

FOURTH EDITION

TRENDS IN BEHAVIORAL HEALTH

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Otsuka

Volume 1

The National Behavioral Health Landscape

A Reference Guide On
The U.S. Behavioral Health
Financing & Delivery
System



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1. Executive Summary

In our Otsuka Market Access 2023 Trends Guidebook we have exciting new features that provide great utility. Some of those features include:



Data and information that matters most to health plans such as alternative payment models, digital health adoption, and changes in payment models.



The addition of telehealth reimbursement and specific social determinants of health indicators.



The content online in the 2023 Guidebook will be interactive with full data available for download.



The ability to download charts and graphs for use in your presentations.



The 2023 Trends Guide is being released in 3 volumes.

- **Volume I** –The National Behavioral Health Landscape
- **Volume II** –The State Behavioral Health Landscape
- **Volume III** –Health Plan Population Health Management & Service Innovation



Every volume of the 2023 Guidebook will feature a digital chart book format that is downloadable in a PDF format, an online chart book with a landing page for each chart or graphic, the ability to download each chart page as PPT slide, and our traditional print versions.

Volume I: The National Behavioral Health Landscape

We're excited to present the **2023 Trends In Behavioral Health: A Reference Guide On The U.S. Behavioral Health Financing & Delivery System, 4th Edition – Volume 1: The National Behavioral Health Landscape**. This is the first of three volumes to be released as part of this year's guide.

The goal of Volume I is to present the trends and observations in the overarching macro areas impacting the treatment of behavioral health in the United States. Some of these trends will demonstrate changes in coverage, population data related to payment for treatment, workforce changes, shifts in psychiatric hospitalization, and the current status of the behavioral health Healthcare Effectiveness Data and Information Set (HEDIS) measures.

In Volume I, these are the following changes and observations that are highlighted in the graphs and charts.

- Changes in coverage reflects a continued year-over-year increase in the overall number of Americans with healthcare coverage as well as additional increases in the Medicaid population.^{1,2,3}
- Rates of uninsured Americans remain relatively flat, and significantly below the size of the uninsured population in 2011 and earlier (pre-Affordable Care Act). The nation's largest healthcare programs – Medicare and Medicaid – have expanded coverage in the past two years, while the commercial side has seen a slight decrease.^{1,2,3} Coverage for persons with a Serious Mental Illness (SMI) has grown across all major health insurance programs: commercial, Medicaid and Medicare non-dual. Medicaid coverage alone grew by 189% since 2016.^{1,4,14}
- An increase in the number of psychiatric hospital beds. Overall, psychiatric hospital bed capacity in the U.S. grew from 108,627 beds in 2016 to 136,232 beds in 2022 reflecting the expansion of private freestanding psychiatric beds in the market.⁵
- Workforce capacity continues to challenge the specialty health care industry. Total behavioral health workforce demand has slowly inched up over the past three years, with demand expected to outpace supply in some areas by 2034. This trend varies across states and regions.⁶
- While industry data shows clear momentum in the movement to value-based payment, (VB, VBR, VBP) year-over-year progress has been slow, and adoption of VB payment models has fallen short of its initial goals.⁷
- The industry continues to struggle with behavioral health HEDIS measures. The most important measures have traditionally been the various follow-up measures. For these measures results have declined in spite of multiple payer and provider improvement initiatives, including efforts to link performance with incentive payments. Many other measures also dropped from 2015 to 2021, with the most significant reductions among Medicaid and Medicare payers. In the *OPEN MINDS* Composite Mental and Behavioral Health Score category*, Medicaid specifically dropped from a high score of 52.70 in 2019 to an all-time low score of 47.77 in 2021.⁸

*Scores are based on averages that *OPEN MINDS* applied to HEDIS measures from 2017 through 2021.

Major Market Trends & North Stars



Market movement and change continues at a rapid pace.

Across all payers and impacting organizations both large and small is the post-pandemic focus on health equity as a new healthcare North Star. The “health equity” framework recognizes that different populations and communities have different circumstances and face different challenges on their journey to health. Thus, healthcare payers and providers need to allocate clinical time, attention and resources in a manner that assists different groups in all reaching an equal health outcome. For healthcare the equity focus is one of the most impactful outcomes of the COVID Pandemic, where it became painfully clear that race/ethnic minorities in the U.S. experienced disproportionately more severe consequences of the virus in terms of increased infection rates and hospitalizations and less access to immunizations and COVID tests.⁹



Increasingly health systems and healthcare providers are arguing that service payments should be adjusted to reflect the social and environmental risk level of the service population.

A growing number of health systems and healthcare providers are arguing that service payments should also be disproportionately adjusted. As part of its 2023 Healthcare Effectiveness Data and Information Set (HEDIS) program, the National Committee for Quality Assurance (NCQA) has a goal to gather complete and accurate race and ethnicity data from health plans. The federal focus on health equity prompted Centers for Medicare & Medicaid Services (CMS) to abandon its long-planned revisions to the Accountable Care Organization quality and payment program in favor of ACO REACH, a new program that incorporates health equity population goals as a central feature of how ACOs operate and are paid.^{8,10}



We have also observed significant activity from out- of-market competitors moving into delivery and management of behavioral healthcare.

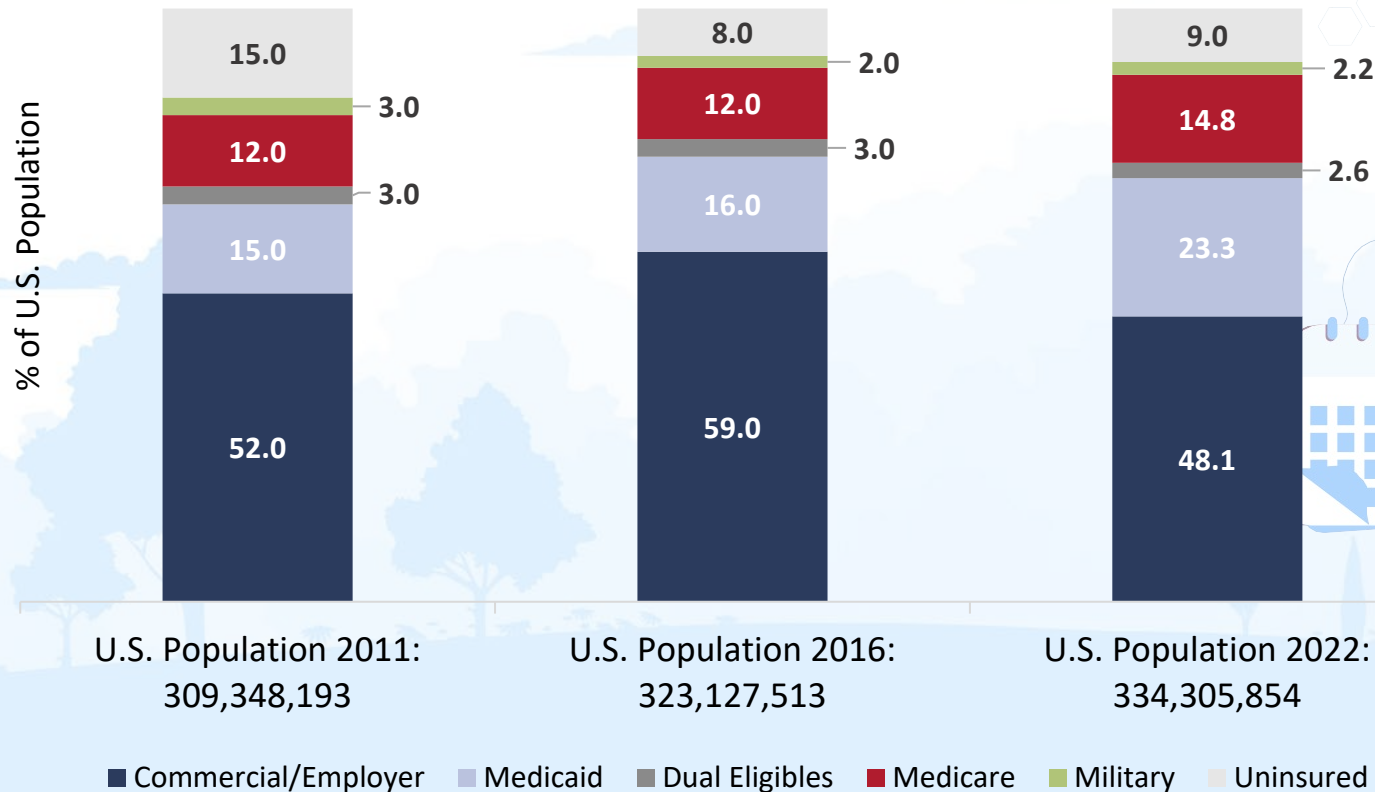
Finally, we have also observed significant activity from out-of-market competitors moving into delivery and management of behavioral healthcare. Changing players – payers becoming providers and familiar retail giants expanding their reach into the health space – are now common headlines in industry publications. Big is apparently also better. We see retailers and payers becoming larger with the ability to change the landscape more easily. Companies like CVS Health, UnitedHealth Group, Walmart, Walgreens, and Amazon are creating service delivery models that are important to watch going forward.^{11,12}



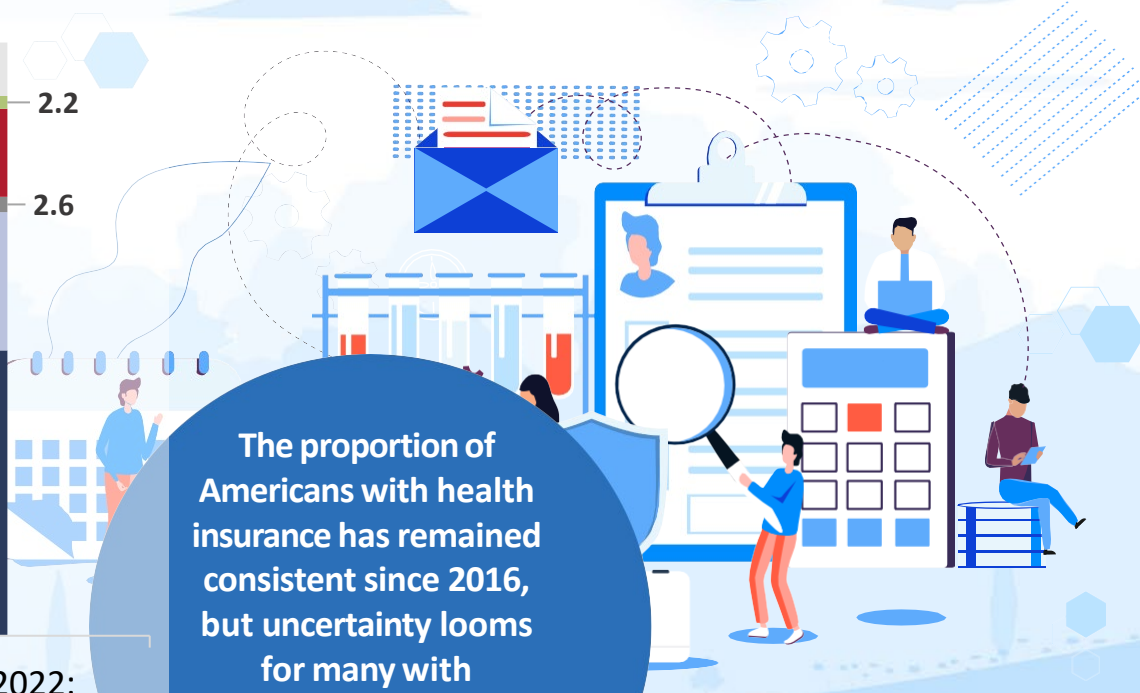
Whole-person integrated care coordination models continue to be preferred by all payers.

