

Assessing & Responding to Behavioral Health Workforce Challenges by Examining Service Reach, Quality, Capacity, and Funding Structures: A Louisiana Example

National Dialogues on Behavioral Health, October 24, 2017 – New Orleans

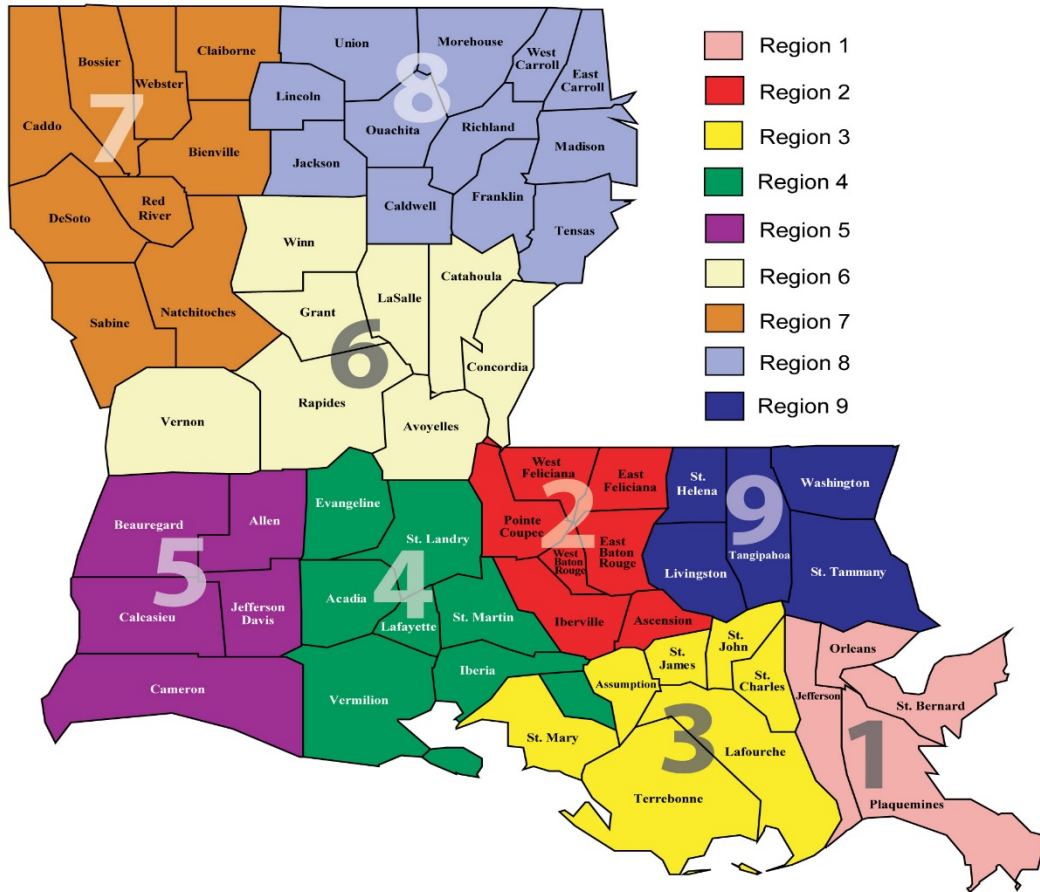
STEPHEN PHILLIPPI, PHD, LCSW

LSU SCHOOL OF PUBLIC HEALTH-

BEHAVIORAL AND COMMUNITY HEALTH SCIENCES



End of 2016 -- 763,185* youth 0-18 years old enrolled in Medicaid (69%).



▶ REGION 1=	143,745
▶ REGION 2=	100,797
▶ REGION 3=	106,839
▶ REGION 4=	100,429
▶ REGION 5&6**=	92,750
▶ REGION 7=	68,293
▶ REGION 8=	84,357

