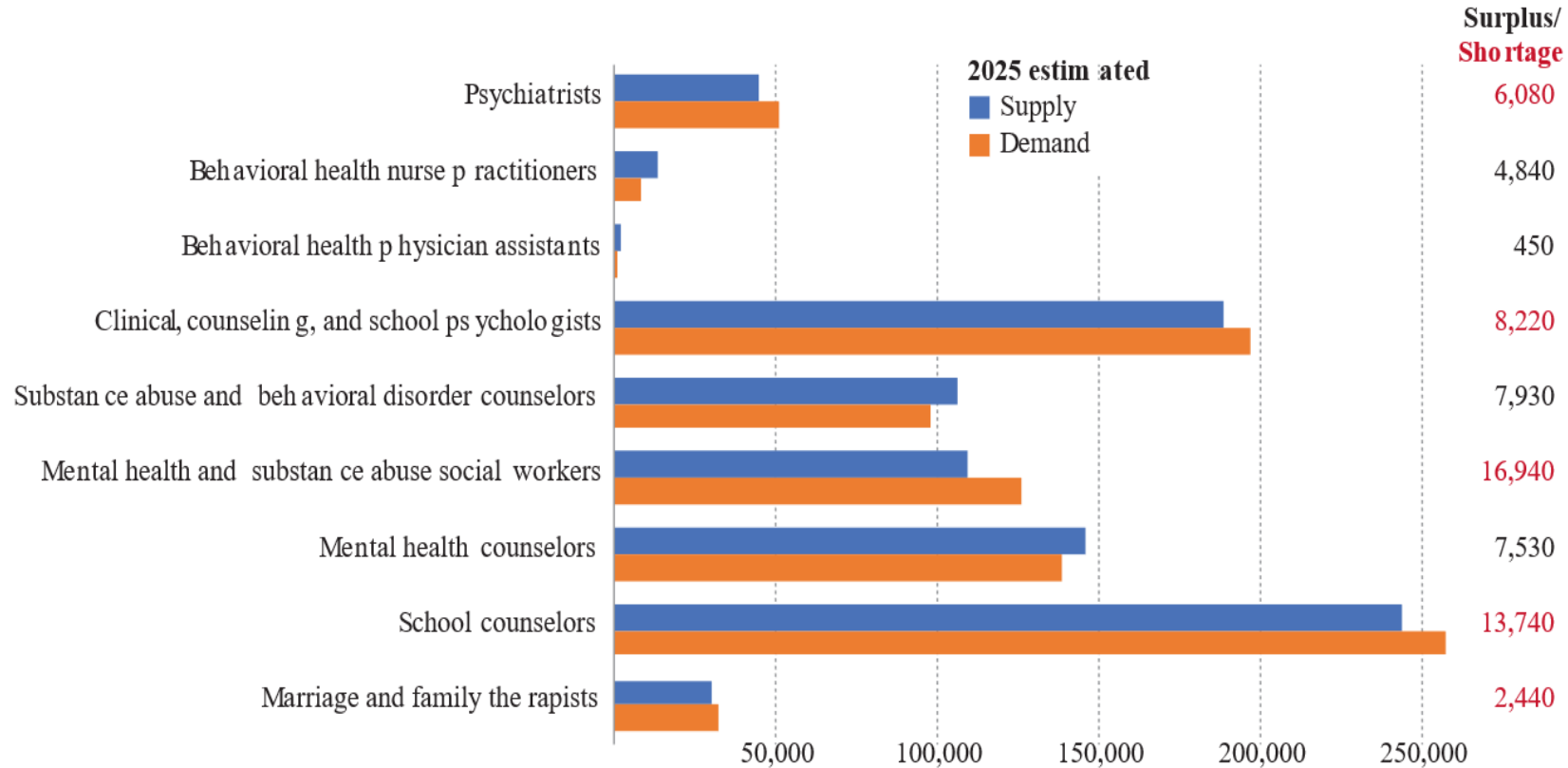
Figure 3.3. Ratios of Behavioral Health Professionals per 100,000 Population by County, 2016