We also continue to see whole-person integrated care coordination models being preferred by all payers. Additionally, hybrid models are becoming dominant in ambulatory therapy. Options for consumers are exploding, with multiple choices in areas such as medication assisted treatment (MAT) for addictions, computerized cognitive behavioral therapy (eCBT), year-long long-acting injectable medications for schizophrenia, prescription digital therapeutics, and transcranial magnetic stimulation. We anticipate the continuation of new competition impacting every segment serving behavioral health in the years ahead.¹²

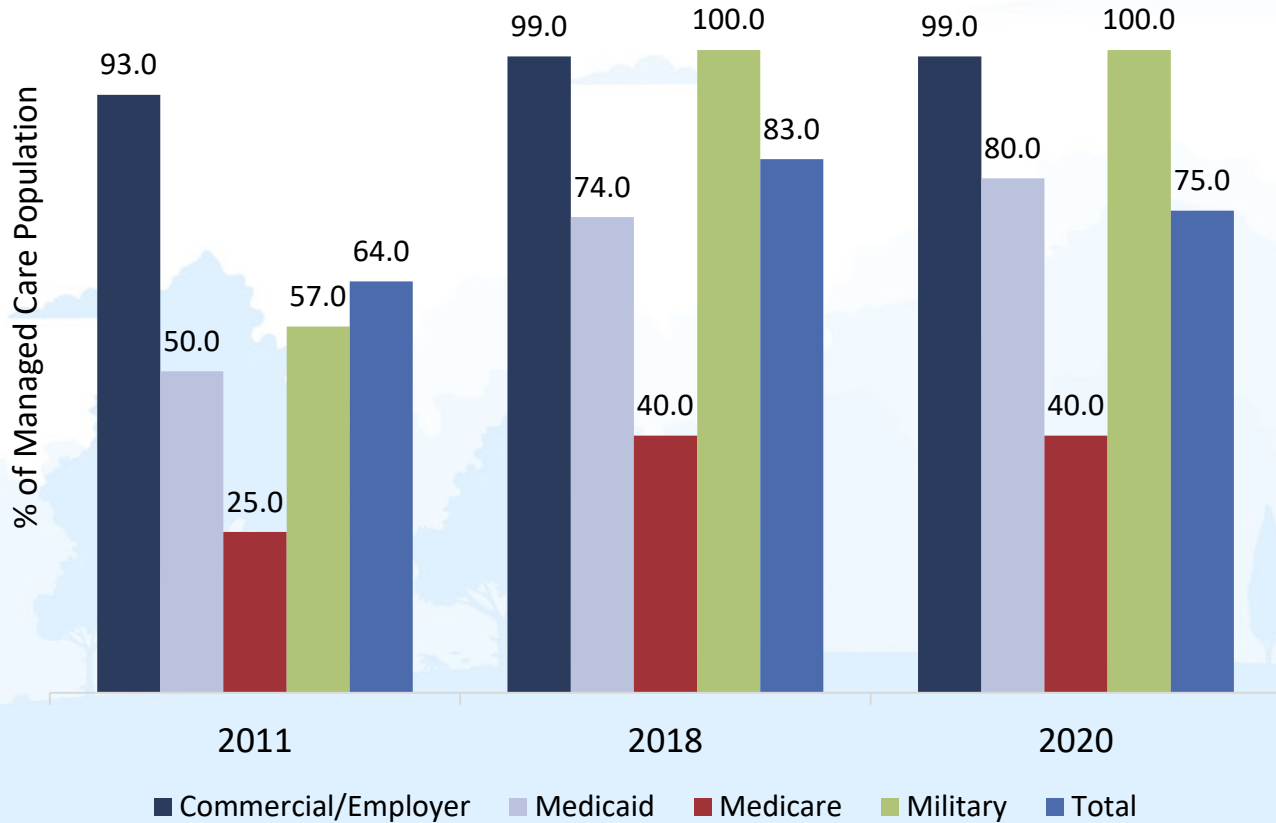
2. U.S. Health Care Coverage, By Payer Type, 2011-2022^{1,2,3}



The proportion of Americans with health insurance has remained consistent since 2016, but uncertainty looms for many with expiration of pandemic Medicaid measures in 2023.^{1,2,3}



3. Insured Population In Managed Care Plans, By Payer Type, 2011-2020^{1,13}



Managed care organizations are now dominating the market in several payor sectors, with the largest growth in Medicaid and Medicare since 2011.^{1,13}



Serving Individuals With A Serious Mental Illness Is Challenging On Many Levels.¹⁴

Topping the list for many behavioral health professionals is the need to ensure the continuous availability of psychiatric medications that keep the Serious Mental Illness (SMI) population out of jails, hospitals, and homeless shelters. A change in healthcare coverage can have profound consequences for the estimated 26.9 million adults with SMI in the U.S. in 2022, including revisions to the brand, formulation, dose, and frequency of their prescriptions.

The good news is that the number of adults with SMI who completely lack health coverage continues to shrink – from 8.5% in 2016 to just 5.5% in 2022. However elsewhere in the coverage continuum, large swings are occurring.¹⁴



31%

Adults with SMI in 2022 have health coverage through commercial health plans, a figure that has been creeping upward over the past five years.¹⁴



35%

The number of enrolled SMI beneficiaries in the commercial population today stands at 8.3 million, an increase of 35% since 2016 when 6.1 million SMI lives were covered by commercial plans.¹⁴



189%

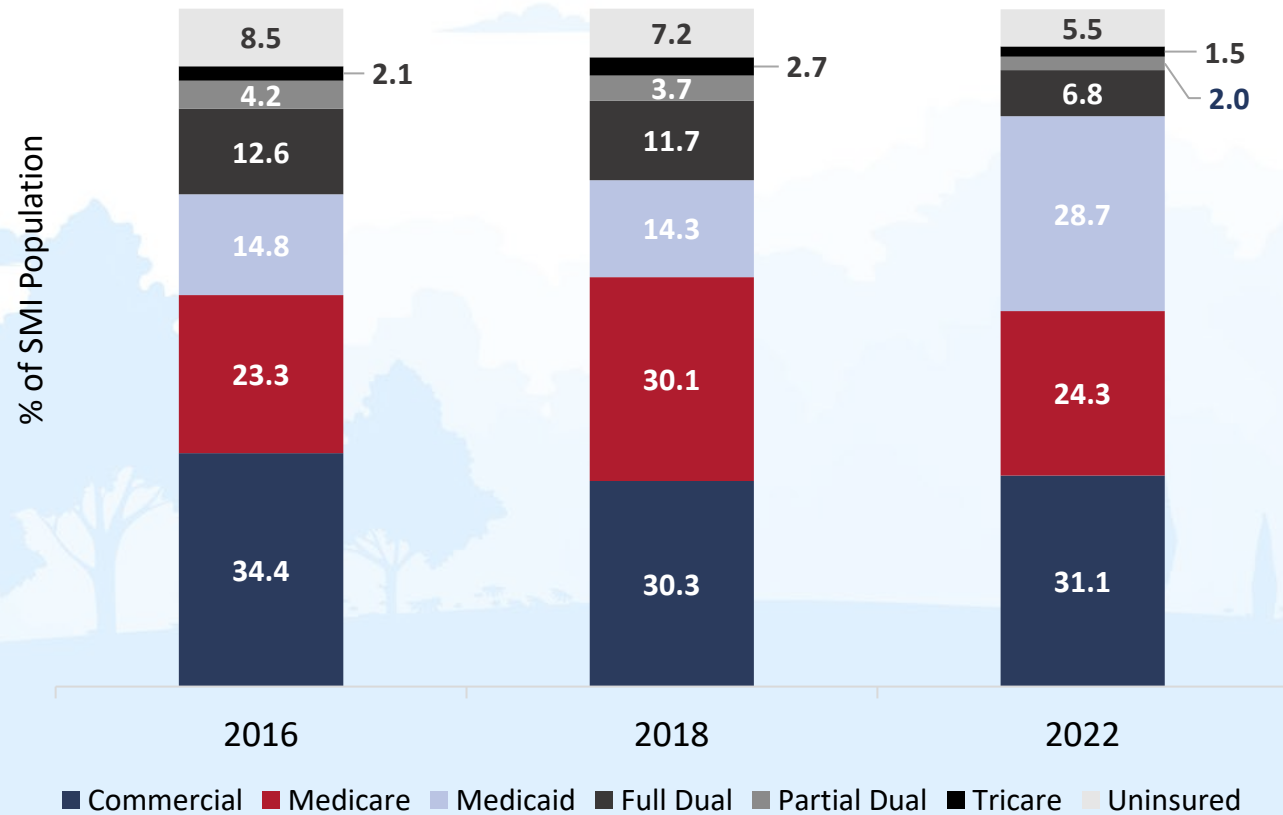
Medicaid remains the second largest insurer of individuals with SMI, with 7.7 million (29%) people enrolled in the Medicaid program. This represents a 189% increase over 2016 when just 2.6 million adults with SMI had Medicaid coverage.¹⁴



34%

These are large swings since 2016, when 34% of adults with SMI were covered by commercial insurance and 15% of adults with SMI were enrolled in Medicaid.¹⁴

