

National Education Accreditors and Michigan Training Programs for Behavioral Health Providers

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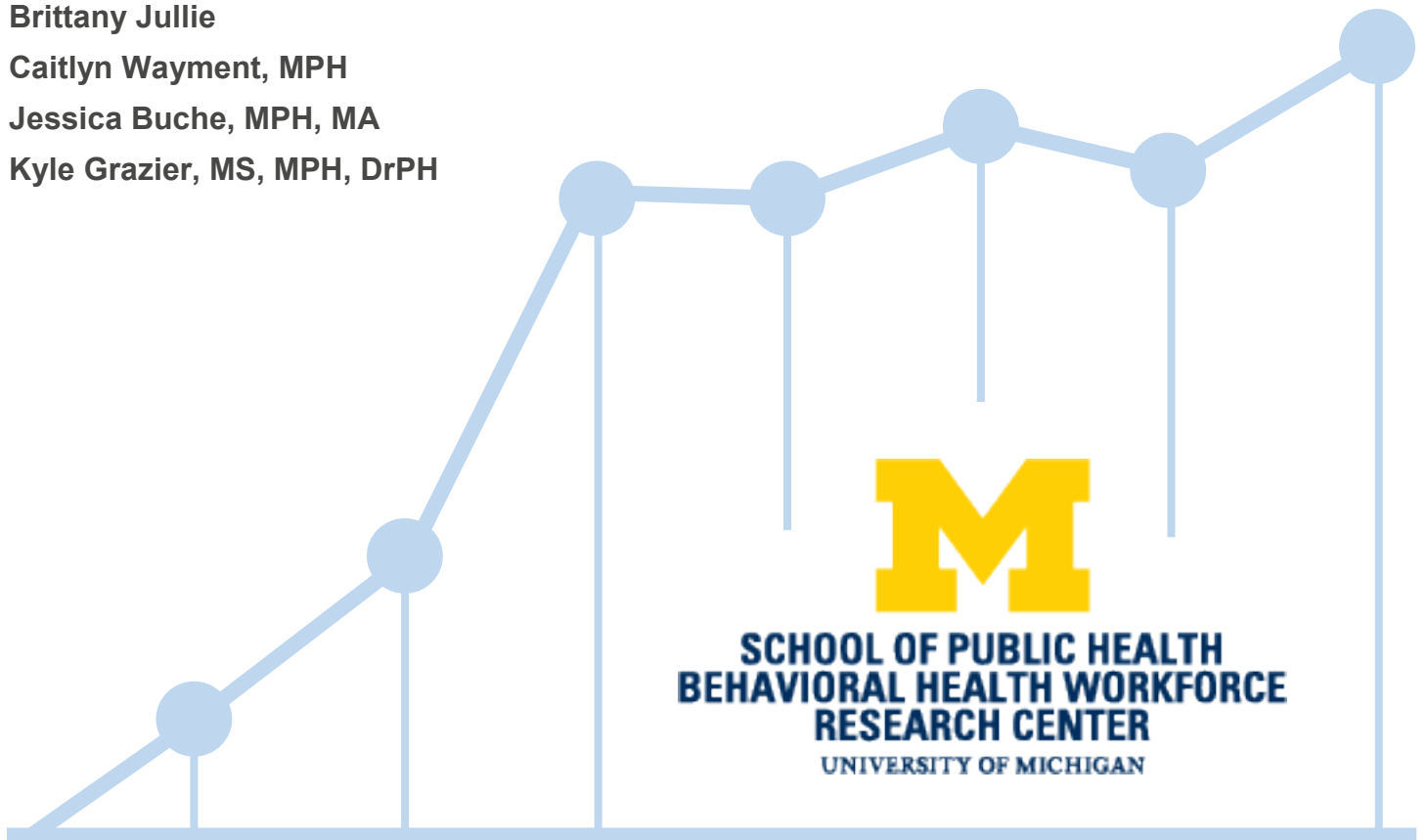
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Executive Summary

Despite the continual growth in demand for behavioral health care, individuals do not receive needed services for a variety of reasons. Barriers hindering access to care extend beyond individual-level challenges to include organizational barriers of inadequate provider education and training, provider shortages, and regulatory policies. This analysis of national education and training accreditation requirements, and the supply of relevant providers, examines behavioral health workforce professionals' ability to assess and treat behavioral health concerns.

Assessing current behavioral health training programs can provide insight into which behavioral health occupations receive substance use disorder (SUD) training and how this training is delivered. This report aims to enumerate the different types of training programs available to behavioral health providers in Michigan. Additionally, this report identifies whether these training programs include SUD content in their curricula and if there are any SUD training gaps among providers.

This study examined the United States Department of Education's Database of Accredited Postsecondary Institutions and Programs to identify accredited training programs for behavioral health providers in Michigan. Eleven behavioral health provider types were included in this study: physicians, physician assistants, advanced practice registered nurses, pharmacists, clinical social workers, mental health counselors, marriage and family therapists, SUD counselors, peer support specialists, and community health workers. To address the lack of state licensure or national accrediting bodies for some of these behavioral health provider types, internet searches were used to supplement this information to aid in identification of all behavioral health training programs in Michigan. Information on training program curricula, specifically any information related to SUD training, as well as geographic locations were also collected.

Internet search data collection efforts revealed that the availability and types of behavioral health training programs in Michigan varied by provider type and region of the state. Physicians and advanced practice registered nurse training programs were the most numerous due to the large numbers of corresponding residencies and fellowships. Training programs for all behavioral health provider types were overwhelmingly concentrated in highly populated southeastern Michigan, with southwestern Michigan as the region with the second greatest number of training programs. Few behavioral health provider training programs were in the Upper Peninsula.

There are very few behavioral health provider training programs in rural Michigan. This dearth of training programs may dissuade behavioral health providers from seeking employment in remote areas of the state. To encourage greater practice in these health professional shortage areas, incentive programs can be implemented by training programs based in southeastern Michigan to provide financial support for students in exchange for their agreements to practice in a health professional shortage area once they become licensed providers.

Further, many of the assessed behavioral health provider training programs did not provide any publicly available information about their curricula; this is especially prevalent for non-accredited programs. Keeping in mind the scarcity of information regarding the availability of and required hours for SUD training, all clinical counselors received some form of SUD training experience in their respective programs. The providers least likely to receive SUD training were peer support specialists, pharmacists, and advanced practice registered nurses. However, it should be noted that peers, also classified as recovery mentors, likely receive more SUD training than estimated in this report through on-site, non-accredited training programs.