**Beauregard, Calcasieu 7 Cameron are now in Region 6
Allen & Jefferson Davis are now in Region 4

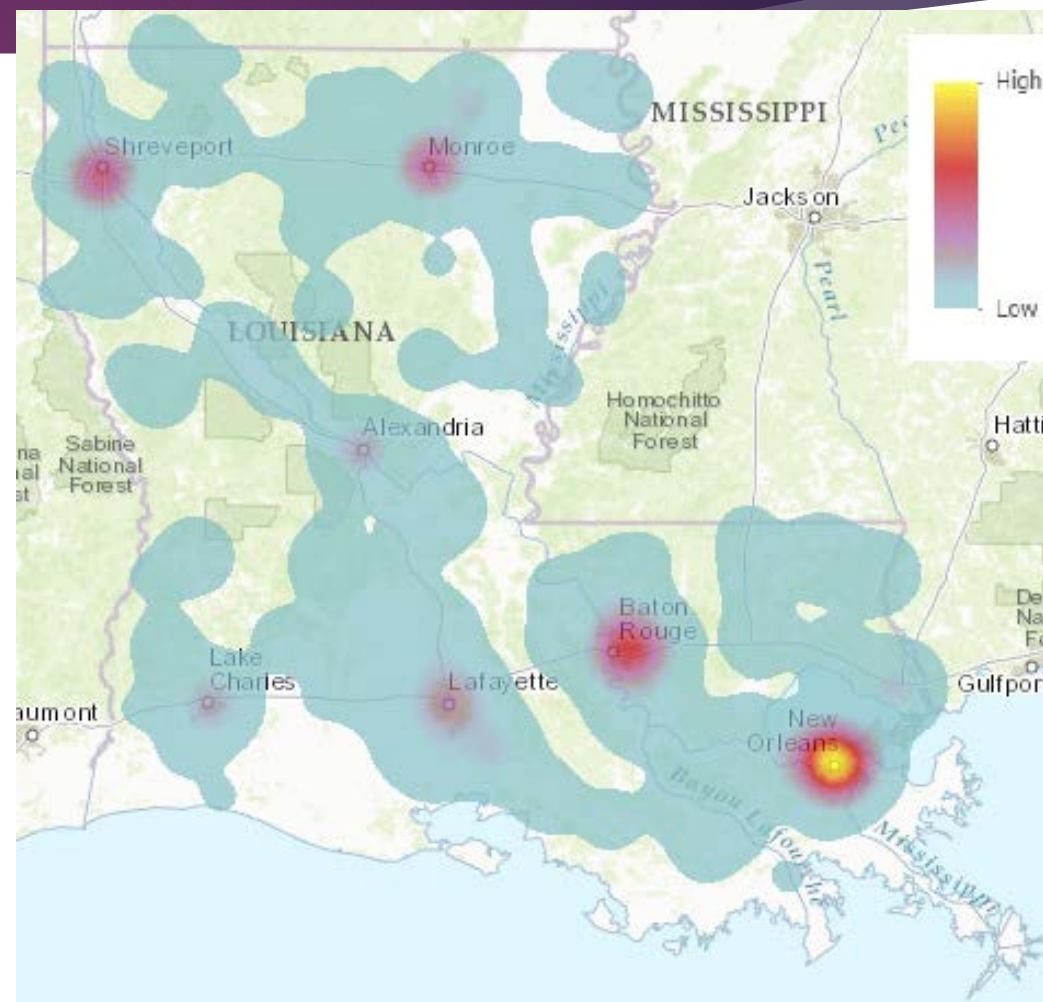
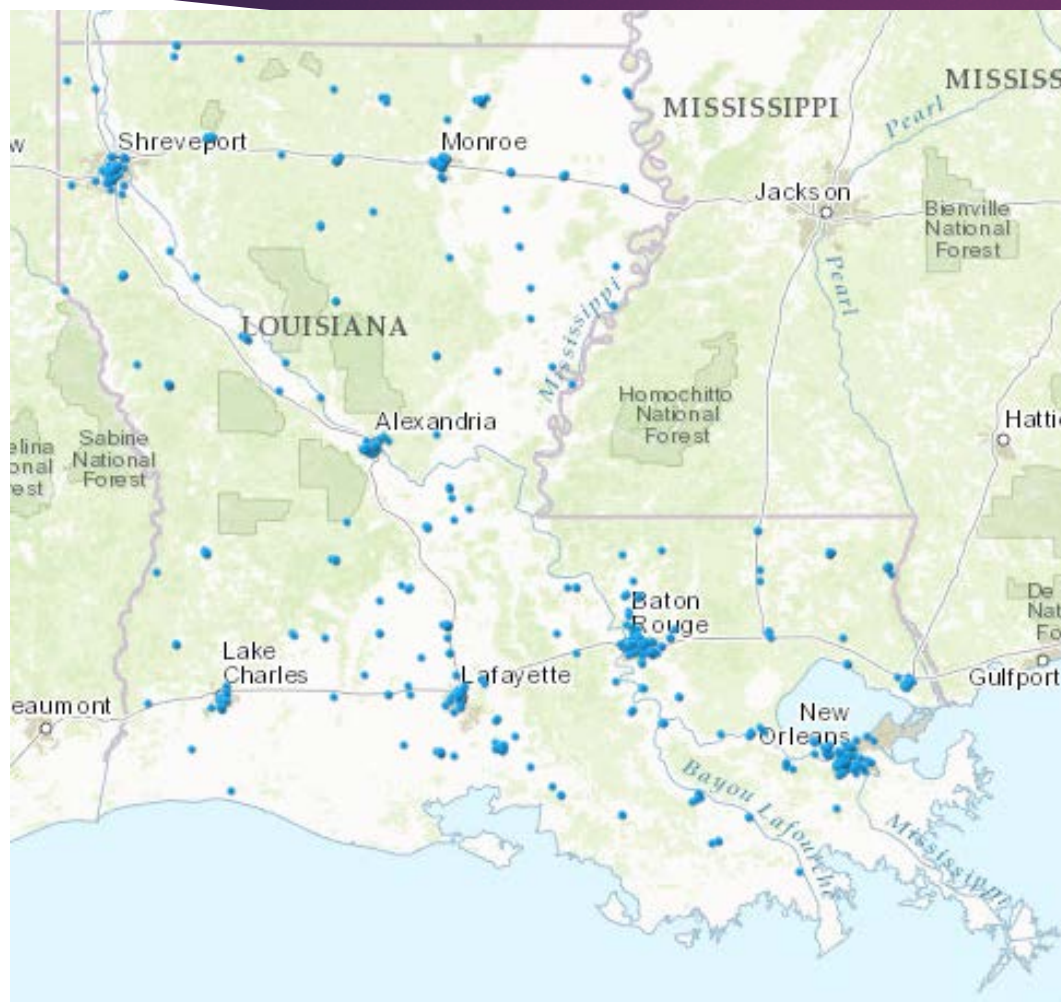
*US Census estimates 1,114,813 youth under 18 in La

Medicaid Diagnoses Prevalence

Diagnostic Categories	Child/Youth Diagnosis Prevalence Estimates (frequencies)
Neurodevelopmental/Developmental Disorders	18.0% (139,044)
Schizophrenia/Psychotic Disorders	0.5% (3,468)
Bipolar Disorders	0.9% (7,162)
Depressive/Mood Disorders	3.9% (29,717)
Anxiety Disorders	1.6% (12,461)
Trauma/Stress-related Disorders	2.8% (21,469)
Eating Disorders	>0.05% (396)
Disruptive/Impulse Control/Conduct Disorders	3.7% (28,292)
Substance-related/Addictive Disorders	0.4% (3,514)