4. Health Insurance Coverage & The SMI Population, By Payer Type, 2016-2022¹⁴

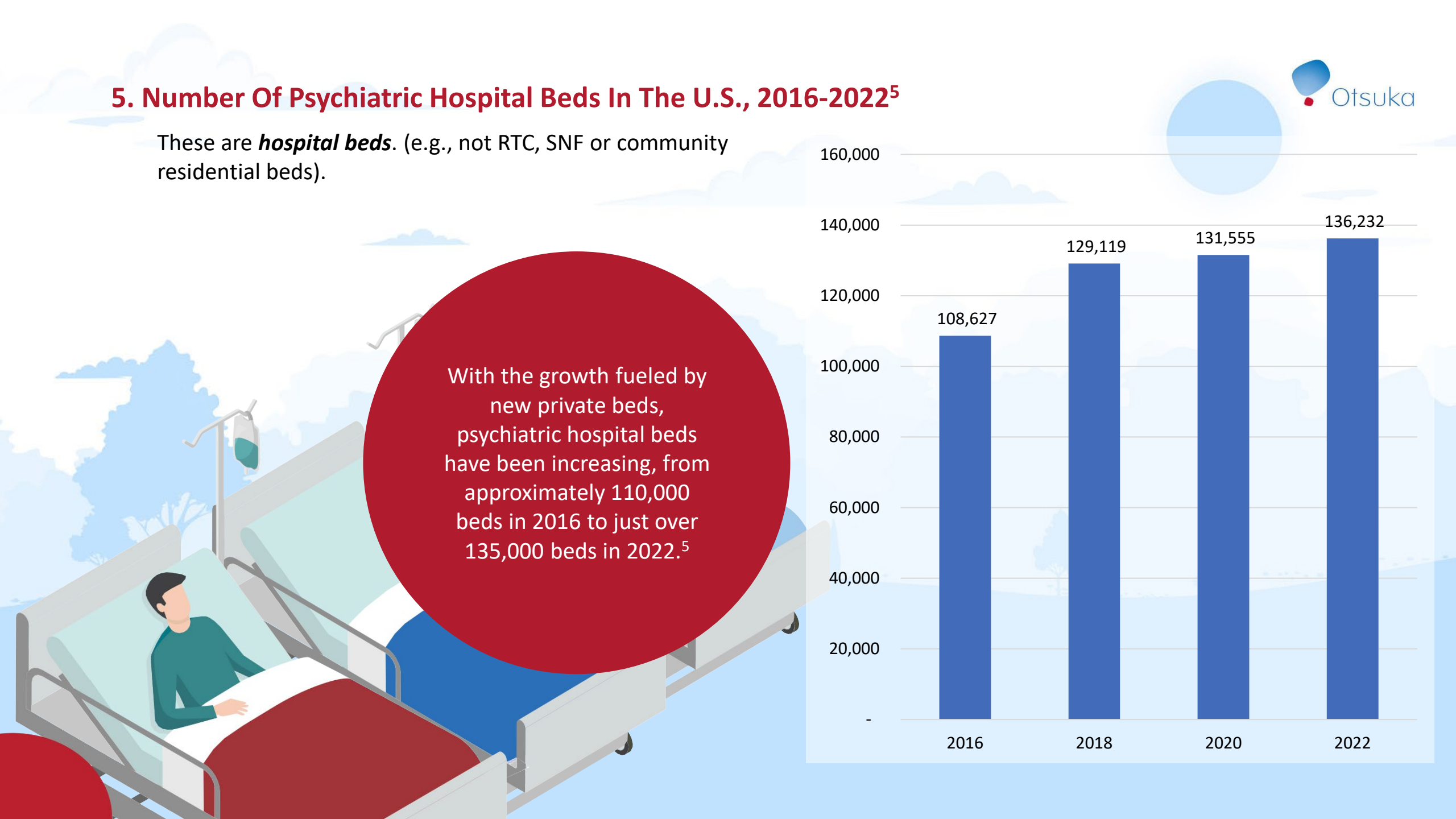


The Medicare-enrolled population with a Serious Mental Illness (SMI) — not dually eligible for Medicaid — is estimated to have increased by 56% over the same period, from 4.2 million people in 2016 to 6.5 million people in 2022. The full dual eligible and partial dual eligible SMI populations saw reductions in enrollment from 2016 to 2022, with full dual eligible individuals with SMI decreasing 19% and partial dual eligible individuals with SMI decreasing 28.2% over the time period.¹⁴

5. Number Of Psychiatric Hospital Beds In The U.S., 2016-2022⁵

These are **hospital beds**. (e.g., not RTC, SNF or community residential beds).

With the growth fueled by new private beds, psychiatric hospital beds have been increasing, from approximately 110,000 beds in 2016 to just over 135,000 beds in 2022.⁵



6. State-By-State Overview Of Psychiatric Beds (2016-2022)⁵

State	Estimated State Psych Beds – 2016	Estimated Private/General Psych Beds – 2016	Total Estimated Psych Beds – 2016	Estimated State Psych Beds – 2022	Estimated Private/General Psych Beds – 2022	Total Estimated Psych Beds – 2022	Total Estimated Psych Beds % Change 2016 – 2022
Alabama	378	1,185	1,563	451	1,472	1,924	23%
Alaska	77	197	274	89	238	327	19%
Arizona	281	671	952	365	898	1,263	33%
Arkansas	216	1,333	1,548	254	1,625	1,878	21%
California	5,588	1,378	6,966	6,593	1,868	8,461	21%
Colorado	493	790	1,282	645	1,082	1,726	35%
Connecticut	615	779	1,394	702	937	1,639	18%
Delaware	115	304	419	147	405	551	31%
District Of Columbia	249	276	525	313	367	680	29%
Florida	2,407	620	3,027	3,207	971	4,178	38%
Georgia	891	1,221	2,112	1,131	1,627	2,758	31%

6. State-By-State Overview Of Psychiatric Beds (2016-2022)⁵ Continued

State	Estimated State Psych Beds – 2016	Estimated Private/General Psych Beds – 2016	Total Estimated Psych Beds – 2016	Estimated State Psych Beds – 2022	Estimated Private/General Psych Beds – 2022	Total Estimated Psych Beds – 2022	Total Estimated Psych Beds % Change 2016 – 2022
Hawaii	192	155	347	229	199	427	23%
Idaho	161	86	248	225	132	357	44%
Illinois	1,347	2,810	4,157	1,488	3,238	4,726	14%
Indiana	798	1,024	1,822	946	1,287	2,234	23%
Iowa	61	688	749	72	844	916	22%
Kansas	442	873	1,315	513	1,057	1,570	19%
Kentucky	486	1,206	1,692	569	1,476	2,045	21%
Louisiana	598	1,482	2,081	682	1,760	2,442	17%
Maine	143	198	341	168	244	413	21%
Maryland	912	583	1,495	1,097	754	1,851	24%

6. State-By-State Overview Of Psychiatric Beds (2016-2022)⁵

Continued – 2

State	Estimated State Psych Beds – 2016	Estimated Private/General Psych Beds – 2016	Total Estimated Psych Beds – 2016	Estimated State Psych Beds – 2022	Estimated Private/General Psych Beds – 2022	Total Estimated Psych Beds – 2022	Total Estimated Psych Beds % Change 2016 – 2022
Massachusetts	583	1,355	1,938	700	1,704	2,404	24%
Michigan	722	2,095	2,817	825	2,490	3,315	18%
Minnesota	186	870	1,055	225	1,100	1,326	26%
Mississippi	484	828	1,312	540	967	1,506	15%
Missouri	856	2,126	2,982	995	2,579	3,574	20%
Montana	165	140	306	211	191	402	32%
Nebraska	276	44	320	335	65	399	25%
Nevada	273	435	708	361	604	965	36%
New Hampshire	155	151	307	185	191	377	23%
New Jersey	1,512	1,398	2,910	1,794	1,760	3,554	22%

6. State-By-State Overview Of Psychiatric Beds (2016-2022)⁵

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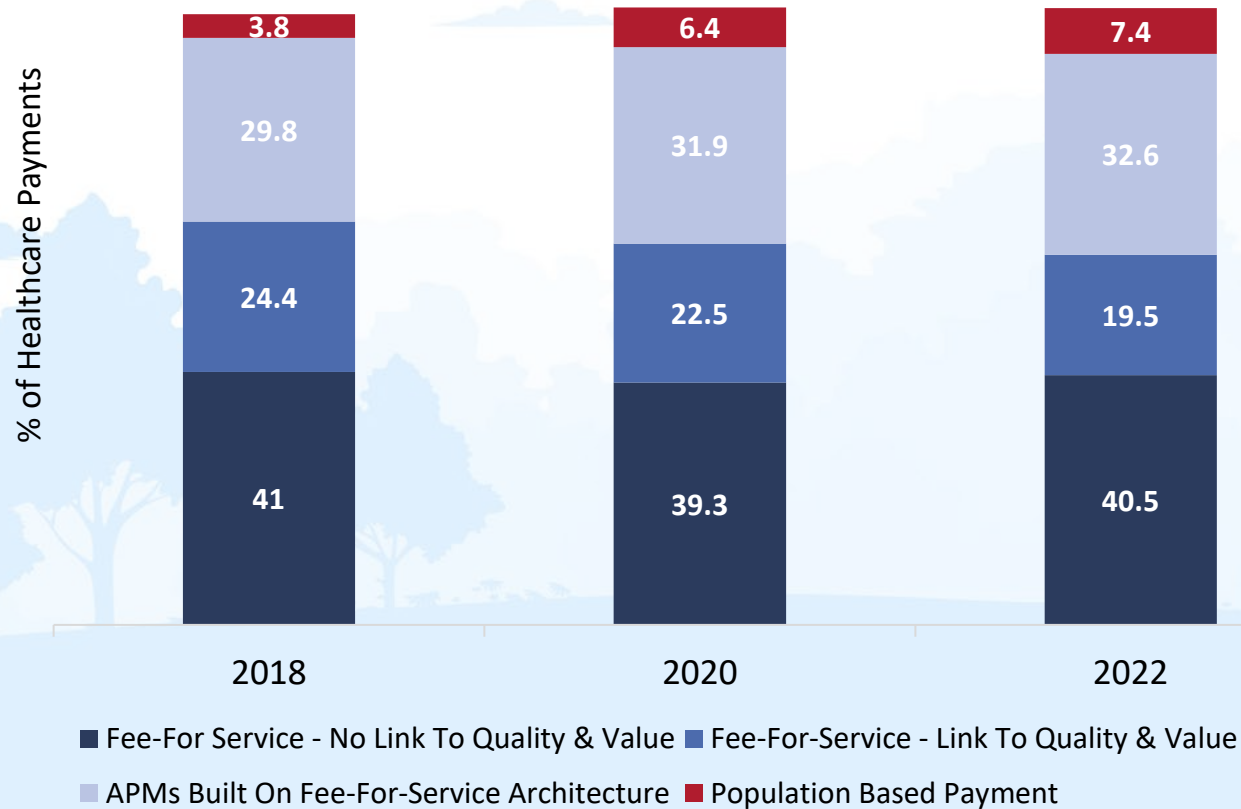
State	Estimated State Psych Beds – 2016	Estimated Private/General Psych Beds – 2016	Total Estimated Psych Beds – 2016	Estimated State Psych Beds – 2022	Estimated Private/General Psych Beds – 2022	Total Estimated Psych Beds – 2022	Total Estimated Psych Beds % Change 2016 – 2022
New Mexico	227	262	488	262	319	581	19%
New York	3,159	7,209	10,367	3,612	8,592	12,204	18%
North Carolina	839	1,335	2,174	1,060	1,768	2,828	30%
North Dakota	124	91	216	162	128	290	34%
Ohio	1,108	2,238	3,346	1,271	2,695	3,966	19%
Oklahoma	413	1,253	1,666	498	1,571	2,069	24%
Oregon	609	337	946	759	460	1,219	29%
Pennsylvania	1,321	4,484	5,805	1,519	5,368	6,887	19%
Rhode Island	129	56	185	152	72	223	20%
South Carolina	458	652	1,110	589	881	1,470	32%