Encouraging the use of integrated care and interdisciplinary training systems has the potential to bridge these gaps in SUD training. Both training strategies permit different behavioral health occupations to work together and learn from each other while providing patient-centered care. Clients with SUDs can benefit from prescribers and counselors working together in integrated and interdisciplinary settings to provide needed medications and psychotherapy services. Interdisciplinary training programs have the capacity to

concurrently train diverse provider types so that all behavioral health providers have the skills to meet client needs.

This study was limited by available data on some provider training programs and their curricula, the lack of accreditation guidelines across occupations, and standardized requirements for SUD training hours and quality metrics. Although programs were categorically grouped by occupation type, there was variation in quality and requirements within a provider group. Minimal reporting by programs on the number of required training hours and whether SUDs are included in their curricula likely contributed to an underestimation of the true number of SUD training programs in Michigan.

Future research should continue to assess how behavioral health providers are being trained both nationally and in Michigan. Collecting primary data through program directors and trainees would add detail and perspective on the goals, formats, content, and outcome assessments necessary to prepare a high quality behavioral health workforce to serve those with SUD in urban and rural areas. This study helps pave the way for research and action to expand and strategically target the most promising avenues for success.

Introduction

In 2019, 20.4 million people in the U.S. aged 12 or older had a substance use disorder (SUD), yet only 4.2 million people received any substance use treatment in the past year.¹ This is despite a reported 21.6 million indicating that they needed treatment.¹ Many individuals in need of care face numerous barriers to access quality SUD care due to systematic bias and racism, inability to pay for services, and lack of transportation to the needed provider. These challenges are further hindered by organizational barriers that may include provider shortages and insufficient provider training.²⁻⁴

Understanding behavioral health workforce supply and demand is critical for effectively meeting the behavioral health needs of the population. The National Center for Health Workforce Analysis within the Bureau of Health Workforce at the Health Resources and Services Administration (HRSA) developed the Health Workforce Simulation Model (HWSM) to project county-level behavioral health workforce estimates to better understand current and future supply and demand; this simulation incorporates trends and policies that impact care use and delivery at the county level.⁵

Projections from the HWSM indicate that both psychiatrists and addiction counselors will experience national supply shortages by 2030. In contrast, the national supply of nurse practitioners, physician assistants, psychologists, social workers, marriage and family therapists, mental health counselors, and school counselors are estimated to be at adequate levels or potentially at a national oversupply.⁶ At the state level, the HWSM predicts Michigan will face shortages in the following professions by 2030: psychiatrists, psychologists, addiction counselors, mental health counselors, and marriage and family therapists.⁷

While projections can help enumerate the behavioral health workforce and predict future supply, other factors that influence workforce capacity to meet demand must be considered, including provider education and training, practice settings, financing models, and recruitment and retention efforts.⁸⁻¹⁰ Furthermore, the education and training of providers goes beyond coursework and is shaped by accrediting bodies and regulatory systems which impact training methodology, job qualifications, and requirements for updating and maintaining professional skills.¹⁰ These accreditation and regulatory requirements seek to ensure quality of care and serve useful when preparing professionals to appropriately meet practice demands.^{10,11} However, accrediting bodies, education requirements, and regulatory requirements may also threaten workforce sustainability.¹⁰ Thus, consideration of national education and training accreditation requirements as well as supply of relevant providers is necessary for accurately assessing the ability of the behavioral health workforce to treat behavioral health concerns.

This report enumerates the education and training programs in Michigan that culminate in behavioral health provider licensure or certification to better understand the behavioral health workforce. Additionally, this report briefly summarizes the number and types of education and training programs and, whenever possible,

the SUD-specific requirements of those programs' curricula.

Methods

A thorough examination of the United States Department of Education's Database of Accredited Postsecondary Institutions and Programs was conducted to identify the national accrediting agencies that standardize behavioral health workforce education requirements.¹²

Findings were supplemented with additional accreditors based on information provided by professional membership organizations that belong to the Behavioral Health Workforce Research Center's (BHWRC) Consortium. Descriptions of all active, accredited programs were also obtained from these accrediting agencies. Program listings were then narrowed to include only active programs based in the state of Michigan.

No national accrediting bodies exist for education programs that train peer support specialists, community health workers, and SUD counselors. Certification options in Michigan for peer support specialists were examined to determine where in the state training and education programs are offered, with data sources including the Michigan Certification Board for Addiction Professionals (MCBAP). Internet searches were conducted to find any training programs offered in Michigan for community health workers. To locate training programs for SUD counselors, the MCBAP was utilized as a resource based on alcohol and drug counselor certification opportunities offered through the organization. An additional program accredited by the Council on Accreditation of Counseling and Related Educational Programs met criteria for study inclusion.

To supplement the list of accredited programs, additional SUD-related training and education programs such as seminars, continuing education classes, and certificate opportunities were identified through internet searches. Some training programs were specific to an individual occupation, whereas others were open to multiple professions.

Publicly available contact information, curriculum requirements, and accreditation status were collected for each program. All available program curricula were examined to identify SUD-specific education components, including any reference to addiction, addiction medicine or psychiatry, and substance use. Identified programs were further categorized by overarching program type: degree level (e.g., bachelor's, master's, Doctor of Philosophy (PhD)), internship, postgraduate training (e.g., fellowships, residencies), certificate program, and other program types (e.g., single courses). Program locations were also categorized by county into 4 primary areas: southeastern Michigan (e.g., Wayne County), southwestern Michigan (e.g., Kalamazoo County), central Michigan (e.g., Isabella County), and the Upper Peninsula (e.g., Dickinson County). Categorization of these 4 areas was used to determine the presence of any training program clusters.

Results

Data from online searches produced an estimate of the number of the following training programs in the state of Michigan: 38 for physicians, 81 for pharmacists, 152 for advanced practice registered nurses, 14 for physician assistants, 43 for psychologists, 57 for social workers, 1 for marriage and family therapists, 13 for SUD counselors, 25 for mental health counselors, 48 for peer support specialists, and 24 for community health workers. Although a total of 295 physician training programs were identified in Michigan, those with a primary focus on physical rather than behavioral health were not included in the analyses.

Table 1 provides the number and types of behavioral health training programs in Michigan by occupation and denotes which programs include a SUD training component. Most training programs did not offer publicly available details on curricula or SUD training requirements. Counselors were the most likely provider type to have undergone some form of SUD training. All mental health counselor programs, SUD counselor programs, and marriage and family therapist programs include a SUD training component,

although the number of required education hours was typically unclear across programs. The providers least likely to receive SUD training were peer support providers (0% of programs had SUD requirements), pharmacists (3.7%), and advanced practice registered nurses (6.6%).