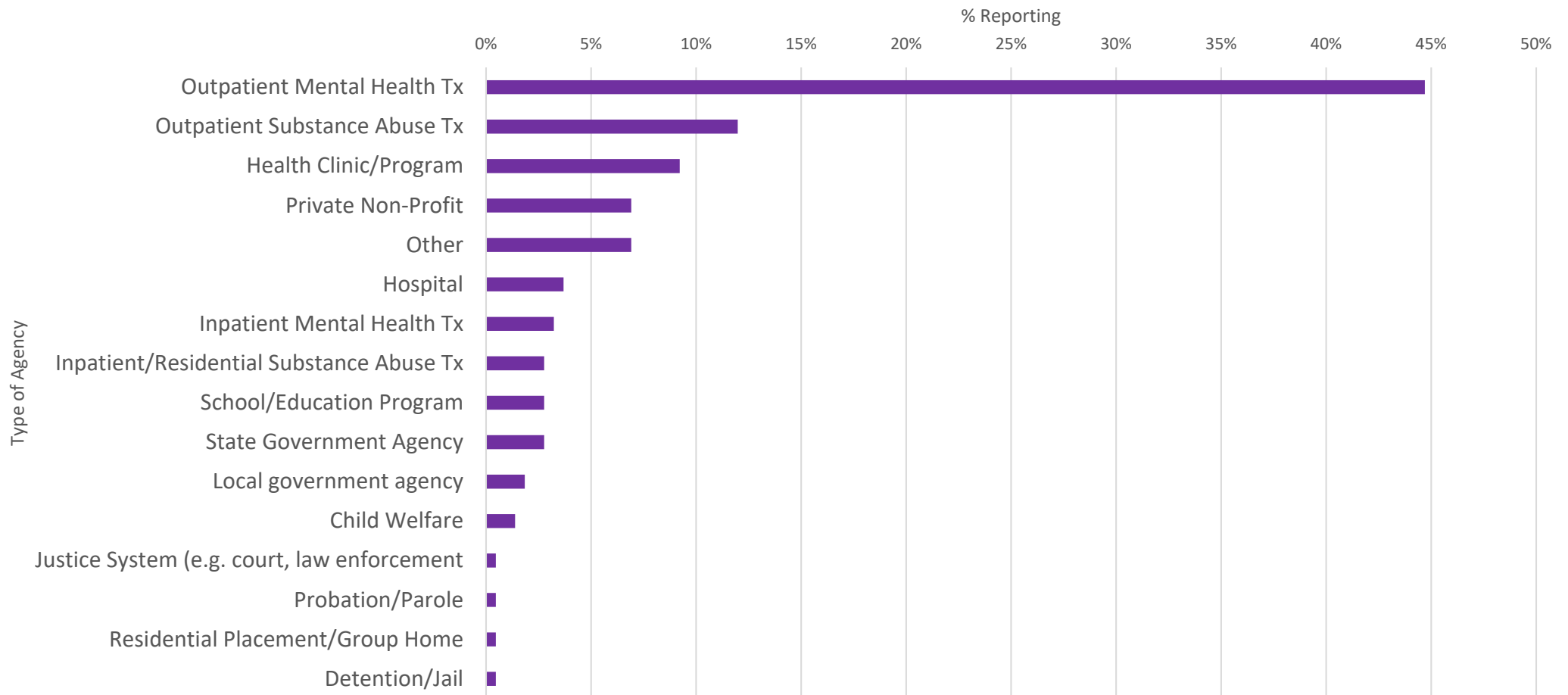


La Child/Adol BH Providers (N=772)



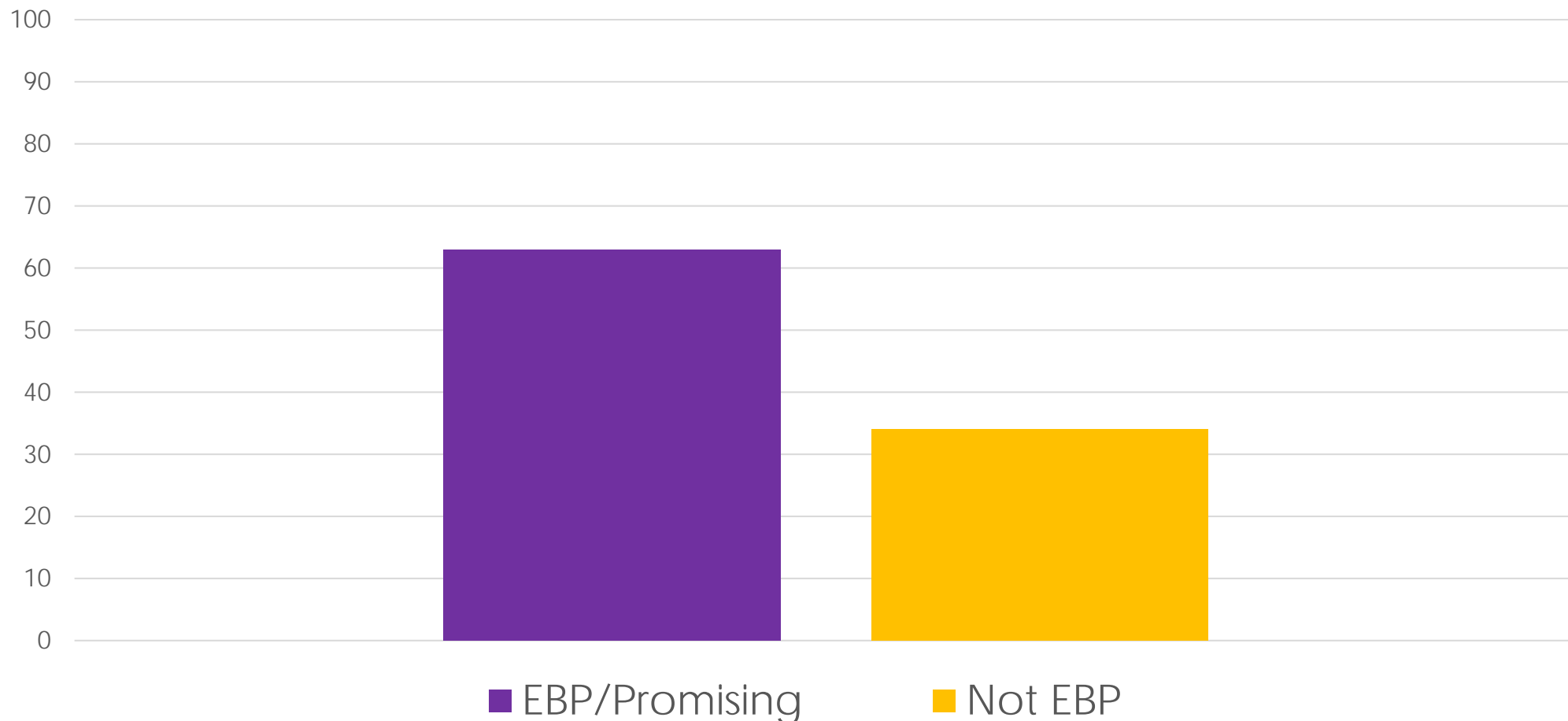
Type of Organization (n=222)