6. State-By-State Overview Of Psychiatric Beds (2016-2022)⁵

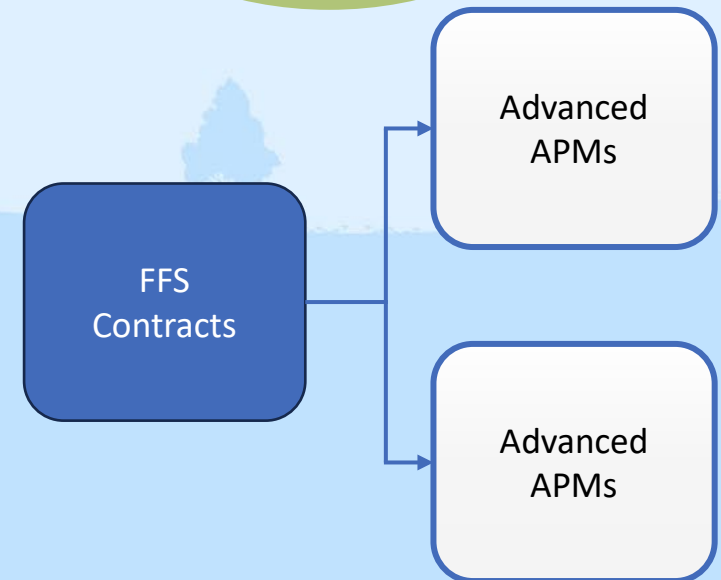
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State	Estimated State Psych Beds – 2016	Estimated Private/General Psych Beds – 2016	Total Estimated Psych Beds – 2016	Estimated State Psych Beds – 2022	Estimated Private/General Psych Beds – 2022	Total Estimated Psych Beds – 2022	Total Estimated Psych Beds % Change 2016 – 2022
South Dakota	120	83	204	152	112	264	30%
Tennessee	533	1,199	1,732	667	1,573	2,240	29%
Texas	2,012	4,878	6,890	2,705	6,833	9,539	38%
Utah	229	514	743	316	738	1,054	42%
Vermont	25	170	195	29	205	234	20%
Virginia	1,448	1,624	3,072	1,770	2,106	3,876	26%
Washington	672	948	1,621	877	1,298	2,175	34%
West Virginia	263	875	1,138	284	980	1,264	11%
Wisconsin	449	984	1,433	524	1,197	1,721	20%
Wyoming	193	154	347	225	191	416	20%

7. Alternative Payment Models, Distribution Of Healthcare Payments By Model Type, 2018-2022^{1,7}



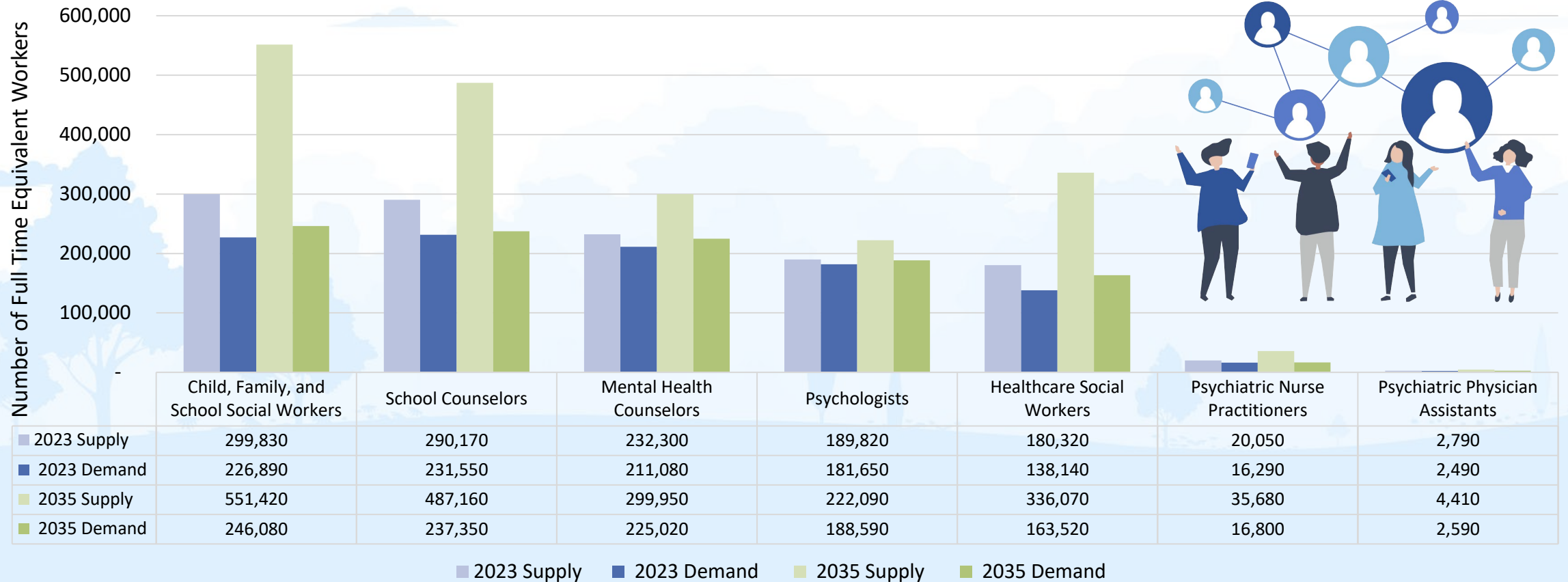
The annual Health Care Payment Learning Action Network (HCPLAN) Alternative Payment Model survey shows some incremental shifts in the proportion of healthcare payments flowing from Fee-For-Service (FFS) contracts to more advanced Alternative Payment Models (APMs).^{1,7}



8. Behavioral Health Workforce Supply & Demand, 2023-2035⁶

Certain behavioral health disciplines continue to experience an excess of workers compared to demand for these roles in the field, while other disciplines are facing severe shortages today and into 2035.⁶

Sufficient Supply In 2023 & 2035



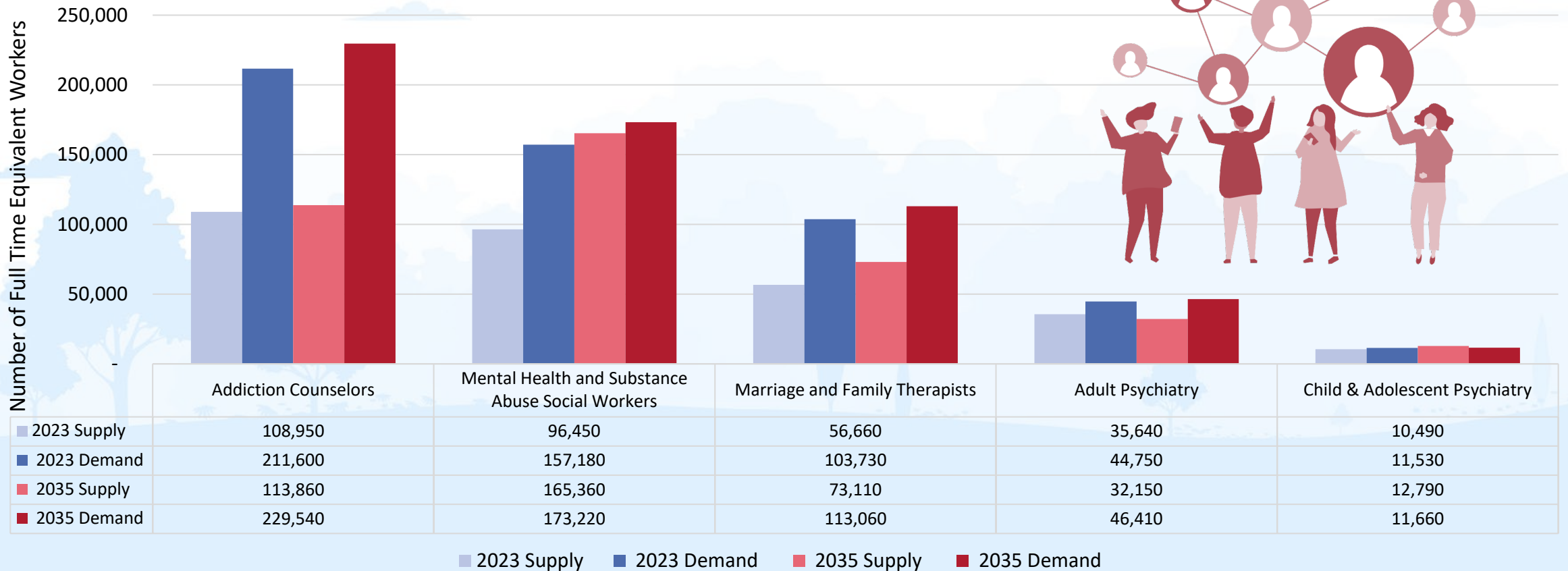
8. Behavioral Health Workforce Supply & Demand, 2023-2035⁶

Continued

With the exception of child and adolescent psychiatry, where 2035 supply and demand are near-equal, demand will far exceed supply for many critical roles in addressing mental health and addiction issues.⁶



Insufficient Supply In 2023 & 2035



HEDIS: What's In A Data Set?