Table 1: Behavioral health provider training programs located in Michigan and the total number of programs with substance use disorder (SUD) training requirements.

Occupation	Degree Program n	Internship n	Postgraduate Training n	Certificate Program n	Other n	Total with SUD Content n (%)
Physicians	7	0	26	4	1	24 (63.2)
Physician Assistants	8	0	3	3	0	8 (57.1)
Advanced Practice Registered Nurses	115	0	1	35	1	10 (6.6)
Pharmacists	3	0	77	0	1	3 (3.7)
Psychologists	12	13	12	6	0	11 (25.6)
Social Workers	34	0	0	15	8	11 (19.3)
Mental Health Counselors	25	0	0	0	0	25 (100)
Marriage and Family Therapists	1	0	0	0	0	1 (100)
SUD Counselors	3	0	0	10	0	13 (100)
Peer Support Specialists	0	0	0	0	48	0
Community Health Workers	0	0	0	0	24	2 (8.3)

Note: These counts include training programs that may not have a national accrediting body. This is often the case for certificate programs and those located in the "other" (e.g., continuing education course) category. The postgraduate training category includes fellowships and residencies. The number of postgraduate training programs will be an underestimate for physicians due to the abundance of available fellowships and residencies causing those without a behavioral health focus to be dropped from the analysis. The total number of postgraduate training programs for physicians, including those with a physical health focus rather than a behavioral health focus, is approximately 295. Consequently, this table overestimates the percentage of physician training programs that include SUD components. The more realistic estimate of the percentage of training programs with SUD content out of the 295 programs available to physicians is 7.8%.

Figure 1 illustrates the geographic locations of behavioral health provider training programs in Michigan by provider type. The majority of behavioral health provider training programs, regardless of provider type, are located in southeastern Michigan, and few programs are located in the Upper Peninsula. There are currently 329 behavioral health provider training programs located in southeastern Michigan, 76 in southwestern Michigan, 36 in central Michigan, and only 7 in the Upper Peninsula. This total does not include peer providers as it was difficult to determine how many programs were housed under one organization.

Due to the different accrediting bodies and licensure standards for each behavioral health occupation, researchers further categorized available training programs for behavioral health providers in Michigan into 11 occupations: physicians, physician assistants, advanced practice registered nurses, pharmacists, clinical social workers, mental health counselors, marriage and family therapists, SUD counselors, peer support specialists, and community health workers.

Physicians

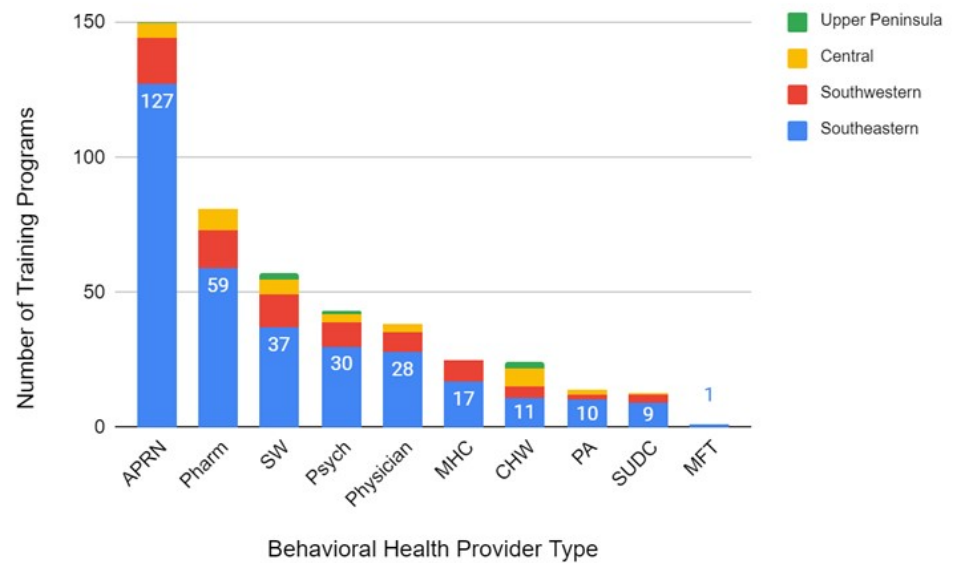
As of April 1, 2021, there are 36,160 actively licensed medical doctors and 8,359 osteopathic physicians in Michigan.¹³ A physician must first complete medical school at an accredited institution to become a licensed physician. There are currently 6 medical schools in Michigan accredited by the Liaison Committee on Medical Education (LCME) and 1 osteopathic medicine school accredited by the Commission on Osteopathic College Accreditation. Of the 6 LCME accredited schools, 3 are in southeastern Michigan, 2 in central Michigan, and 1 in southwestern Michigan. The LCME does not have any standards for including SUD in medical school curricula.¹⁴

Medical residencies and fellowships are accredited by the Accreditation Council for Graduate Medical Education (ACGME).¹⁵ Due to the abundance of residencies and fellowships available for physicians in Michigan (n=295), all residencies and fellowships not related to psychiatry or addiction medicine were excluded in the analysis. The state of Michigan offers 13 ACGME accredited psychiatry residency programs. Ten of the programs are in eastern Michigan, 2 are in southwestern Michigan, and 1 is centrally located, all of which include SUD-related content in their curricula. Twelve of these residency programs include rotations in addiction medicine, addiction psychiatry, or SUDs, and 7 list addiction psychiatry topics within their didactic curricula, electives, or program goals. Most of these programs require completion of 1 to 2 months of rotations in addiction psychiatry.

Further, there are 12 psychiatry fellowship programs in Michigan accredited by the ACGME. As seen in the distribution of physician residency programs, these fellowships are geographically clustered in southeastern Michigan. A total of 9 fellowships are in southeastern Michigan, 3 in southwestern Michigan, and 1 is centrally located. Only 1 fellowship is accredited by the American College of Academic Addiction Medicine as an Addiction Medicine Fellowship; this fellowship, located at St. Joseph Mercy Ann Arbor Hospital, trains fellows in addiction medicine in both inpatient and outpatient settings. An additional 3 fellowships are accredited by the ACGME as Addiction Psychiatry Fellowships, all of which qualify fellows to become certified in addiction psychiatry by the American Board of Psychiatry and Neurology; these fellowships are located at Michigan Medicine, Wayne State University, and Pine Rest Christian Mental Health Services, respectively. Of the non-addiction specific psychiatry fellowships, 2 fellowships in child and adolescent psychiatry require completion of rotations in addiction treatment services or adolescent drug court. Three other fellowships reference treating SUDs as part of their curricula or rotations.

