

Recommendations for Including Mental Illness and Substance Use Disorder Prevention, Treatment, Rehabilitation, and Recovery in National Healthcare Reform:

REFORMING THE HEALTHCARE DELIVERY SYSTEM

To be successful, healthcare reform must be comprehensive and far-reaching, focusing on improving the quality of care and ensuring access while implementing long-term strategies to improve public health, prevent disease, and reduce costs. National healthcare reform must include reform of the nation's healthcare delivery system and ensure that care is accessible and better coordinated. Healthcare delivery system reform will greatly improve our nation's health and save billions of dollars. Reform of the healthcare delivery system is essential to more effectively address the needs of the 25 million Americans currently suffering from untreated mental illnesses and/or substance use disorders.

It is critical that two particular aspects of reform of the healthcare delivery system—workforce, and the transition to a medical home model—are adequately addressed to serve the needs of individuals with substance use and mental health disorders.

I. Workforce development initiatives that are a part of national healthcare reform must ensure that:

1. All health professionals receive education in their basic core curricula and training about how mental illnesses and substance use disorders are preventable, treatable diseases and that millions of Americans are in long-term recovery from these diseases.
2. All health professionals receive the requisite education to recognize the symptoms and screen for mental illness and/or substance use disorders. These initiatives should also ensure that funding is provided to train health professionals to conduct brief interventions and to ensure that individuals in need of treatment services receive the appropriate level of care.
3. Mental health and substance use disorder professionals are included and prioritized in any broader workforce development efforts that are a part of any national healthcare reform package.

II. To be successful, medical homes and other integrated care models must:

1. Recognize and address the special healthcare and other needs of individuals with mental illness and/or substance use disorders.
2. Ensure that individuals with mental illness and/or substance use disorders and their family members, when appropriate, can work directly with their providers to design services and determine how they are delivered.
3. Include funding for additional programs and services targeted to individuals at high-risk for substance use and/or mental health disorders.

Addressing Mental Health and Substance Use Disorder Workforce Needs in National Healthcare Reform:

Our nation's healthcare system, including the mental health and substance use disorder care systems, needs a significant investment in health professional workforce development initiatives to ensure that we have a highly trained workforce and an adequate capacity to care for those in need of prevention, treatment, rehabilitation and recovery support services. In order for mental health and substance use disorder care to be effective, it must be accessible to consumers and provided by highly trained individuals. Other health care providers, such as primary care physicians and trauma professionals, must receive the requisite education and training to provide appropriate interventions and ensure that people with mental illness and/or substance use disorders receive the care they need. Recruitment and retention efforts in the mental health and substance use disorder fields must be improved. Efforts to increase compensation for the counseling profession, as well as access to care in underserved populations, must be strengthened.

1. All health professionals should receive education in their basic core curricula and training about how mental illnesses and substance use disorders are preventable, treatable diseases and that millions of Americans are in long-term recovery from these diseases.
 - All health professionals should obtain a basic knowledge of mental illness and substance use disorders and an understanding of the effect of these conditions on the individual, family members, and the community.
 - All health professionals should have core knowledge of effective mental illness and substance use disorder prevention, treatment, rehabilitation, and recovery support services, practices and strategies for children, youth and adults.
 - All health professionals should receive information about the various pathways to recovery from mental illness and substance use disorders.

2. All health professionals should receive the requisite education to recognize the symptoms and screen for mental illness and/or substance use disorders. These initiatives should also ensure that funding is provided to train health professionals to conduct brief interventions and to ensure that individuals in need of services are knowledgeable about their illness and the treatments and services available and receive the appropriate level of care.
 - As efforts to integrate primary care with care for mental illness and substance use disorders are expanded, continued attention must be paid to addressing the unique needs of individuals with mental health conditions and/or substance use disorders.
 - Primary care physicians should receive adequate training to screen for mental illness and substance use disorders and should give parents anticipatory advice on preventing, treating, rehabilitation, and recovery from mental illness and substance use disorders.
 - At a minimum, all health professionals should have the ability to communicate an appropriate level of concern and the requisite skills to offer information, support, follow-up, or referral to an appropriate level of services.
 - Funding for education of healthcare professionals should be provided, including for pediatricians, primary care physicians, nurses and paraprofessionals, with the goals of making substance use disorder screenings part of regular medical examinations improving dialogue

between doctors, teen patients and parents, and alerting doctors to alcohol and other drug-seeking behavior among patients.

- Reform of the healthcare system will likely lead to many more individuals seeking care because of improved coverage and access. All health professionals, including those working at intake, should quickly be given trainings and other tools on screening and brief interventions to best respond to the needs of people with mental illness and substance use disorders.

3. Mental health and substance use disorder professionals should be included and prioritized in any broader workforce development efforts that are a part of any national healthcare reform package.