Which of the following best describes your agency, organization, or group that implements behavioral health program(s)?



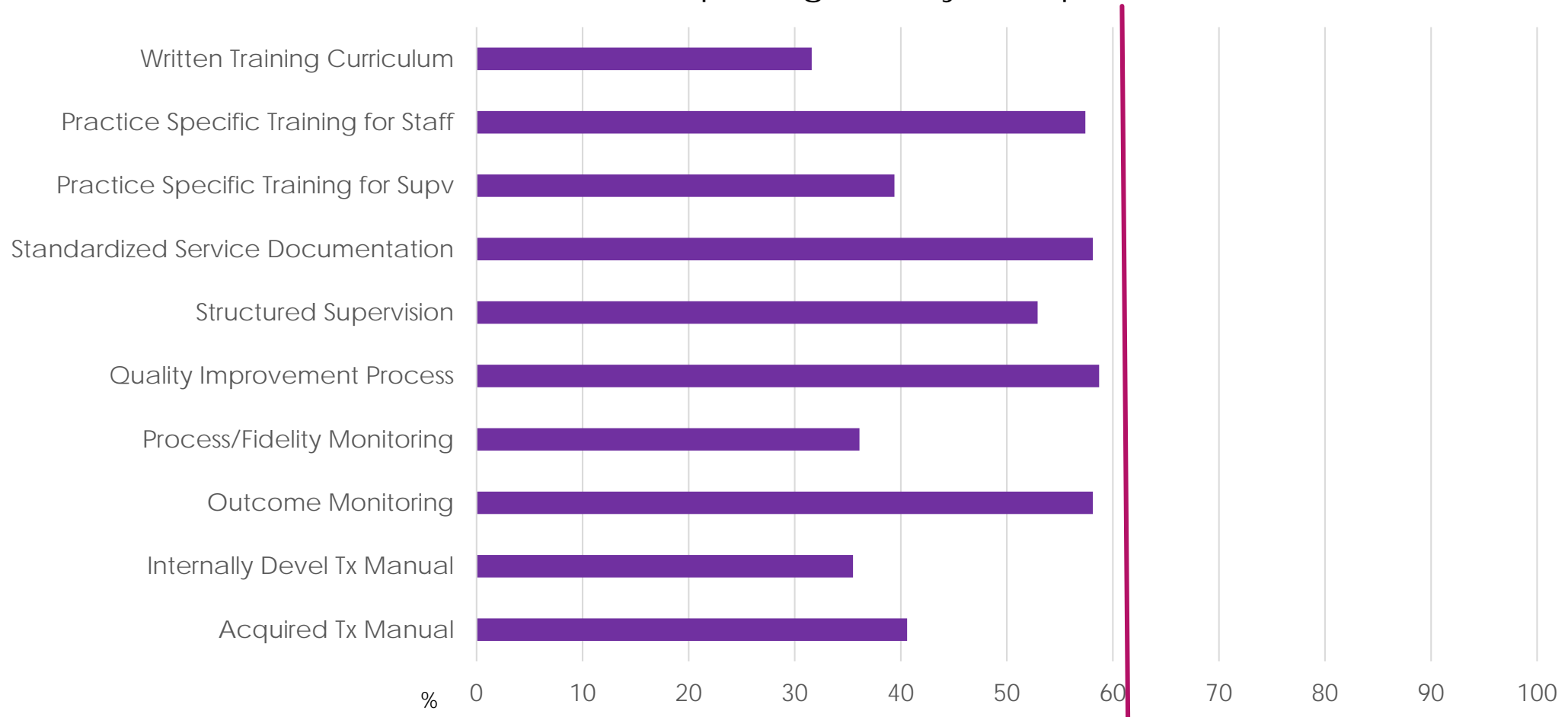
Research & Practice (n=146)

Is the intervention/service model considered to be an evidence-based practice or a promising practice?



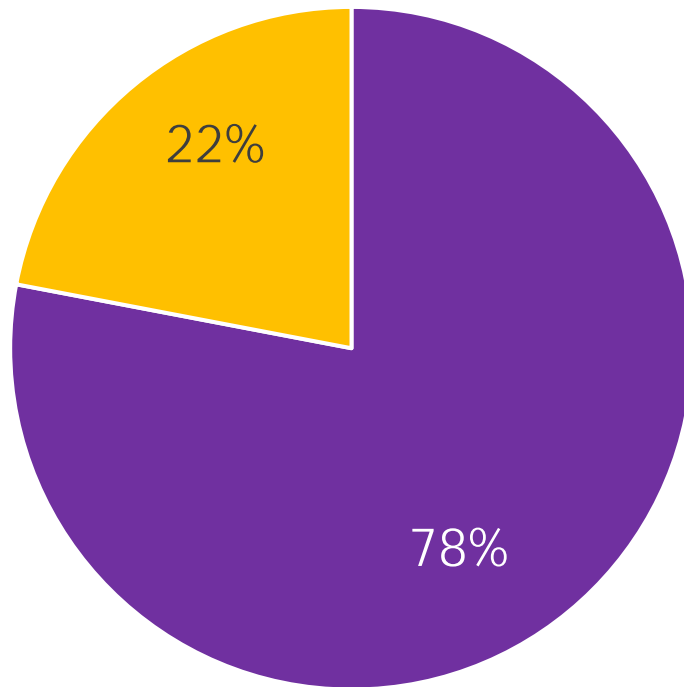
Quality Components

% Providers Self-Reporting Quality Components



Clinicians Trained and Delivering Services (n=1362)

What are the number of staff trained to deliver the interventions/services?