Physicians can gain further experience in their field by completing certificate programs or continuing education courses. Currently, 4 certificate programs are offered in southeastern Michigan. Three of these

Figure 1. Geographic locations of behavioral health provider training programs in Michigan.



Note: Behavioral health provider types include: APRN=advanced practice registered nurses, Pharm=pharmacists, SW=social workers, Psych=psychologists, MHC=mental health counselors, CHW=community health workers, PA=physician assistants, SUDC=substance use disorder counselors, and MFT=marriage and family therapists. Peer providers were not included in this figure because their programs were often housed within multiple practice sites.

programs focus on integrated behavioral health care, with the remaining program focused on addiction medicine. All 4 certificate programs include SUD content in their curricula, but the exact time requirement for SUD training remains unclear. Additionally, Oakland University offers a 1.5-hour pain management course for providers to build their knowledge on the use of opioids and other controlled substances.

Physician Assistants

There are currently 6,598 actively licensed physician assistants in Michigan as of April 1, 2021.¹³ All licensed physician assistants must complete an Accreditation Review Commission on Education for the Physician Assistant, Inc (ARC-PA)-accredited physician assistant program. To become an accredited program, ARC-PA specifies program curricula must include instruction in SUDs and their application to clinical practice.¹⁶ Despite all physician assistant programs requiring SUD instruction, the number of required credit hours in SUD education is unclear. Eight institutions currently offer accredited physician assistant programs in Michigan, 5 of which are in southeastern Michigan, 2 in southwestern Michigan, and 1 in central Michigan.

Physician assistants are not required to complete residencies or other postgraduate training; however, postgraduate trainings do exist for providers wishing to specialize. Postgraduate educational opportunities for physician assistants are organized by the Association of Postgraduate PA Programs.¹⁷ The Association of Postgraduate PA Programs identifies 2 postgraduate programs located at St. Joseph Mercy Hospital in Michigan, though these programs are focused on cardiothoracic care and do not include behavioral health components. In addition, 1 other psychiatry residency training program was identified at Pine Rest Christian Mental Health Services.

Physician assistants based in Michigan can also earn a certificate in integrated behavioral health care. Three online certificate programs located at the University of Michigan offer in-depth training on the provision of integrated behavioral health to pediatric and adult populations. It is unclear the full extent to which these certificate programs include SUD instruction.

Advanced Practice Registered Nurses

As of April 1, 2021, there are 164,493 registered nurses in Michigan, but it is unclear how many advanced practice registered nurses are actively practicing in Michigan.¹³ Advanced practice registered nurses, or registered nurses with graduate-level training, include certified nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives. The accrediting bodies for these professions' educational programs are the Accreditation Commission for Education in Nursing (ACEN), Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Midwifery Education (ACME) and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), respectively.¹⁸⁻²¹ The CCNE does not accredit research doctorate programs for nurses.²²

There are currently 63 Master's in Nursing (MSN) accredited programs, 4 accredited PhD programs in nursing, and 48 accredited Doctor of Nursing Practice (DNP) programs for advanced practice nurses in the state of Michigan. Each of these programs provide different concentration opportunities for nurses, with 5 schools offering nurse anesthesia programs and 2 offering nurse midwifery programs. Most schools that provide graduate nursing education are clustered in southeastern Michigan, specifically in Wayne and Washtenaw counties. Of the 115 education programs available to advanced practice registered nurses, 96 are in southeastern Michigan, 12 in southwestern Michigan, 5 in central Michigan, and 2 in the Upper Peninsula.

Of all accredited graduate nursing programs in Michigan, only programs that train psychiatric mental health nurse practitioners contain SUD-specific content in their curricula. At present, 2 accredited MSN programs and 3 accredited DNP programs are available for psychiatric nurse practitioners in Michigan. Though these programs do not specifically mention SUD content in their course titles, the MSN program at

Wayne State University requires a completion of a class called “Effects of Drugs & Alcohol: Social & Physical Function.” This university also offers an accredited MSN program in registered nursing with a concentration in addictions, completion of which involves selecting three 3 credit courses from a list that includes: “Causes of Substance Abuse,” “Physical Aspects of Addictive Drugs,” “Applied Neuropsychopharmacology of Addictive Drugs,” “Diversity and Ethical Issues in Addictions,” Recovery of Oriented Systems of Care,” “Co-Occurring Disorders and Addictions,” and “Addiction in Family Systems.”

Postgraduate training opportunities in Michigan for advanced practice registered nurses are limited to 1 accredited residency program located at the Ann Arbor VA Healthcare System in southeast Michigan; this program does not provide any publicly available details on required training content. Additionally, advanced practice registered nurses can work towards earning postgraduate certificates to further specialize in their field. Thirty-five certificate programs are currently offered in Michigan, though it should be noted that not all postgraduate certificates are accredited. Twenty-nine of these certificate programs are in southeastern Michigan, 5 in southwestern Michigan, and 1 in central Michigan. One accredited Psychiatric Mental Health Nurse Practitioner certificate offered by Saginaw Valley State University focuses on SUDs in rural communities, with 1 required class being “Addictions Care in Integrated Settings.” Additionally, a Psychiatric Mental Health Nurse Practitioner certificate offered by Michigan State University lists SUD prevention as part of the program goals. Lastly, advanced practice registered nurses are eligible for an optional 1.5-hour pain management course for continuing education credit.

Pharmacists

As of April 1, 2021, there are 16,783 actively licensed pharmacists in Michigan.¹³ Three pharmacy schools in Michigan offer Accreditation Council for Pharmacy Education-accredited PharmD programs, of which none specify SUD content in their curricula.²³ Two of the 3 programs are in southeastern Michigan and 1 in central Michigan.

At present, there are 2 postgraduate residency programs accredited by the American Society of Health-System Pharmacists in Michigan. However, the state offers 38 accredited postgraduate year-one programs (PGY1), 36 accredited postgraduate year-two programs (PGY2), and 3 accredited programs that combine year one and year two. These programs are heavily clustered in southeastern Michigan, with 56 programs located in the southeastern region of the state, 14 in southwestern Michigan, and 7 in central Michigan. PGY2 programs permit students to specialize in areas such as critical care or infectious diseases and tend to be located within major hospital systems. Nearly all residency programs do not have SUD education in their curricula. Only 1 PGY1 residency program requires a rotation in pain management, and 2 other residency programs offer an optional rotation in addiction medicine and residential rehabilitation.