- Programs aimed at incentivizing recruitment and retention of health care professionals, including tuition assistance, loan forgiveness, salary incentive programs, and grants for training and technical assistance on best and promising practices, must include individuals working or who are interested in working in the mental health and substance use disorder prevention, treatment, rehabilitation, and recovery fields. Efforts to recruit health care professionals from related fields into the mental health and substance use disorder fields should be strengthened.
- Recruitment incentive programs should promote increasing the numbers of physicians entering primary care. Incentives should be aligned to increase the number of physicians entering the specialty fields of psychiatry, including child and adolescent psychiatry, and addiction medicine.
- Health workforce initiatives should strive to recruit and retain a diverse workforce. In particular, these initiatives should seek to recruit and retain people of color, and people in recovery from mental illness and/or substance use disorders who are from diverse recovery paths. Legal and policy barriers that prevent or deter people in recovery from entering the mental health and/or substance use disorder fields should be removed.
- Leadership development programs for mental health and substance use disorder professionals that seek to encourage the development of career ladders and salaries more in line with other areas of health care should be promoted and expanded.

Inclusion of Mental Health and Substance Use Disorders in Medical Homes and Other Integrated Care Models:

Over the past several years, a number of innovative models for integrated healthcare delivery have been developed, such as the medical home and collaborative care models. Within the mental health and substance use disorders recovery communities, the concept of recovery-oriented systems of care is very similar to these models. The goal of these models is to provide patient-centered and comprehensive health care and support services across a broad spectrum of services and providers in a culturally appropriate, evidence-based, accessible, and continuous manner. Such models offer significant promise to improve healthcare delivery, including the delivery of substance use disorder and mental health care, while reducing overall healthcare costs. The medical home model and other integrated delivery models should be considered as key components of comprehensive healthcare reform.

Healthcare reform must equitably and fully include mental illness and substance use disorders as the chronic diseases they are. The transition towards more integrated care should be encouraged, and

models should be developed in a way that recognizes prevention, treatment and rehabilitation of mental illness and substance use disorders as integral to overall health.

1. Integrated care models must give attention to recognizing and addressing the needs of individuals with mental health and/or substance use disorders.
 - As efforts to integrate primary care with care for mental illness and substance use disorders are expanded, continued attention must be paid to addressing the unique needs of individuals with mental health conditions and/or substance use disorders, and their families as appropriate. Care must be delivered and managed by a well-trained integrated team that is able to manage and facilitate care.
 - To ensure the provision of mental health and substance use disorder prevention, treatment, rehabilitation, and recovery support services nationwide, healthcare reform should continue and enhance financing for publicly funded safety net programs, including the Substance Abuse Prevention and Treatment Block Grant, the Mental Health Services Block Grant and discretionary programs. Because individuals access mental health and substance use disorder services most often through community-based providers supported by publicly funded programs, it is critical that financing for these services, as well as for coordination and other medical and social support services, be maintained and improved in the architecture of healthcare reform.
 - Providers of mental health and substance use disorder treatment services are experienced in helping to coordinate and manage different types and levels of health care for consumers. In establishing medical homes, these providers should, where appropriate, be considered to serve as medical homes and centers of care.
 - As the use of health information technology is expanded to further integrate care in our healthcare system, mental health and substance use disorder treatment providers must be eligible to receive grants for health information technology adoption, implementation, and training. Confidentiality protections for mental health and substance use disorder health records must be identified and maintained.
 - Integrated models of care should be responsive to and inclusive of the needs of individuals with mental illnesses and/or substance use disorders as primary or co-morbid conditions. Such systems of care should be incentivized and required to include services to address substance use disorder and mental health treatment needs, including direct access to care by mental health and substance use disorder professionals.
2. Integrated care models should ensure that individuals with substance use disorders and/or mental illness have direct input into designing services and determining how their care is delivered.
 - As recommended by the Institute of Medicine, there should be a formal mechanism to ensure that individuals with substance use disorder and/or mental health needs and their family members are partners with care providers in designing service plans, including how services are delivered. Policies should be in place to implement informed, client-centered participation and decision-making in prevention, treatment, illness self-management and recovery plans and strategies. Clients and their families should be educated participants in the design, administration and delivery of prevention, treatment, rehabilitation, and recovery support services.

3. Integrated care models should include funding for additional programs and services directed at high-risk populations.
- Research has shown that prevention is effective in reducing substance use disorders and mental illness, and in helping to break the cycle of other costly and preventable diseases in families and communities. A medical home model should include funding for programs and services for populations, across the lifespan, to receive education about preventing, treating and recovering from substance use and/or mental health disorders.
 - A medical home model should include funding for those who are in need of screening and brief interventions or in need of recovery support services to help sustain their recovery.
 - A medical home model should include funding for programs and services for populations, across the lifespan, who are in long-term recovery and their families and loved ones, who are in need of recovery support services and/or seeking wellness support.
 - Integrated care models should attend to the multiple needs of the individual and recognize that no single treatment for mental illness and substance use disorders is effective for all individuals.
 - Treatment should be comprehensive and offer a continuum of quality services for the individual and his/her family including, where appropriate, assessment services, detoxification, residential care, hospitalization, outpatient, case management, skills training and other rehabilitation services, transitional housing, education, vocational, primary medical services, family counseling, family unification, and continuing care.