Since 1991, the National Committee for Quality Assurance (NCQA) has published performance standards for rating and ranking the quality and accessibility of healthcare in the United States. Rebranded in 2007 as Healthcare Effectiveness Data and Information Set (HEDIS), the tools represent the most widely used performance measurements in health care today. Primarily used to rate health plan performance, HEDIS measures are increasingly found as elements of performance-based contracts for provider organizations, one of the first steps on the road to value-based payment. Recognizing the importance of behavioral health to overall health and wellness, NCQA adopted a core set of Behavioral Health HEDIS measures which allows for comparisons of health plan performance across Medicare, Medicaid, and commercial payers.⁸

Commercial

Commercial payers in 2021, scored highest for Antidepressant Medication Management (AMM) in the Effective Acute Phase Treatment Rate, with a national average across all commercial payers of 75.8%. Effective Acute Phase Treatment Rate is measured by adults who remained on antidepressant medication for at least 12 weeks.⁸

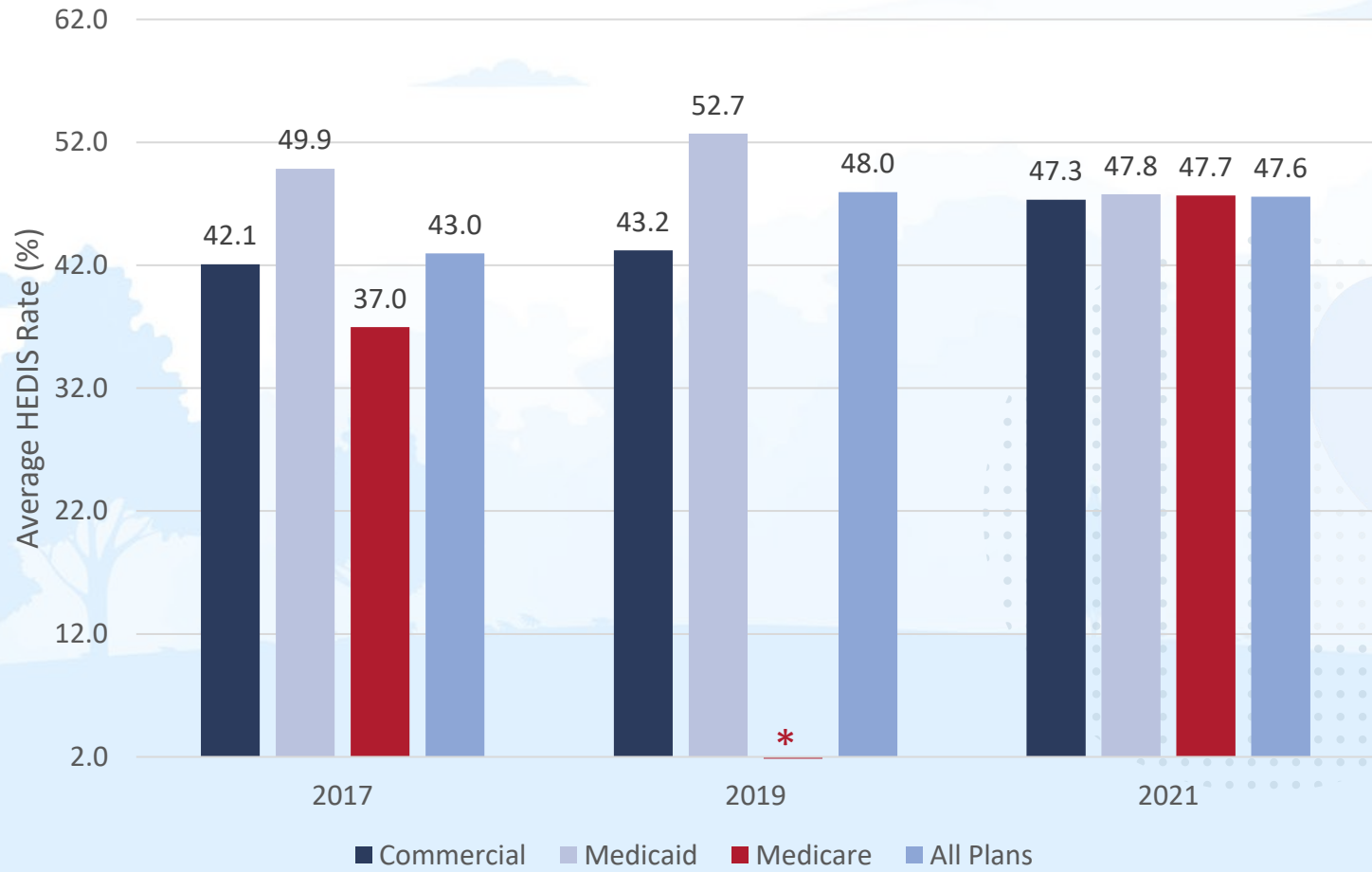
Medicare

Medicare payers also performed well in the AMM category on the Effective Acute Phase Treatment Rate, with a national average across all Medicare payers of 81.1%.⁸

Medicaid

For Medicaid payers the highest performing measure in 2021 was Diabetes Screening (SSD), with a national average of 79.2%.⁸

9. HEDIS Behavioral Health Measures: The *OPEN MINDS* Composite Mental & Behavioral Health Score, By Payer Type, 2017-2021⁸



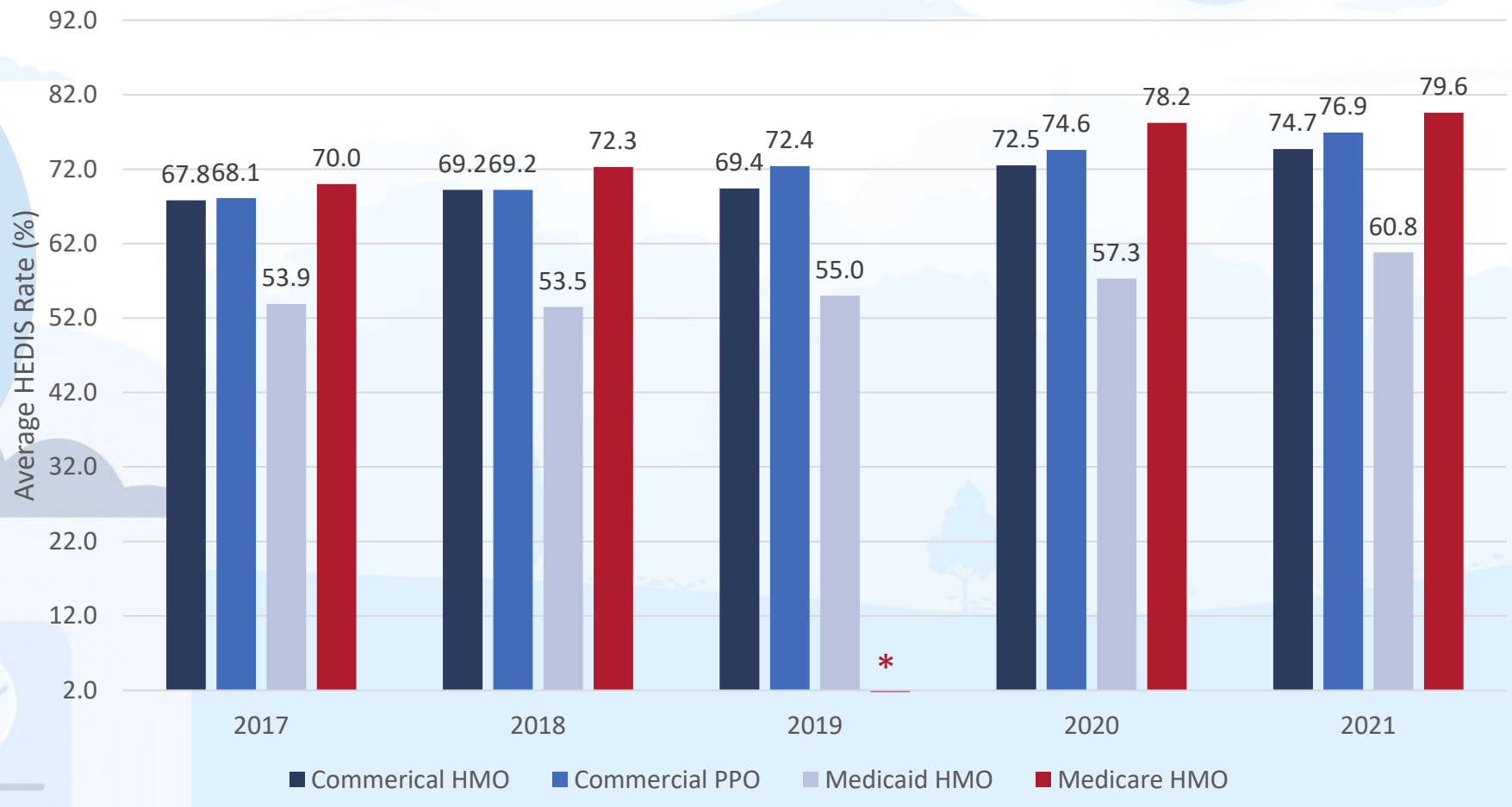
Scores are based on averages that *OPEN MINDS* applied to HEDIS measures from 2017 through 2021.

* Medicare data for 2019 is not available due to suspension of data reporting during the COVID-19 pandemic.



10. HEDIS Behavioral Health Measures: Depression: Adhering To Medication For 12 Weeks, By Payer Type, 2017-2021⁸

Healthcare Effectiveness Data and Information Set (HEDIS) performance for depression medications continues to climb each year. Depression is a leading cause of disability and lost workplace productivity in the U.S. today, affecting all age groups including young children, adolescents and older adults.⁸



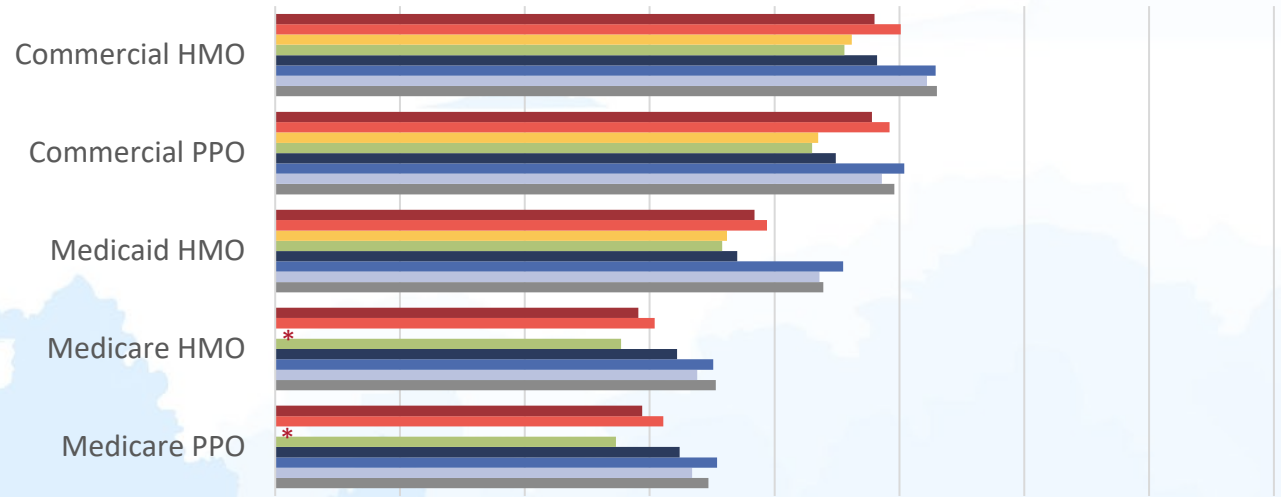
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11. Follow-Up After Hospitalization For Mental Illness By Payer Type, 2014-2021⁸