Psychologists

Michigan currently has 3,249 actively licensed psychologists as of April 1, 2021.¹³ Prior to becoming a licensed provider, psychologists must first complete their training at an education program accredited by the American Psychological Association’s Commission on Education (CoA). The CoA establishes the criteria for accreditation, including curriculum, internship, and postdoctoral requirements.²⁴ As of 2019, Michigan offers 12 accredited psychology doctoral programs, 13 accredited psychology internship programs, and 12 accredited postdoctoral programs.²⁵⁻²⁷ These psychology training programs are located across the state but with a primary concentration in the southeastern region of Michigan. Twenty-three training programs are in southeastern Michigan, 9 are in the southwestern corner of the state, 3 are in central Michigan, and 1 program in the Upper Peninsula.

No clear SUD education requirements exist within accredited psychology programs. Three internship programs, 2 fellowship programs, and 1 residency program include mention of possible on-the-job SUD training in their curricula but do not provide a concrete required number of hours in SUD service training.

In addition to the accredited programs, 6 certificate programs that provide specialized training for psychologists are offered by the University of Michigan and Michigan State University in southeastern Michigan. Through these programs, psychologists can earn certificates in school psychology, addiction counseling, and behavioral health care in a primary care setting. Five of the available 6 certificate programs require training in SUD topics; however, it is unclear how much time psychologists must devote to SUD-related topics to be eligible for a certificate.

Clinical Social Workers

As of April 1, 2021, there are 18,295 actively licensed masters-level social workers and 3,014 bachelor's degree social workers in Michigan.¹³ The Council on Social Work Education (CSWE) is the national accrediting body for both master's- and bachelor's degree-level social work programs. Within the CSWE's 2015 guide on accreditation standards, there is no mention of any SUD-related requirements for either social work program degree type.²⁸ A total of 12 accredited master's and 22 bachelor's of social work programs are located in Michigan.²⁹ At present, no bachelors- or masters-level social work program identifies any SUD requirements in their curricula. Of the 34 accredited social work programs, 17 are in southeastern Michigan, primarily in Wayne and Washtenaw Counties, 9 are found in southwestern Michigan, 6 are housed in central Michigan, and 2 are in the Upper Peninsula.

Social workers in Michigan can gain further training in their field by completing a certificate program or a continuing education course. Michigan currently offers 15 certificate programs for social workers, all of which are in Ingham, Wayne, or Washtenaw counties. Many of these programs did not provide detailed curriculum requirements but appear diverse in content, with 3 certificates offered in addiction studies and 3 in integrated behavioral health care. Additionally, there are 8 training courses focused on SUD content available for social workers in Michigan, all of which are in the southeastern and southwestern regions of the state. Training courses typically comprise a one-time session that meets continuing education requirements. All these courses are optional, and it is unclear how many social workers complete these training sessions.

Mental Health Counselors

Michigan currently has 7,967 actively licensed professional counselors as of April 1, 2021.¹³ All mental health counseling degree-granting programs are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). According to the 2016 CACREP standards for accreditation, all accredited programs must include entry-level education in addiction counseling.³⁰ There are 25 CACREP accredited degree-granting counseling programs in Michigan spread across 7 institutions. Although credits in addiction counseling are required for all accredited programs, these programs can have differing credit hour requirements. Of the 16 counseling programs that provide curriculum details, an average of 4 credit hours are required for program completion, with requirements ranging from 3 to 14 credit hours.

All accredited counseling programs are in lower Michigan, leaving the Upper Peninsula without any mental health counselor training programs. Further, the counseling programs are clustered in 2 main areas: southeastern and southwestern Michigan. Seventeen counseling programs are in southeastern Michigan, primarily in Wayne County, and 8 programs are in southwestern Michigan, primarily in Kalamazoo County.

Marriage and Family Therapists

There are 633 actively licensed marriage and family therapists practicing in Michigan as of April 1, 2021.¹³ Prior to licensure, marriage and family therapists must earn their marriage and family degree from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. There is currently only 1 accredited marriage and family therapist program located in Michigan. Located at

Michigan State University, this accredited PhD program in family and child ecology gives students the opportunity to specialize in couple and family therapy. Michigan State University does not explicitly define any SUD education requirements in their marriage and family therapist coursework, but the program must include 3 credits, or 45 clock hours, in assessment, diagnosis, and treatment of mental health disorders and psychopharmacology in order to maintain its accreditation.³¹ This area of focus also includes education in a variety of other common behavioral health topics, including addiction, and it remains unclear how much education time is devoted to SUD training.

Substance Use Disorder Counselors

Unlike the previous occupations discussed in this report, Michigan does not license SUD counselors. Consequently, providers who identify as an SUD counselor typically fall into 1 of 5 categories:

1. A licensed behavioral health clinician (master's or doctoral degree level) who has specialized their practice in SUD through training, internships, residencies, postgraduate work, etc.;
2. A licensed behavioral health clinician (master's or doctoral degree level) who has sought supplemental certification through the Michigan Certification Board for Addiction Professionals (MCBAP) to signify their competency in SUD treatment;
3. A licensed behavioral health professional (non-clinician) with or without specialty certification usually working in an assistance role;
4. A non-licensed behavioral health professional (non-clinician) with a MCBAP or National Association for Alcoholism and Drug Abuse Counselors (NAADAC) certification usually working in an assistance, technician, or support role; or
5. A non-licensed behavioral health professional without a MCBAP or NAADAC certification, usually working in a support role.

No national accrediting body for SUD counselor education currently exists in the U.S., creating challenges for determining the proportion of providers self-identifying as SUD counselors that are formally educated in other fields of behavioral health (e.g., mental health counseling, psychology, social work). Only 3 programs in Michigan identify as SUD degree programs: the Bachelor of Science in Substance Use Treatment at the University of Michigan-Flint, the Master of Arts in Addiction Counseling at the University of Detroit Mercy, and the Master of Arts in Counseling with Addictions Concentration at Central Michigan University.

In addition to completing a degree program, providers interested in SUD counseling work toward specialization through a certificate program. Ten certification programs are currently offered across Michigan, 7 of which are in southeastern Michigan and 3 in southwestern Michigan. All 10 programs offer a focus on addiction studies or on the impact of the opioid epidemic.