■ EBP/Promising ■ Not EBP

Almost 1 in 5 self-reported to be delivering an EBP or Promising Practice

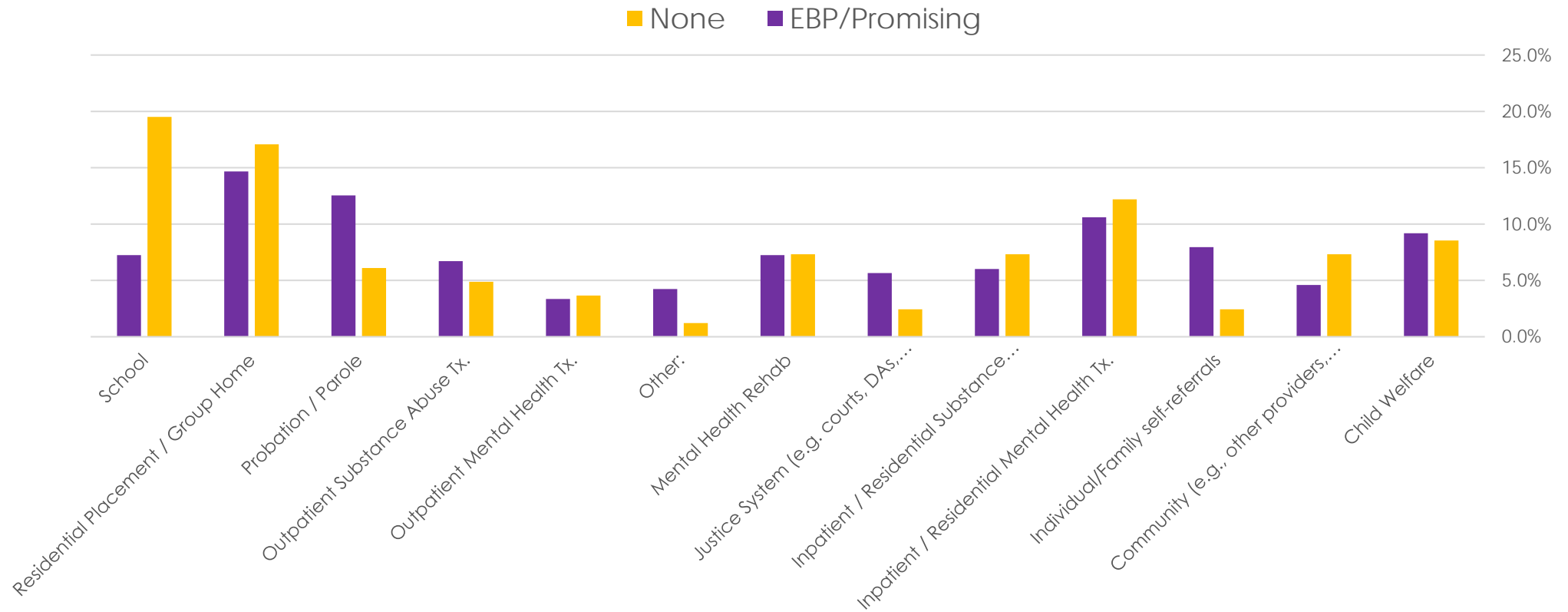
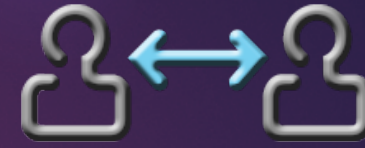
Program Characteristics

- ▶ Approximately 1326 practitioners
 - ▶ Mean/avg 11
 - ▶ Required Credentials of Staff Providing Services
 - ▶ Bachelors Degree- 39%
 - ▶ Masters Degree- 88%
 - ▶ PhD/MD/Doctoral Degree- 24%
 - ▶ Specialty License- 41%
 - ▶ Certificate- 9%
 - ▶ No degree or specialty required 7%