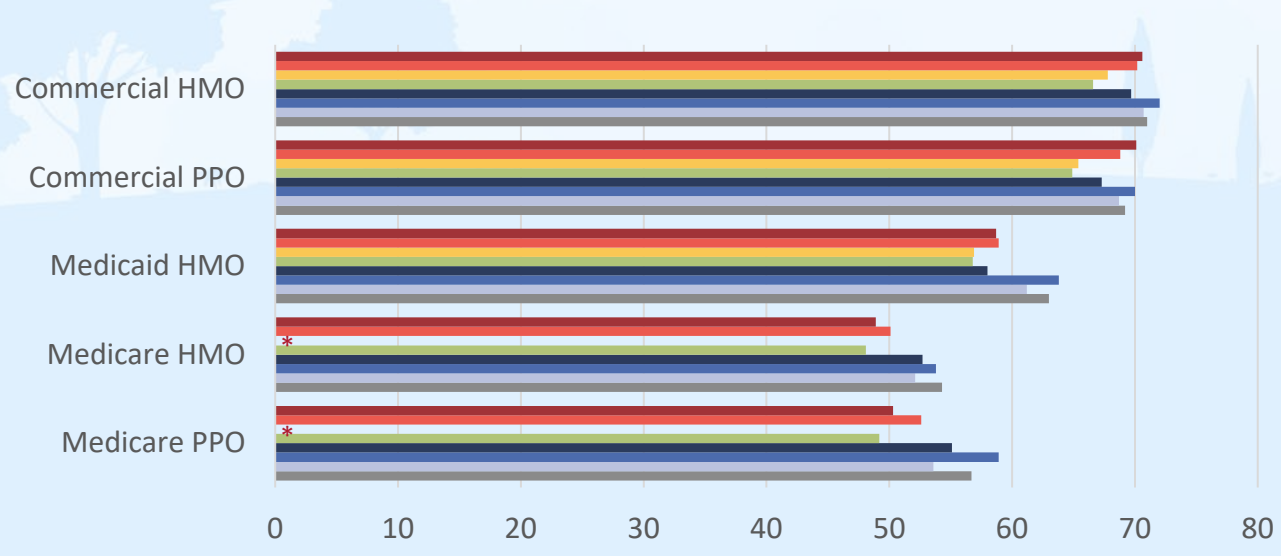


● 2014 ● 2015 ● 2016 ● 2017 ● 2018 ● 2019 ● 2020 ● 2021

7 Days



30 Days



7 – 30 Days...

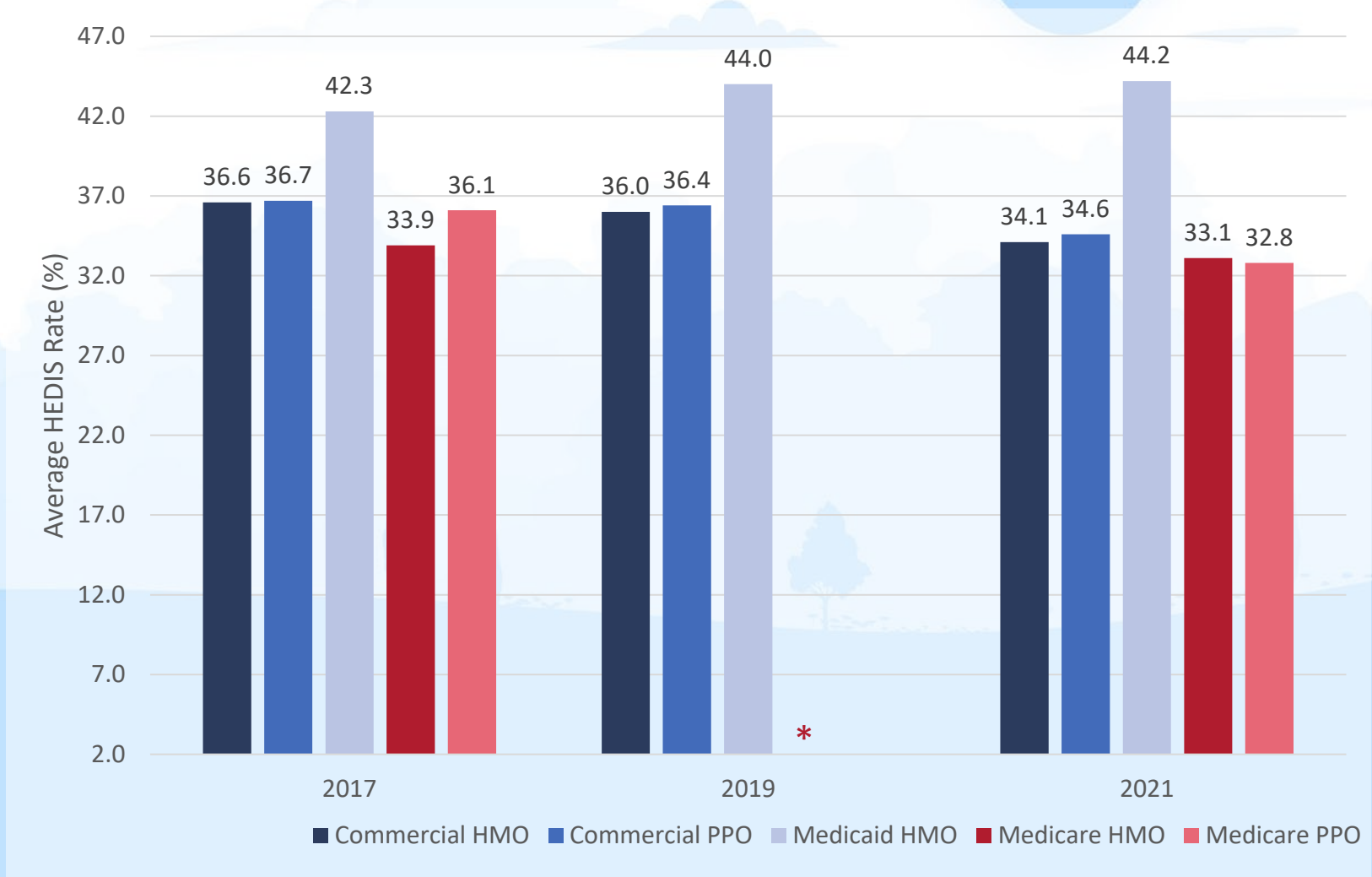
Kept appointments with a mental health practitioner within 7 and 30 days following psychiatric hospital discharge is an important tool in preventing subsequent re-admissions. From a peak performance year in 2016, all payers showed slight declines followed by gradual increases in meeting Healthcare Effectiveness Data and Information Set (HEDIS) appointment standards. Compliance is most pronounced at the 30-day visit mark.⁸



⁸ Medicare data for 2019 is not available due to suspension of data reporting during the COVID-19 pandemic.

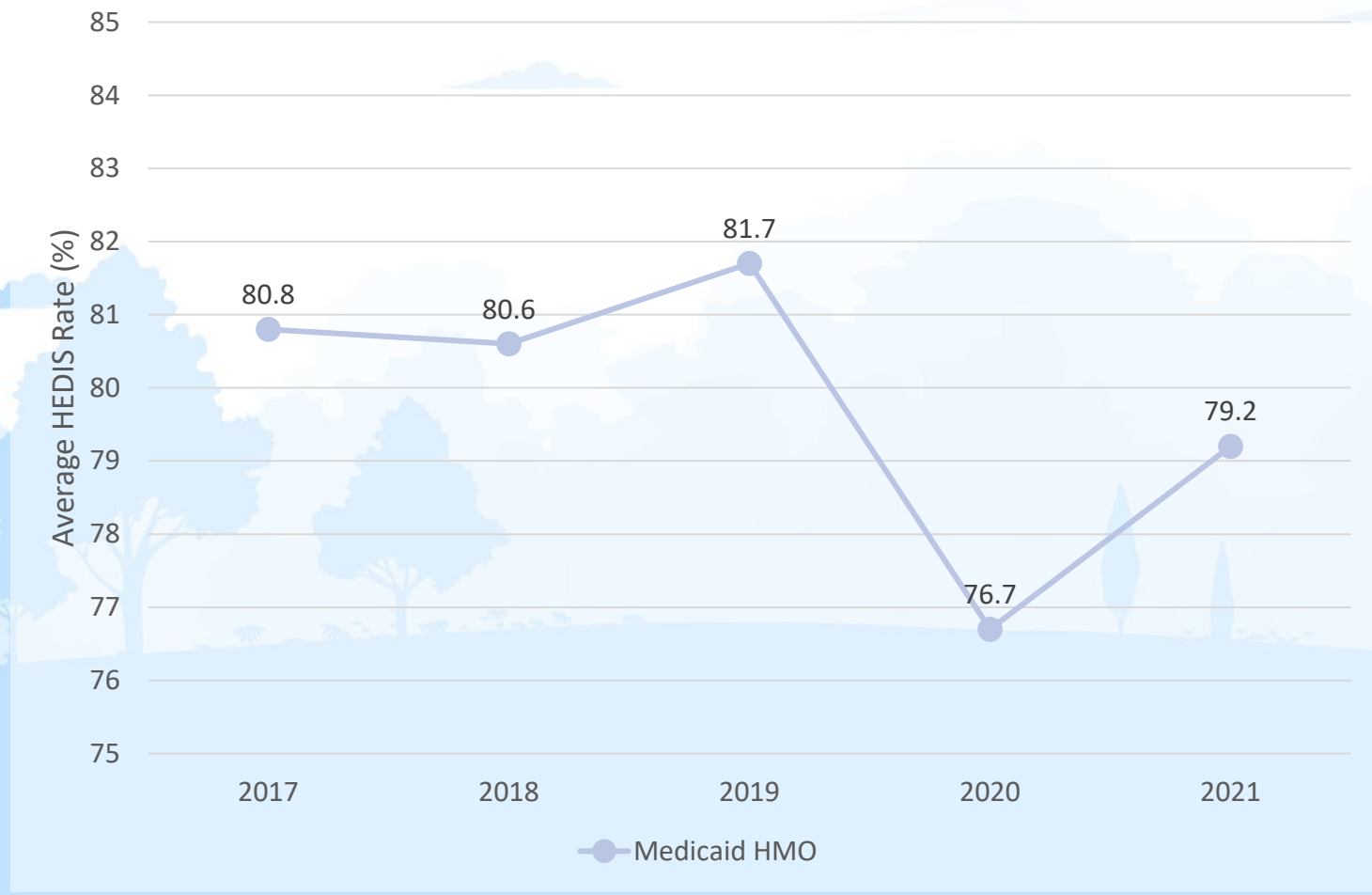
12. HEDIS Behavioral Health Measures: Alcohol Or Drug Dependence Treatment Initiated, By Payer Type, 2017-2021⁸

Only 1 in 5 Americans receive treatment when they have substance use disorders. Even with strong evidence of their efficacy when compared with no treatment. Medicaid payers demonstrate consistently superior performance on this Healthcare Effectiveness Data and Information Set (HEDIS) measure compared with other payer types.⁸