Peer Support Specialists

Like SUD counselors, peer support specialists are not licensed through the state of Michigan or through an accrediting body for their education programs. Peer providers in Michigan can earn a certification through any of the following 4 avenues: the Certified Peer Recovery Mentor Certification offered by the Michigan Certification Board for Addiction Professionals, the Parent Support Partner Certification Program administered by the Michigan Department of Health and Human Services (MDHHS), the Certified Peer Recovery Coach Program administered by the MDHHS, and the MDHHS-administered Certified Peer Support Specialist Program.³²⁻³⁵

Forty-eight training programs located throughout Michigan offer training for peer support specialists. These programs may be located at multiple practice sites throughout the state, with practice sites across

the upper and lower peninsulas. This disbursement of peer support specialist training programs renders educational opportunities more accessible compared with those offered for other behavioral health providers, as many other occupations' training opportunities are largely clustered in southeastern and southwestern Michigan. Unfortunately, it is difficult to account for the total number of peer providers available without a standardized training pathway for peer support specialists, and it is a greater challenge to determine if these providers receive SUD-specific training.

Community Health Workers

As of May 2020, Michigan houses 1,610 community health workers.³⁶ Community health workers do not have licensure opportunities through the state of Michigan. Despite the lack of a formal accrediting body, the Michigan Community Health Worker Alliance (MiCHWA) serves as the most prominent hub of information for community health workers in Michigan to fill this need. Independent from but housed in the University of Michigan, MiCHWA offers certificate training programs for community health workers and has trained at least 117 community health workers since 2015.³⁷ The community health worker certificate requires completion of 126 education hours and 40 internship hours.³⁸ Although mental health topics are included in the curriculum, it is unclear whether SUD training is required.

There are 24 training programs for community health workers located across Michigan. Eleven of these programs are found in southeastern Michigan, 7 in central Michigan, 4 in southwestern Michigan, and 2 in the Upper Peninsula. Of these 24 training programs, 11 programs either partner with or adhere to the standards set by MiCHWA. Nearly all these programs do not provide specific details on their SUD-related instruction. Only 2 programs, both offered by Spectrum Health and Everyday Life Counseling, highlight education requirements in the identification of SUD symptoms and causes.

Discussion

Most training programs available for behavioral health providers are overwhelmingly located in southeastern Michigan and southwestern Michigan. This finding closely mirrors the population distribution in Michigan given that southeastern Michigan, specifically Wayne County, has the highest population density in the state.³⁹ Although meeting the behavioral health demands of these high density areas is important, this maldistribution of training programs leaves behavioral health providers in central Michigan and Michigan's Upper Peninsula largely without training opportunities. Though training locations are not always synonymous with where providers end up practicing, it is suggested that this is an influential factor.^{40,41}

Concentration of training programs in urban areas may contribute to providers' decisions to practice in high-population regions rather than rural areas, thus increasing the persistence of health professional shortage areas. This theory can be observed in practice in many rural counties in the Upper Peninsula of Michigan that have no behavioral health provider training programs, many of which are also designated mental health professional shortage areas.⁴² With a shortage of psychiatrists, psychologists, SUD counselors, mental health counselors, and marriage and family therapists predicted to occur in Michigan by 2030,⁷ the lack of available training programs in rural areas of Michigan may further worsen the disparities in underserved communities.

To counteract the low number of training programs available in rural Michigan, targeted strategies encourage better distribution of the behavioral health workforce, specifically in underserved areas. One method, used in several U.S. government initiatives, is to offer tuition coverage and financial aid to cover the costs of behavioral training programs in return for providers agreeing to work in a health professional shortage area. This historically successful strategy is currently employed by the National Health Service Corps, which offers financial aid for primary care providers to serve in medically underserved areas, as well as the NURSE Corps, which offers full tuition, supplies, and a monthly stipend to nurses in exchange for

working in an underserved area.^{43,44} Investing in incentive programs at a state level can help overcome geographical barriers of training programs being primarily concentrated in the same regions and, consequently, promote a more equitable distribution of the behavioral health workforce and increased access for vulnerable populations.

Along with the uneven distribution of training programs across Michigan, most training programs do not openly advertise their SUD curriculum or training requirements for behavioral health providers. This lack of information likely led to an underestimate of the available SUD training programs in Michigan in this analysis. Consequently, it is not overtly clear how providers are being trained in SUD content and which providers might be lacking in SUD training. Despite these challenges, the search revealed that clinical counseling occupations, specifically mental health counselors, SUD counselors, and marriage and family therapists, must undergo some form of SUD training while medical occupations, such as physicians and advanced practice registered nurses, are less likely to receive SUD training. These findings are juxtaposed with a previous analysis of the scopes of practice requirements for behavioral health providers in Michigan; counselors in Michigan are not explicitly required to complete any SUD training to earn their credential while pharmacists, advanced practice registered nurses, and psychiatrists are all required to have SUD-related continuing education credits.⁴⁵ However, prescribers often only receive SUD-training in the prescribing of medications and not on how to supplement prescriptions with counseling, long-term follow up, or care coordination.⁴⁵

With the newly released Department of Health and Human Services' buprenorphine practice guidelines, eligible physicians, physician assistants, and nurse practitioners can now forgo certification requirements related to training, counseling, and ancillary services in order to treat up to 30 clients with buprenorphine.⁴⁶ This training exemption removes barriers for providers to prescribe buprenorphine and increases access to care for clients. Although this policy is a step in the right direction for increasing access to care, it is crucial that prescribers are receiving comprehensive SUD training during their education in order for them to provide holistic patient-centered care.

Paraprofessionals, including peer support specialists and community health workers, are also less likely to have SUD training programs available to them. However, it is probable that these providers are receiving more SUD training than suggested because they are receiving their training from non-accredited training programs that do not always openly report their training requirements. Other occupations, such as physician assistants, have a national accrediting body that requires all accredited programs to include at least some SUD training, regardless of whether the training program openly shares their curricula. Without a state license or national accrediting body to require SUD training, it is difficult to generate an accurate estimate of the type and length of SUD education and training. Creation of a standardized training pathway and accredited programs for peers and community health workers could help ensure that these providers receive the necessary SUD training.