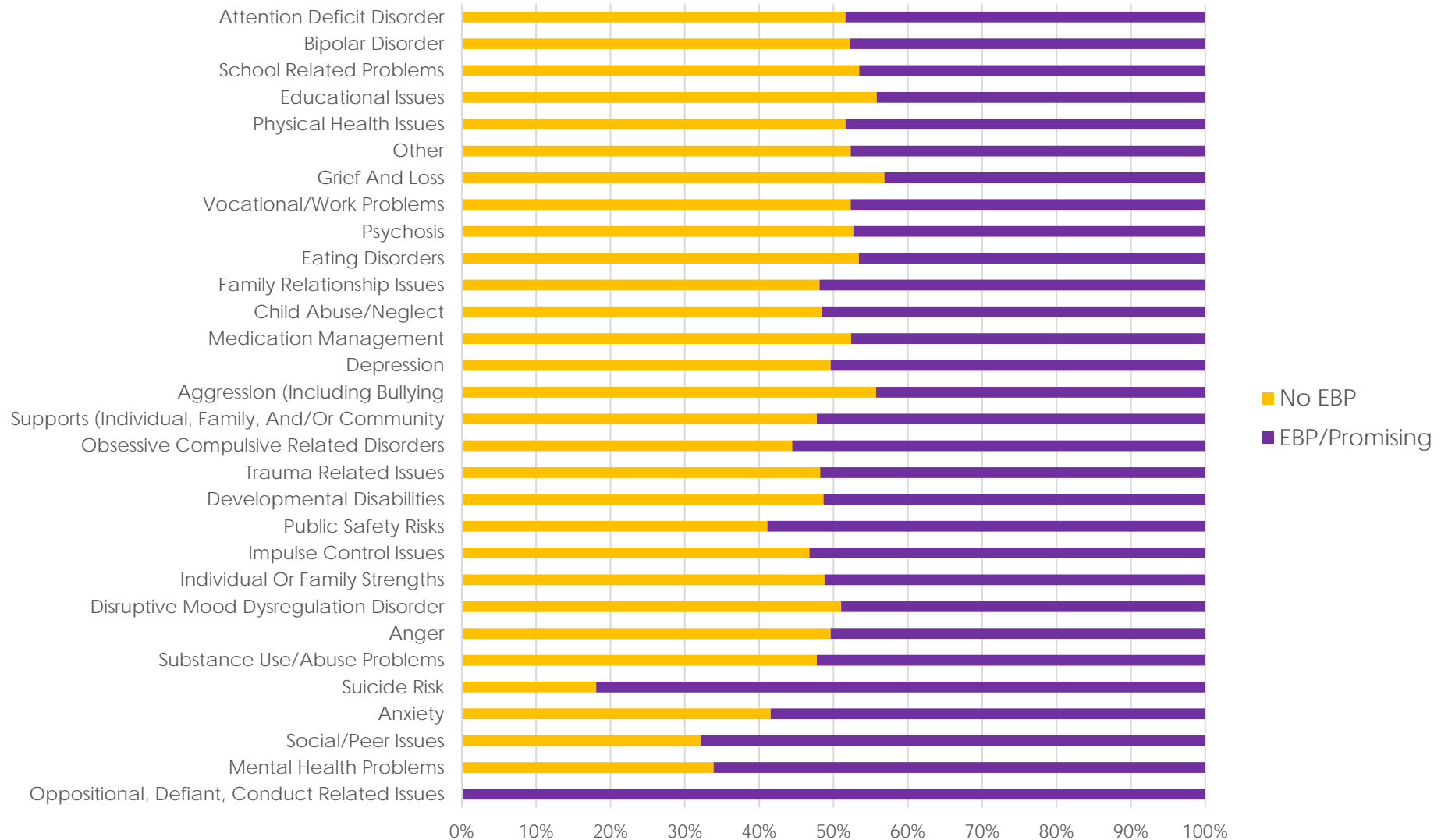


Program Characteristics (n=146)

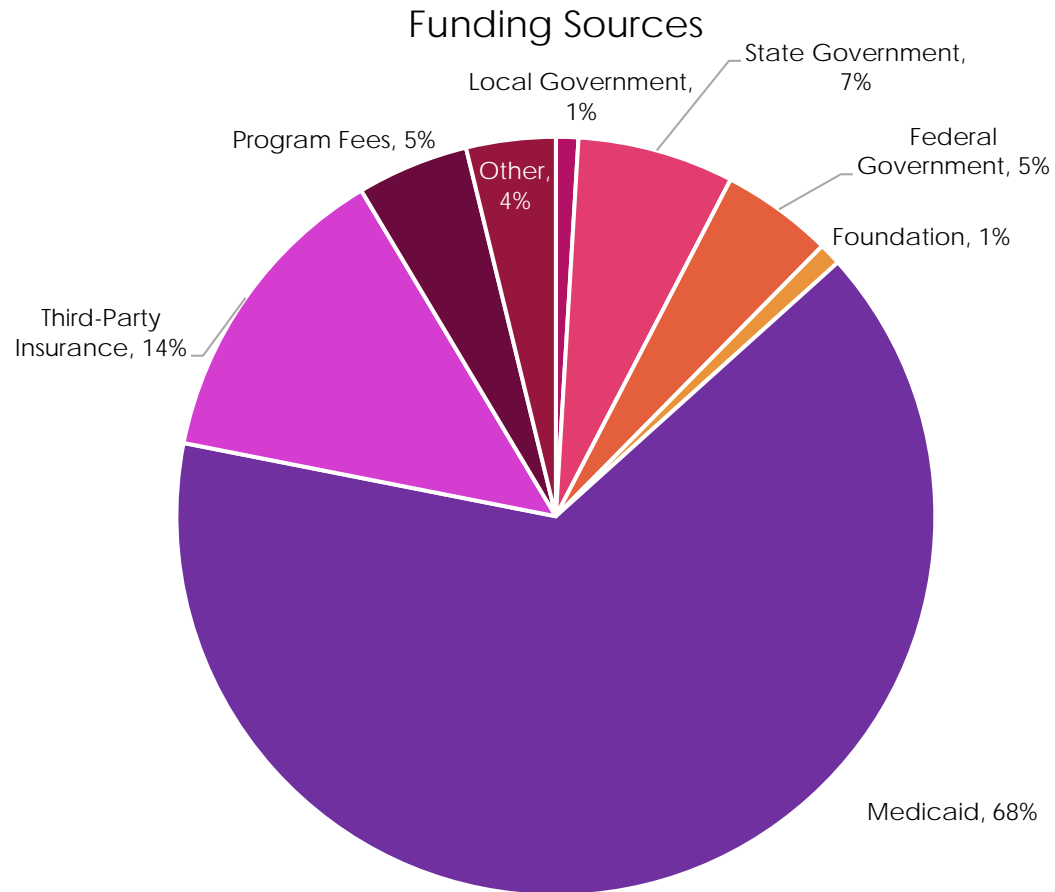
From what source(s) does the service get its referrals?