Geographic distribution of shortages in California

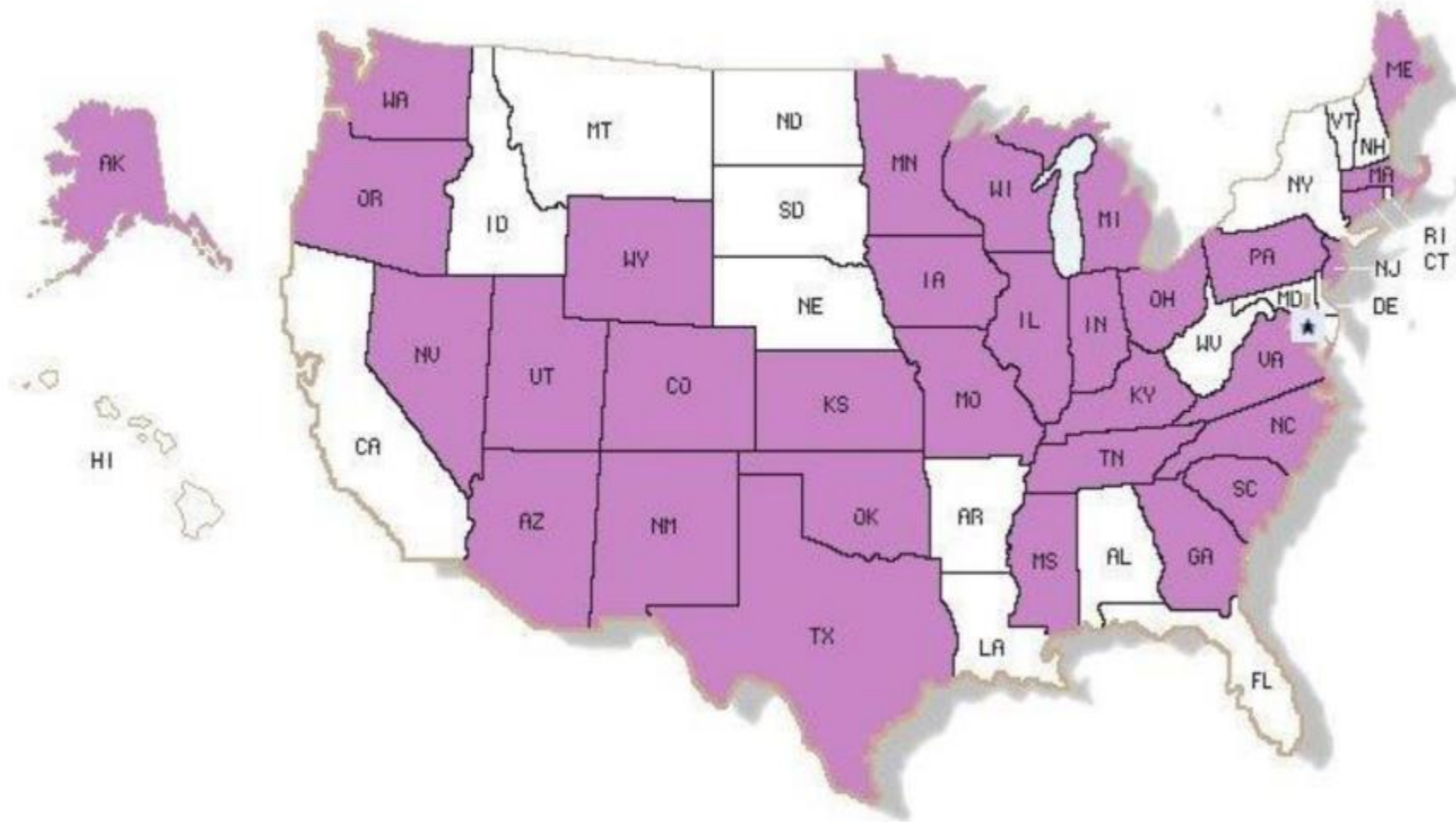
Source: Coffman et al. California's Current and Future Behavioral Health Workforce, February 2018

Projected surpluses and shortages of behavioral health practitioners FTEs in 2025



Source: HHS, "National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013–2025," November 2016

Medicaid peer provider States



Source: <http://www.mentalhealthamerica.net>



Search for solutions