One proposed solution to bridge the gap between different provider types and their varying experience with SUDs without changing existing education pathways is to encourage the use of integrated care and interdisciplinary training systems. Integrated care, or care in which primary care providers and behavioral health care providers work closely together to provide patient-centered care, can take the form of SUD prescribers and counselors working together to provide the necessary medications and psychotherapy to clients.⁴⁷ This form of care delivery offers providers the opportunity to work across disciplines, learn from other team members, and include clients in SUD care decisions.

Transdisciplinary SUD training programs bolster interdisciplinary collaboration among behavioral health providers. Such workforce development programs are starting to be implemented throughout Michigan through federal grants awarded by HRSA's Opioid Workforce Expansion Program.⁴⁸ Presently, only Wayne State University and Western Michigan University have received funding for their Opioid Workforce Expansion Program, MY-PROUD, and I-PEER programs.^{49,50}

In 2020, Wayne State University implemented a Opioid Workforce Expansion Program that offers SUD training to social work, nursing, psychology, and psychiatry students.⁴⁹ The MY-PROUD program housed at Western Michigan University provides training and workforce development for students and providers on opioid use disorder prevention, treatment, and recovery services.⁵⁰ Through this program, students can receive a stipend for their training and will complete 18 hours of opioid use disorder education. Similarly, Western Michigan University also offers the federally funded I-PEER program which provides interdisciplinary training on behavioral health care.⁵¹ This program is open to social workers, peer specialists, and occupational therapists and has expanded field placements in underserved areas.

In addition to HRSA's expansion programs, the Substance Abuse and Mental Health Services Administration also offers grants for workforce development programs in their Expansion of Practitioner Education Program. The only organization in Michigan to receive funding from this program in 2020 was the University of Detroit Mercy.⁵² The University of Detroit Mercy aims to provide SUD training to 300 nurse practitioners and physician assistants over a two-year period. Following this initial implementation, the University of Detroit Mercy plans on permanently incorporating SUD content into its curriculum. These programs provide a rigorous standard for implementing interdisciplinary SUD training programs in Michigan. With publicly accessible data on enrollments and curricula on these programs, the research and practice fields can develop and share best practices. Future research should closely follow these program participants to evaluate the program's effectiveness and long-term effects on the workforce.

Limitations

This report is a cross-sectional examination of the available training programs for behavioral health providers in Michigan. Due to time and data limitations, it is possible that some behavioral health provider training programs were missed during data collection. General training programs that trained a diverse set of behavioral health providers were not included. With this in mind, HRSA funded programs were not included in this report due to the difficulty in identifying what training is being offered and to which provider types. Lastly, many programs did not openly provide their curriculum or SUD-related training requirements. This is likely to create an underestimate of the true number of SUD training programs located in Michigan and the required hours of SUD training providers complete.

Conclusions and Policy Considerations

Most behavioral health training programs are found in the southeastern and southwestern corners of Michigan. The lack of training programs available in more rural parts of Michigan may be contributing to the reduced capacity of behavioral health providers to meet behavioral health demands. Of the different behavioral health provider types considered, counselors are much more likely to receive SUD training while behavioral health providers in the medical field are less likely to receive SUD training. Suggested solutions to improve the distribution of behavioral health providers in Michigan and ensure the behavioral health workforce is capable of meeting current and future demands include: implementing incentive programs to encourage providers to work in underserved areas, establishing a state license or national accrediting body for peers and community health workers, and promoting the use of integrated care and interdisciplinary training programs.

References

1. Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration; 2020. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>. Accessed April 19, 2021.
2. Priester MA, Browne T, Iachini A, Clone S, DeHart D, Seay KD. Treatment access barriers and disparities among individuals with co-occurring mental health and substance use disorders: An integrative literature review. *J Subst Abuse Treat*. 2016;61:47-59. doi:10.1016/j.jsat.2015.09.006.
3. O'Brien P, Crable E, Fullerton C, Hughey L. Best Practices and Barriers to Engaging People with Substance Use Disorders in Treatment. U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation; Office of Disability, Aging and Long-Term Care Policy; 2019. Accessed April 19, 2021.
4. Knudsen HK, Abraham AJ, Oser CB. Barriers to the implementation of medication-assisted treatment for substance use disorders: the importance of funding policies and medical infrastructure. *Eval Program Plann*. 2011;34(4):375-381. doi:10.1016/j.evalprogplan.2011.02.004.
5. U.S. Dept. of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for Health Resources Service Administration's Health Workforce Simulation Model. Health Resources and Services Administration Bureau of Health Workforce; 2019. Accessed April 20, 2021.
6. Health Resources and Services Administration, National Center for Health Workforce Analysis. Behavioral Health Workforce Projections, 2017-2030. Health Resources and Services Administration Bureau of Health Workforce. Accessed April 19, 2021.
7. U.S. Dept. of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030. Health Resources and Services Administration Bureau of Health Workforce; September 2018. Accessed April 19, 2021. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-level-estimates-report-2018.pdf>.
8. American Hospital Association. The State of the Behavioral Health Workforce: A Literature Review. American Hospital Association; 2016. Accessed April 21, 2021. https://www.aha.org/system/files/hpoe/Reports-HPOE/2016/aha_Behavioral_FINAL.pdf
9. Beck AJ, Singer PM, Buche J, Manderscheid RW, Buerhaus P. Improving data for behavioral health workforce planning: development of a minimum data set. *Am J Prev Med*. 2018;54(6)(suppl 3):S192-S198. doi:10.1016/j.ampere.2018.01.035.
10. Burdick W, Dhillon I. Ensuring quality of health workforce education and practice: strengthening roles of accreditation and regulatory systems. *Hum Resourc Health*. 2020;18(71). doi:10.1186/s12960-020-00517-4.
11. Putney JM, Sankar S, Harriman KKK, McManama O'Brien KH, Stanton Robinson D, Hecker S. An innovative behavioral health workforce initiative: keeping pace with an emerging model of care. *J Soc Work Educ*. 2017;53(suppl 1):S5-S16. doi:10.1080/10437797.2017.1326329.
12. U.S. Department of Education Office of Postsecondary Education. List of Agencies. Database of Accredited Postsecondary Institutions and Programs. Accessed April 21, 2021. <https://ope.ed.gov/dapip/#/agency-list>