Likelihood of a BH Issue Targeted by an EBP or Promising Practice



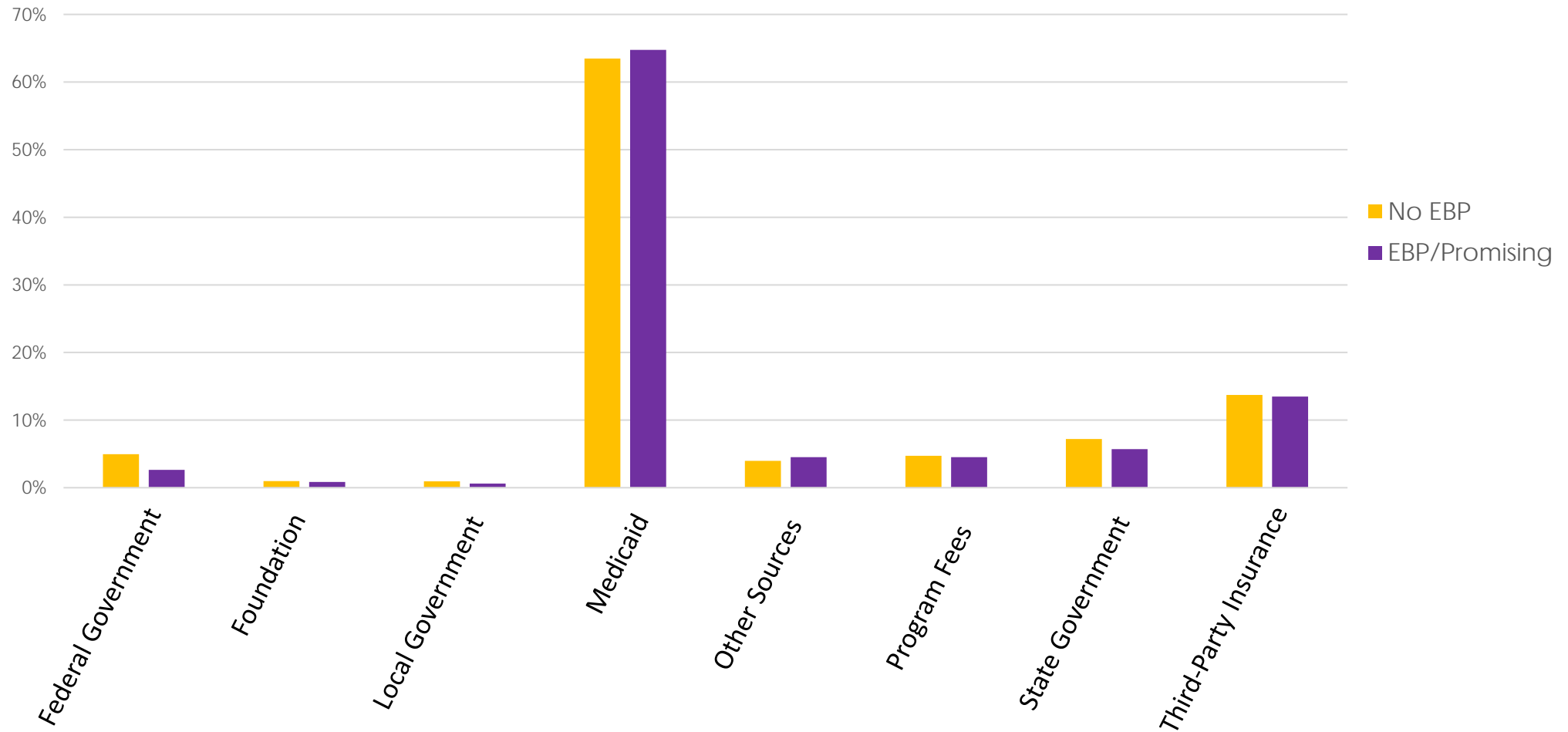
Program Characteristics



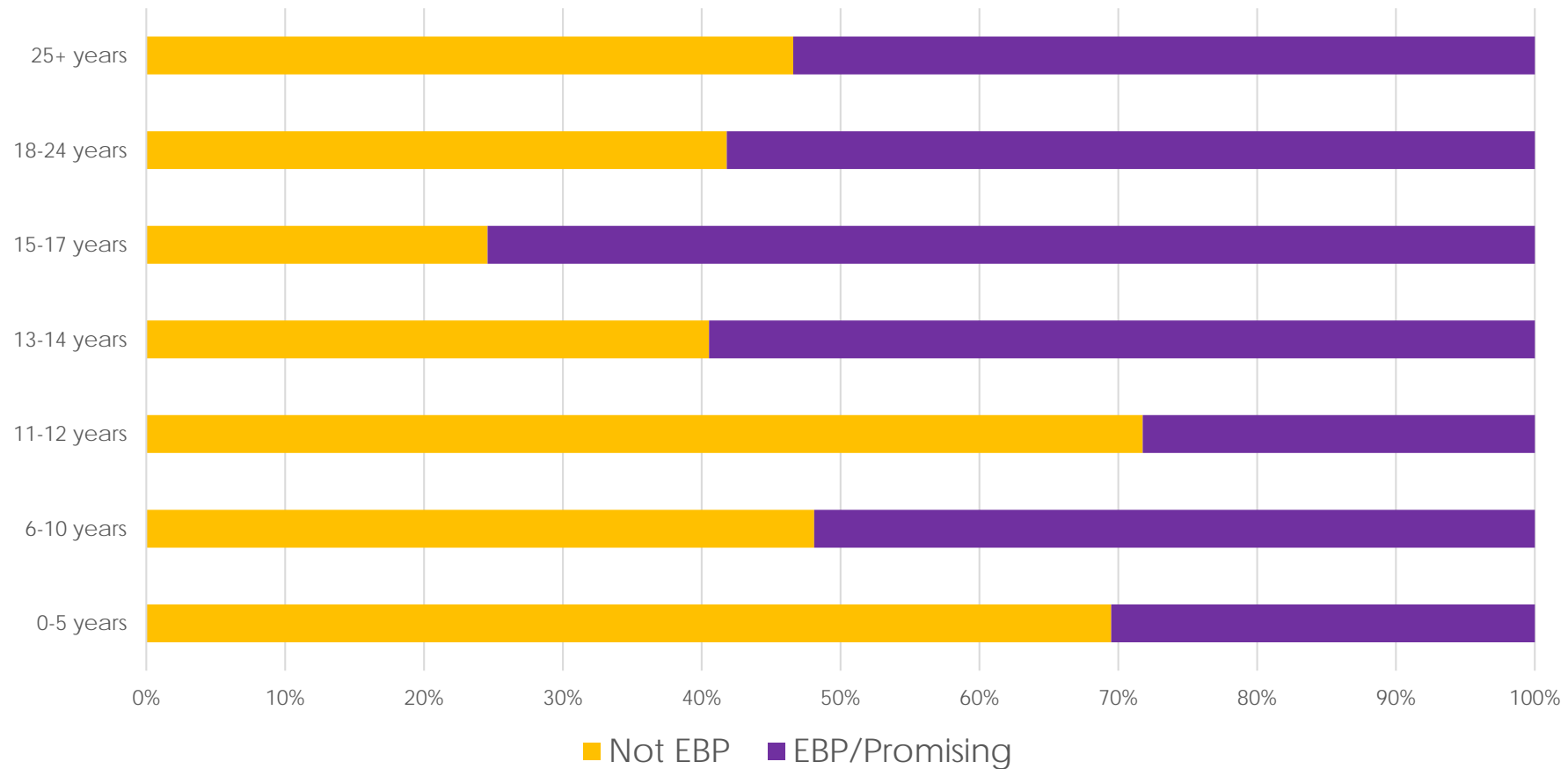
- ▶ Regional Averages closer to 83% Medicaid Funded
- ▶ Estimated average annual budget to provide service/intervention...