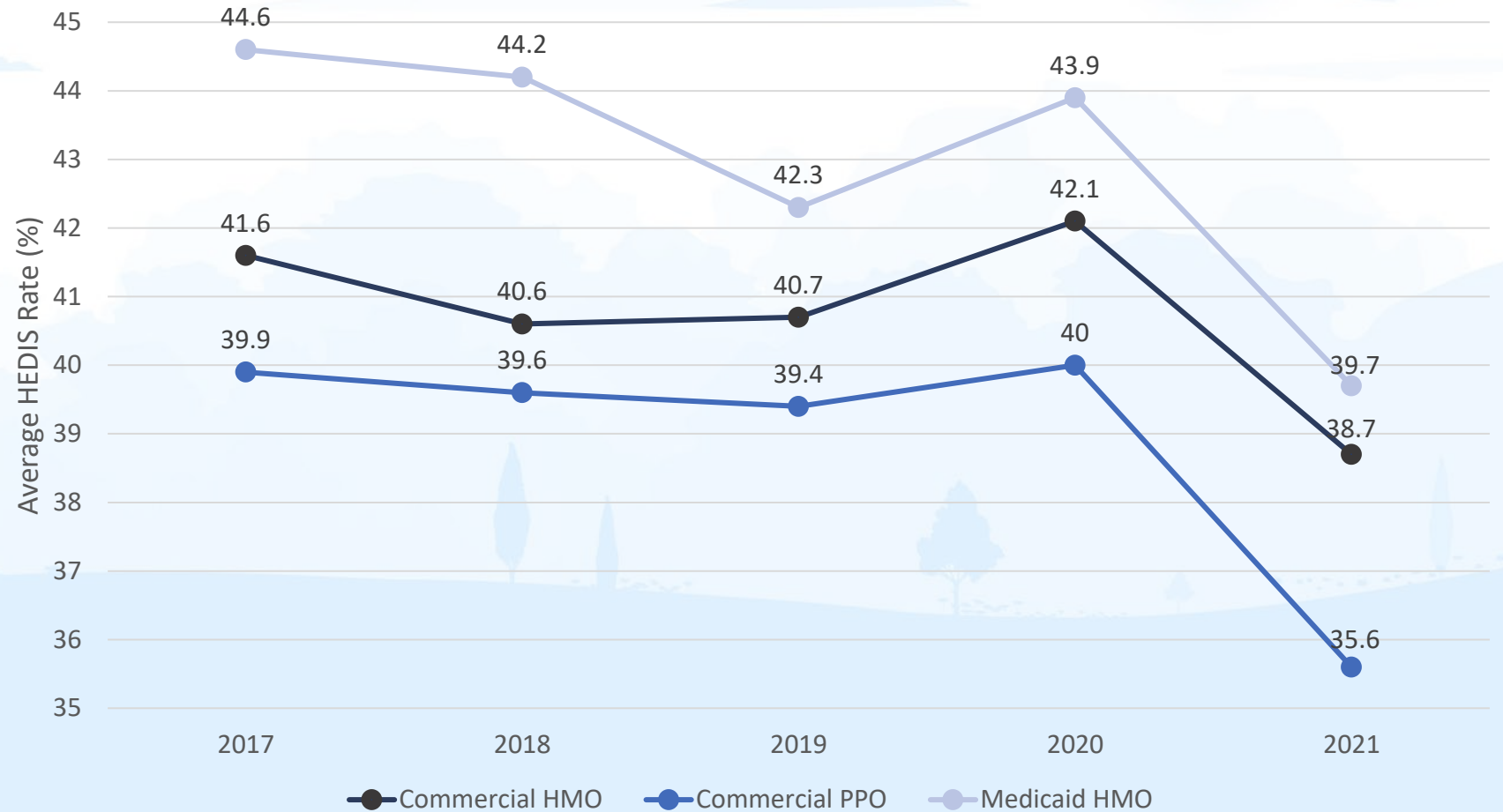
* Medicare data for 2019 is not available due to suspension of data reporting during the COVID-19 pandemic.

13. HEDIS Behavioral Health Measures: Diabetes Screening For People With Schizophrenia Or Bipolar Disorder Who Are Using Antipsychotic Medications, Medicaid HMO Payers, 2017-2021⁸

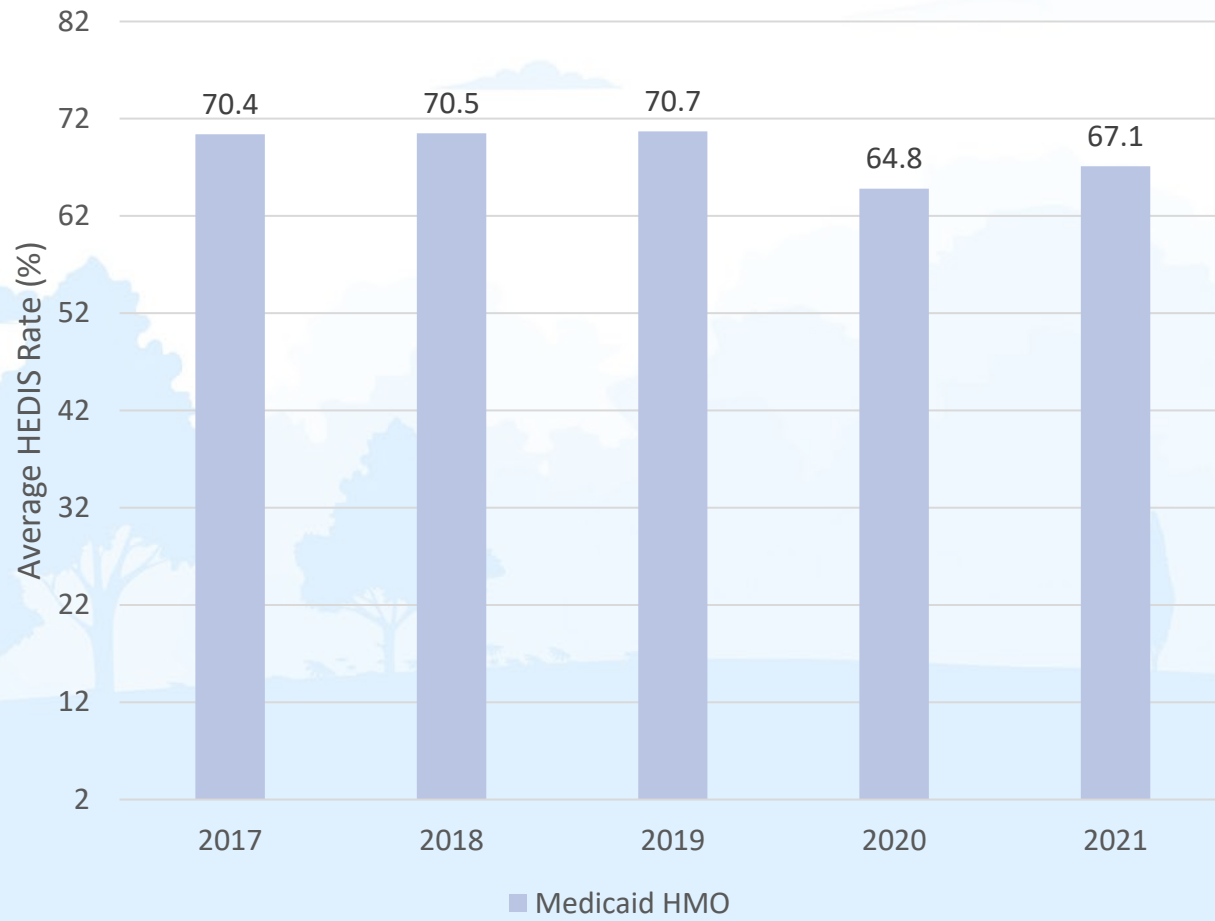


14. HEDIS Behavioral Health Measures: Follow-Up After ADHD Initial Treatment, By Payer Type, 2017-2021⁸

Attention-Deficit/
Hyperactivity Disorder
(ADHD) is one of the
most common disorders
affecting children.
Approximately 11% of
American youth have an
ADHD diagnosis, and 6.1%
are prescribed ADHD
medications.⁸

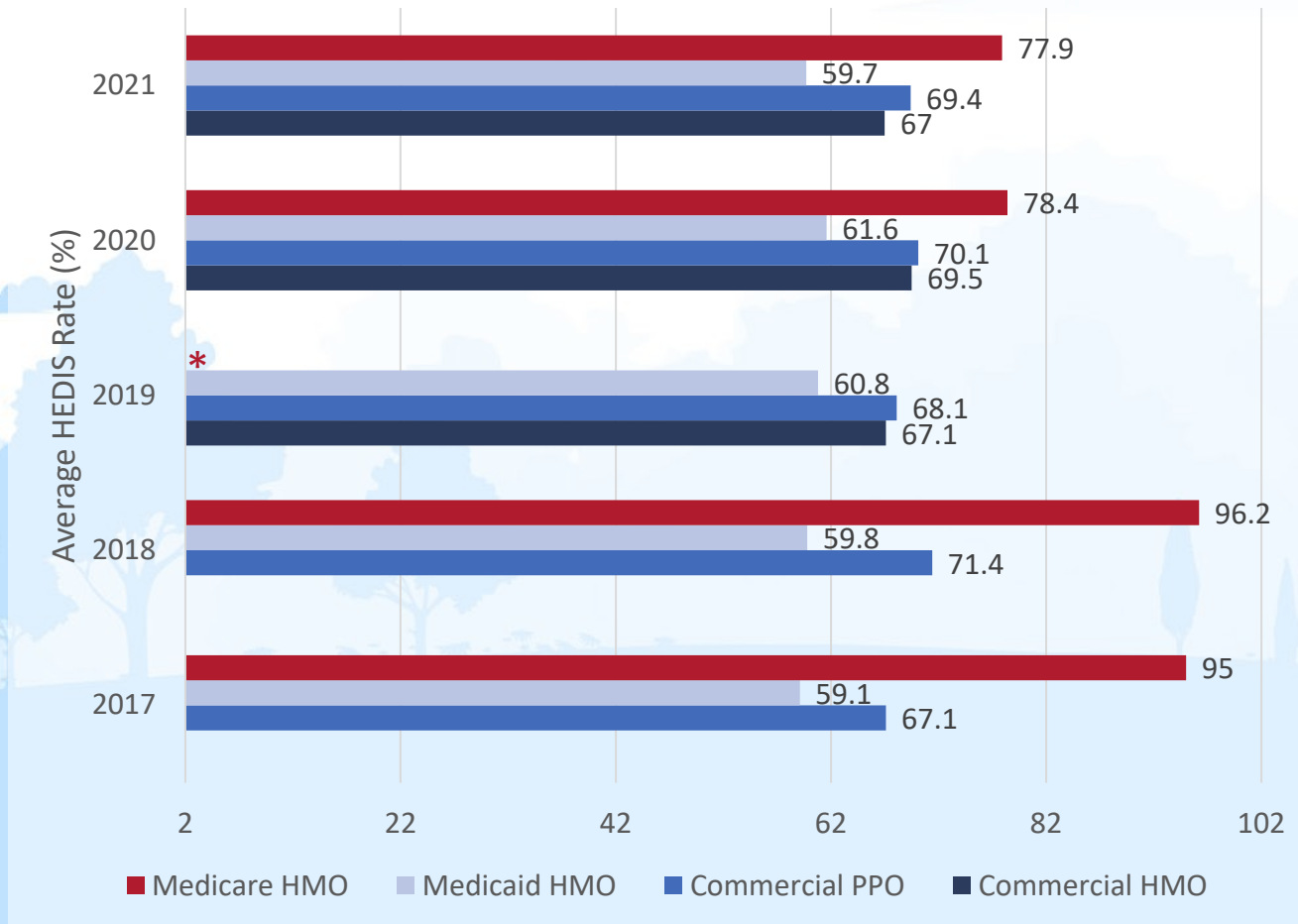


15. HEDIS Behavioral Health Measures: Diabetes Monitoring For People With Diabetes & Schizophrenia, Medicaid HMO Payers, 2017-2021⁸

