



The Affordable Care Act – Mental Health Workforce Needs & Opportunities

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Today's Overview

- General snapshot of MH Workforce
- California's Mental Health Services Act,
Workforce Education & Training
 - Pipeline examples
- ACA – Impact for Mental Health/Behavioral
Health workforce
 - What is Parity?
 - Workforce needs

California Institute for Mental Health

The purpose of CiMH is to promote wellness and positive mental health and substance use disorder outcomes through improvements in California's health systems.

- Training & Technical Assistance to Public Mental/Behavioral Health System
- Contract with DHCS, OSHPD, Counties
- Foundation support
- Emphasis on Evidence Based Practices
- Policy development

www.cimh.org

<http://www.youtube.com/user/CiMH2125?feature=watch>

National Findings (1999- today)

1. Workforce Shortages and Maldistribution of the Workforce
2. Insufficient Diversity
3. Variation in Amount and Type of Education
4. Deficiencies in Professional Education
5. Lack of Assurances of Competencies in Discipline Specific and Core Knowledge
6. Inadequate Faculty Development

Variation Among Providers and Delivery Systems: An Occupational Mosaic

- General Medical/Primary Care Providers
- Psychiatry
- Psychology
- Psychiatric Nursing
- Licensed Professional Clinical Counselors
- Marriage and Family Therapy
- Social Work
- Counseling
- Advanced Practice Nursing
- Substance Use Treatment
- Peer Support
- Parent Partners
- Family Members
- Psychosocial Rehabilitation
- Psychiatric Technicians
- Occupational Therapy

What is Known About Providers?

- Little Assurance of Competencies
- Lack of Understanding on the Skills, Abilities, Attitudes, and Knowledge
- Inability to Incorporate Educational and Training Programs Across Providers and Among Systems
- A Growing Gap Between Education, Work Place Realities, Licensing, and Communities Being Served

California's Mental Health Services Act (MHSA)

- Passed by California voters in 2004. 1% tax on incomes over \$1 million for public mental health
- Services, prevention, housing, technology, innovation to counties
- **\$450 million for workforce development** – split between counties and regional/statewide strategies
- Created a local, regional and statewide infrastructure to develop and deploy a qualified workforce
- Strategies for existing workforce AND pipeline strategies new workforce

Principles for MHSA Workforce Strategies (2008-2013)

- Expand **capacity of postsecondary** education programs
- Expand **loan forgiveness and scholarship** programs
- Create **new stipend program** modeled after the federal Title IV-E program
- Create **new regional partnerships** among the mental health system and educational entities to increase the diversity, reduce the stigma, and promote distance learning techniques

Principles for MHSA Workforce Strategies (2008)

- Implement strategies to **recruit high school students for mental health occupations**
- Develop and implement curricula to train staff on WET principles
- Promote the **employment of mental health consumers and family members** in the mental health system
- Promote the **meaningful inclusion of mental health consumers and family members**
- Promote the **inclusion of cultural competency** in the training and education programs in all of the above

County Workforce Development Approaches

- Locally driven, consumer planned programs
- Range of approaches reflects unique challenges faced by geographically and culturally diverse counties: training, internships, financial incentives, pipelines (high school, community college, peer specialist, undergraduate, graduate), partnerships
- Supported by California Institute for Mental Health
 - Technical Assistance
 - Policy and Program Support
 - Best Practices and Collaboration

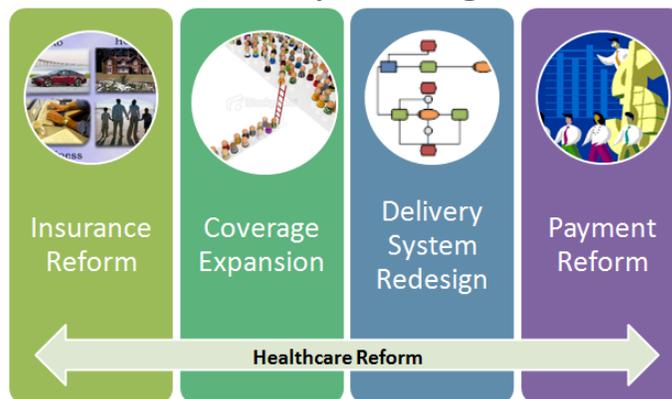
Calaveras County

Behavioral Health Services Profile

- 55 BHS Staff (48 FTE)
- 14 Staff Returned to School
 - 25% of total BHS staff
- 45 Clients Returned to School
 - 10% of adult MH consumers



National Healthcare Reform Four Key Strategies



Mental Health Needs

- About a quarter of Americans 18 and older have a diagnosable mental disorder in a given year, and 6 percent have a seriously debilitating disorder, according to the National Institute of Mental Health.
- Nearly 60 percent of the people with mental health conditions and 90 percent of those with substance abuse problems don't get the treatment they need.

Essential Benefits - ACA

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- **Mental Health and Substance Use Disorder Services including Behavioral Health Treatment**
- Prescription Drugs
- Rehabilitative and Habilitative Services and devices
- Laboratory services
- Preventive and wellness services & chronic disease management
- Pediatric services (including oral and vision care)

CA Mental Health System

- 1.6 M adults experience mental health distress in CA
 - Interferes with functions of daily living
- Approximately 600,000 currently served in public mental health system
- **1 M untreated**
- HCR & Medi-Cal expansion will add
 - 254,400 Medi-Cal eligible
 - 228,500 Exchange eligible
 - 58,600 Ineligible due to citizenship status

Parity Legislation

- Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)
- Law: Mental Health and Substance Use Services must be provided at parity with general healthcare services in commercial insurance (no discrimination)
 - Eliminates the practice of unequal health treatment
 - Improves access to much needed mental health and substance use disorder treatment services
 - Generally effective for plan years after October 3, 2009
- ACA builds on parity, however **insurers could chose to not offer behavioral health treatment, until....**

Parity Legislation

Final rules: November 8, 2013!

- Limits on the amount of co-payments and the number of doctor visits or hospital days cannot be less generous than those that apply to most medical and surgical benefits.

Parity + ACA = more access to treatment

Workforce Implications for ACA

- More!
 - Newly covered: 235,148 (50% of gap)
 - 470,296 – 100%
 - Additional FTE need = 5,468 (50%)
 - 10,936 – 100%
- Working to Top of Licensure
 - Use of Peer Specialists
- BH as hi-performance specialty care partner
- Working in teams

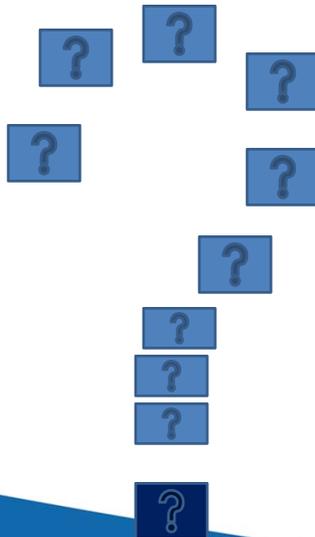
Health Care Reform & Behavioral Health Delivery

- Primary care and behavioral health service integration
- Expanded target populations to be served
- Focus on early intervention and short-term interventions
- Emphasis on whole health clinical and systems outcomes
- Focus on increasing access and capacity

The Future

- Educators and Trainers Must Prepare for Changing Roles of Practitioners
- Policy Makers Must Overcome Fiscal Challenges
- Employers Must Identify the Functions Required for Services
- Provider Systems Must Identify the Capacity of Occupations to Meet Functions

THANK YOU! ☺



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