Mean/Avg- \$377,559

Likelihood of EBP/Promising Practice by Funding Sources



Likelihood Programs Serving Age Groups are an EBP or Promising Practice



Provider Perceptions- In your professional opinion, what are the gaps? (rank order)



1. Psychiatric services (including medication management)
2. Trauma response and recovery
3. Services for youth with intellectual, developmental disabilities
4. Mental health wellness programming
5. **(tie)** Family Focused behavioral health services & Child abuse / neglect services
6. Crisis interventions (including suicidal behaviors)

How could state policies change to better enable your organization to serve La's children and adolescents?



- ▶ 37% Funding
- ▶ 31% Better coordination of services needed
- ▶ 13% Improve family involvement

If you could implement any BH service to address what you perceive as the top need in your community, what would it be?



- ▶ 21% Improve family (primarily parental) involvement
- ▶ 14% Increase community- and school-based services
- ▶ 12% Substance abuse prevention and treatment

Conclusions / Discussion

- ▶ Largest challenges- **acquiring and cleaning provider lists** in order to establish an efficient way to contact providers (i.e., via email).
- ▶ Based on provider list, several **areas of La woefully underserved**, particularly rural areas. Areas of central and south La appear to have no reported service providers within an accessible fifty-mile radius.
- ▶ Medicaid MH dx data coupled with census data provide a view of MH burden
 - ▶ DSM-5 prevalence of Neurodevelopmental/ Developmental Disorders nationally, is 1% - 15% vs. **La** Medicaid dx prevalence data, ranging from **15.21 to 22.24%** regionally.
 - ▶ **La's** prevalence for Disruptive/ Impulse Control/ Conduct Disorders are **3.12% - 5.97%** vs. U.S. pop prevalence of 1.2% - 4.0%.
 - ▶ Substance-related/Addictive Disorder dx in **La** are **0.34% - 0.67%** vs. national pop rates 3.6% - 4.6%
 - ▶ May suggest a lack of BH dx and preventive response to SUDs in youth given that the rates reported by schools and the juvenile justice system are 1% to 15% (La Communities that Care) and 50% respectively (La OJJ SAVRY)

Conclusions/Discussion

- ▶ Providers were primarily from outpatient MH and SA tx centers. Almost 2/3s self-reported using an EBP/promising practice. Likely inflated self-assessment as **41% to 68%** (depending on item) **failed to describe using key components of research driven practices.**
 - ▶ Suggests quality improvement areas for La's behavioral health service providers-- **training, supervision, documentation, fidelity monitoring, outcome monitoring, and using or developing treatment manuals.**
- ▶ Looking at workforce, almost **1/4 could be targeted to be more research driven.**
 - ▶ Vast majority reported a **Master's degree** and working in teams of **5+ providers**, thus **several child & adolescent EBPs could be implemented.**
 - ▶ Could **target areas with the least likelihood of a referral receiving an EBP** (e.g. school referrals).
 - ▶ High prev of SA reported among La school and JJ youth, the low clinical identification of related dxs, and small number of providers indicating they are providing **SA tx**, this could be an area for workforce capacity development.
 - ▶ Providers were least likely to report serving **0 to 5** with quality BH services, thus developing the workforce to address parents' needs, and these children's needs, could address a gap in La services.

Conclusions/Discussion

- ▶ Quantitative and qualitative responses suggest heavy reliance on **Medicaid funding**.
 - ▶ Some regions- **87% of their BH service funding**
 - ▶ Medicaid programs were **equally as likely to self-reported as an EBP/promising practice as neither**.
 - ▶ Offers a target group that may have the **capacity to further develop EBPs** as well as benefit from assistance developing **business practices necessary to sustain EBPs** under Medicaid funding.
 - ▶ Key informant discussions suggests that further development is needed to merge EBP and **Medicaid business models**.
 - ▶ Many EBPs are short-term, intense interventions, while traditional Medicaid approaches rely on frequent, long-term contact with the populations served
 - ▶ Finding ways to incentivize the use of EBPs without needing to transition to longer term Medicaid supported care may be key to improving the likelihood of positive outcomes for many populations while also lowering overall system cost.



THANK YOU

- ▶ Thoughts, ideas, reactions?
- ▶ Take away messages.....