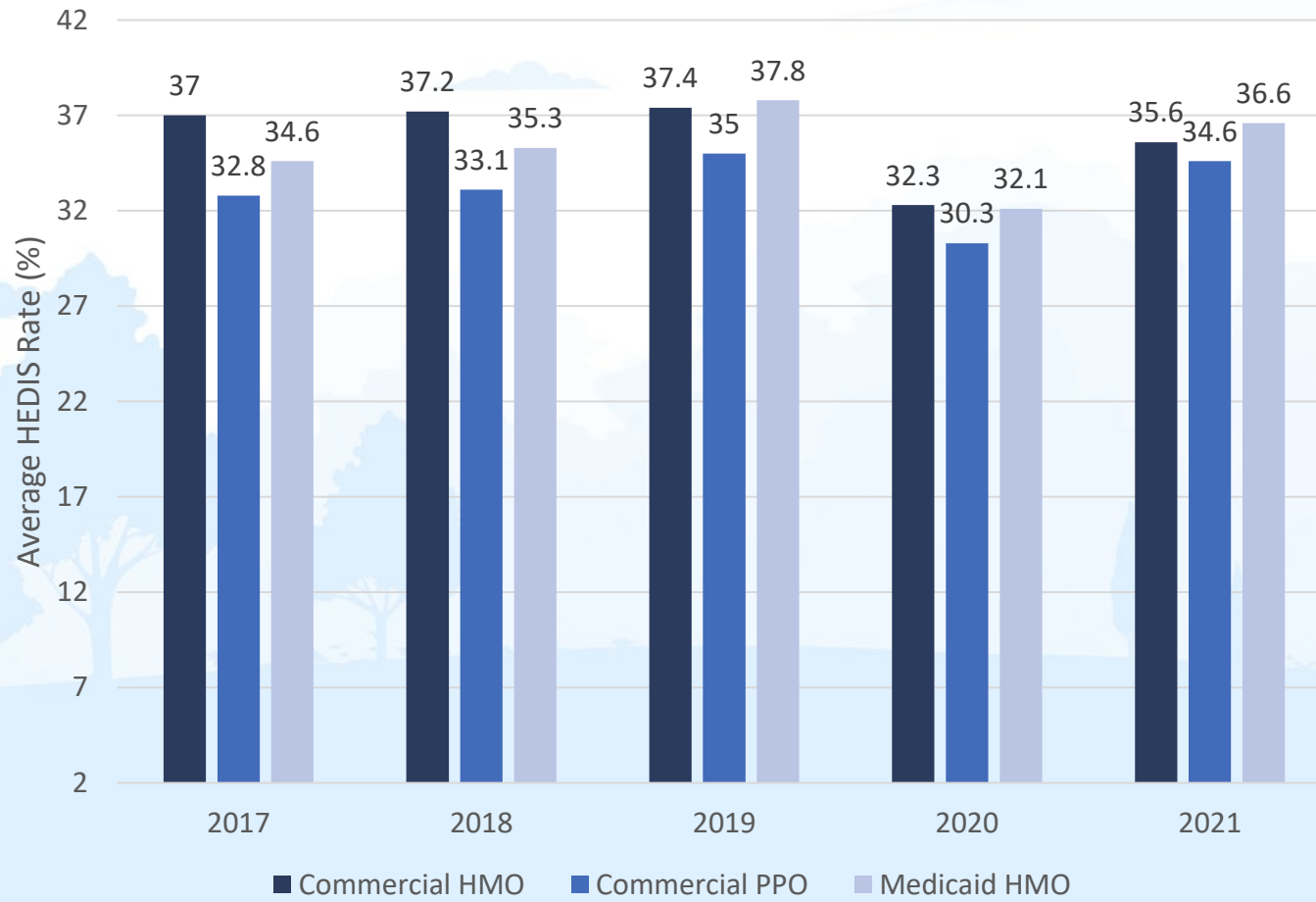


Diabetes is one of the top 10 leading causes of death in the United States. People with diabetes and schizophrenia who are being treated for schizophrenia can experience worse health outcomes. Addressing the physical health needs of this population is an important way to improve their overall health.⁸

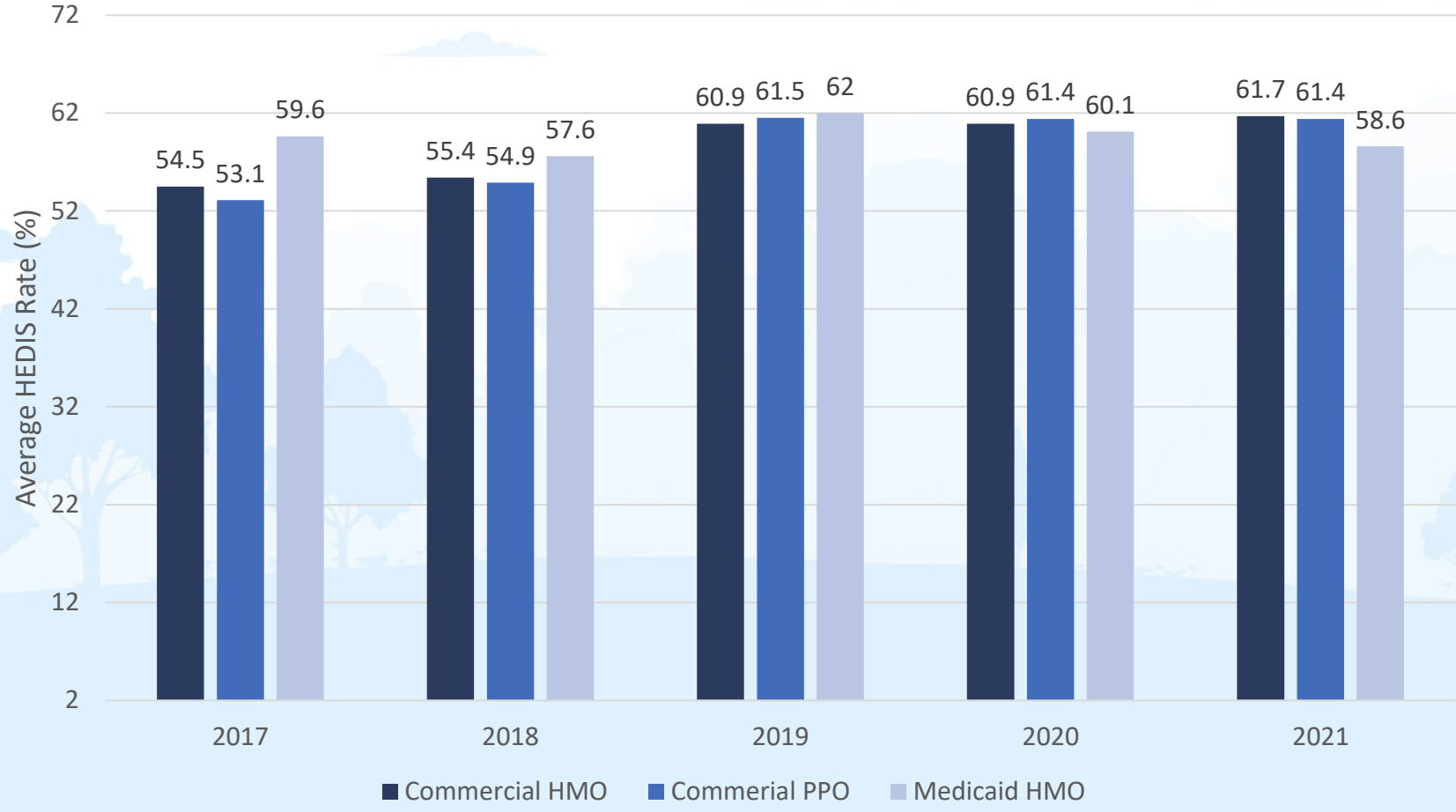
16. HEDIS Behavioral Health Measures: Adherence To Antipsychotic Medications For Individuals With Schizophrenia, By Payer Type, 2017-2021⁸



17. HEDIS Behavioral Health Measures: Cholesterol & Blood Sugar Testing For Youth On Antipsychotic Medication, By Payer Type, 2017-2021⁸



18. HEDIS Behavioral Health Measures: First-Line Psychosocial Care For Youth On Antipsychotic Medications, By Payer Type, 2017-2021⁸



Psychosocial care is the first choice intervention for younger populations prior to initiating medications. Across payers, performance for this measure has plateaued.⁸



Concluding Thoughts



In many ways behavioral health has finally come of age and come into the light. It is now near- universally recognized as an essential ingredient in overall individual and community health, as well as an increasingly profitable sector of the healthcare economy. From private psychiatric hospitals — often with equity backing — rapidly replacing state-run institutions for mental illness, to the sudden emergence of large retail and new market entrants as competitors for historic behavioral health dollars, the industry is evolving at a fast pace and picking up speed as it goes. However, indications of future challenges remain.^{5,12}

At a national level, more Americans have health insurance coverage than ever in our nation’s history, and behavioral health and addiction treatment enjoy broad support as essential healthcare benefits. However, a key lingering impact of COVID is the expiration of pandemic temporary measures to extend and maintain health coverage for millions of Americans enrolled in Medicaid. As those provisions continue to wind down this year, many more people will be faced with choices about continuing their insurance coverage under a different benefit or health plan, and some portion will decide not to continue at all. Whether this group is less likely to seek behavioral health care without insurance is still unknown.^{1,2,3}

Similarly, behavioral health has taken a hard turn down the road to managed care, with managed care emerging as the dominant U.S. healthcare delivery structure for the past few years. Mirroring this desire to control costs is an equally strong focus on improving quality. Alternative Payment Models (APM), promulgated by the Health Care Payment Learning and Action Network, offer one path to the twin goals of cost management and quality improvement. But progress has been slow. Early goals for significant increases in the proportion of healthcare payments in the most advanced models were recently revised downward, with the most-often cited barriers remaining provider willingness to take on risk and provider weaknesses in operationalizing the needed technology and processes to assume risk.⁷

At the same time, performance on the National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS) measures for behavioral health, commonly used as APM performance measures, have held steady or declined in recent years. Whether due to the continued impacts of the COVID pandemic or the challenges of implementing measurement- based care, performance as a path to quality will likely remain an ongoing challenge for many behavioral health organizations in the years ahead.⁸



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