13. Bureau of Professional Licensing. Health Code License Types & Active Counts as of 4/1/2021. Accessed April 21, 2021. https://www.michigan.gov/documents/lara/lara_purchaselicenselist_attachments_health_active_license_types_415303_7.pdf
14. Liaison Committee on Medical Education. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree. Association of American Medical Colleges and American Medical Association; 2021. Accessed April 22, 2021. <https://lcme.org/publications/#Standards>.
15. Accreditation Council for Graduate Medical Education. Accreditation. Accreditation Council for Graduate Medical Education. Accessed April 22, 2021. <https://www.acgme.org/What-We-Do/Accreditation>
16. Accreditation Review Commission on Education for the Physician Assistant, Inc. Accreditation Standards for Physician Assistant Education, Fifth Edition. Accreditation Review Commission on Education for the Physician Assistant, Inc.; 2019. <http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf>
17. APPAP History. APPAP. Accessed April 22, 2021. <https://appap.org/about/appap-history/>
18. Accreditation Commission for Education in Nursing. Mission | Purpose | Goals – Accreditation Commission for Education in Nursing. Accreditation Commission for Education in Nursing. Accessed April 22, 2021. <https://www.acenursing.org/about/mission-purpose-goals/>
19. CCNE: What We Do. American Association of Colleges of Nursing. Accessed April 22, 2021. <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do>
20. American College of Nurse-Midwives. Accreditation Commission for Midwifery Education (ACME). American College of Nurse-Midwives. Accessed April 22, 2021. <https://www.midwife.org/acme>
21. Council on Accreditation of Nurse Anesthesia Educational Programs. Accreditation Standards, Policies and Procedures, and Guidelines – Council on Accreditation. Council on Accreditation of Nurse Anesthesia Educational Programs. Published 2020. Accessed April 22, 2021. <https://www.coacna.org/accreditation/accreditation-standards-policies-and-procedures-and-guidelines/>
22. American Association of Colleges of Nursing. CCNE DNP Programs & CCNE Accreditation FAQs. American Association of Colleges of Nursing. Published January 2019. Accessed April 22, 2021. <https://www.aacnnursing.org/CCNE-Accreditation/Resources/FAQs/DNP>
23. Accreditation Council for Pharmacy Education. Programs By State. Accreditation Council for Pharmacy Education. Accessed April 22, 2021. <https://www.acpe-accredit.org/accredited-programs-by-state/>
24. American Psychological Association Commission on Accreditation. Section C: IRs Related to the Standards of Accreditation. American Psychological Association <https://www.apa.org/ed/accreditation/section-c-soa.pdf>
25. American Psychological Association Commission on Accreditation. Accredited Doctoral Programs for Training in Health Service Psychology: 2019. American Psychological Association; 2019. https://irp-cdn.multiscreensite.com/a14f9462/files/uploaded/2019%20DOCTORAL%20APA%20Accredited%20Doctoral%20Programs_FINAL.pdf
26. American Psychological Association Commission on Accreditation. Accredited Doctoral Internship Programs for Training in Health Service Psychology: 2019. American Psychological Association; 2019. https://irp-cdn.multiscreensite.com/a14f9462/files/uploaded/2019%20INTERN%20APA%20Accredited%20Internship%20Programs_FINAL.pdf
27. American Psychological Association Commission on Accreditation. Accredited Postdoctoral Programs for Training in Health Service Psychology: 2019. American Psychological Association; 2019. <https://irp->

cdn.multiscreensite.com/a14f9462/files/uploaded/2019%20POSTDOC%20APA%20Accredited%20Postdoctoral%20Programs_FINAL.pdf

28. Council on Social Work Education Commission on Educational Policy, Council on Social Work Education Commission on Accreditation. 2015 Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs. Council on Social Work Education; 2015. https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx
29. Council on Social Work Education. Council on Social Work Education (CSWE) - Accreditation Directory. Council on Social Work Education. Accessed April 22, 2021. <https://www.cswe.org/Accreditation/Directory-of-Accredited-Programs.aspx>
30. Council for the Accreditation of Counseling and Related Educational Programs. 2016 CACREP Standards. Council for the Accreditation of Counseling and Related Educational Programs. Accessed April 22, 2021. <https://www.cacrep.org/for-programs/2016-cacrep-standards/>
31. Commission on Accreditation for Marriage and Family Therapy. Accreditation Standards: Graduate & Post-Graduate Marriage and Family Therapy Training Programs. Commission on Accreditation for Marriage and Family Therapy; 2017. <https://www.coamfte.org/documents/COAMFTE/Accreditation%20Resources/2018%20COAMFTE%20Accreditation%20Standards%20Version%2012%20May.pdf>
32. Michigan Certification Board for Addiction Professionals. CPRM - Certified Peer Recovery Mentor. Michigan Certification Board for Addiction Professionals. Accessed April 22, 2021. <https://www.mcbap.com/certifications/cprm-m-certified-peer-recovery-mentor-michigan/>
33. Jeffery LW. Parent Support Partner Certification. Published online June 25, 2020. <http://www.acmh-mi.org/wp-content/uploads/2020/06/Parent-Support-Partner-Certification-Clarification-Status-6.25.201.pdf>
34. Office of Recovery Oriented Systems of Care. 2021 Peer Recovery Coach Online Certification Training Program Application. Published online January 11, 2021. https://www.michigan.gov/documents/mdhhs/OnlineRecoveryCoach-CERTIFICATION-Training-Update_698175_7.pdf
35. Michigan Department of Health and Human Services. Michigan Certified Peer Support Specialist Program Application and Approval. Published online 2017. https://www.michigan.gov/documents/mdhhs/MCPSSP_Application_Approval_Process_621876_7.pdf
36. U.S. Bureau of Labor Statistics. 21-1094 Community Health Workers. Occupational Employment and Wages, May 2020. Published May 2020. Accessed April 22, 2021. <https://www.bls.gov/oes/current/oes211094.htm>
37. Western Regional Area Health Education Center. Michigan Community Health Worker Alliance. Western Michigan University. Published July 8, 2016. Accessed April 22, 2021. <https://wmich.edu/ahec/michigan-community-health-worker-alliance>
38. Michigan Community Health Worker Alliance. CHW Training Programs. Michigan Community Health Worker Alliance. Accessed April 22, 2021. <https://www.michwa.org/chw-training-programs>
39. United States Census Bureau. Quickfacts: Michigan. Accessed April 22, 2021. <https://www.census.gov/quickfacts/fact/map/MI/PST045219>
40. AAMC. Report on residents. Accessed April 22, 2021. <https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2020/executive-summary>
41. MacQueen IT, Maggard-Gibbons M, Capra G, et al. Recruiting Rural Healthcare Providers Today: a Systematic Review of Training Program Success and Determinants of Geographic Choices. *J Gen Intern Med.* 2018;33(2):191-199. doi:10.1007/s11606-017-4210-z

42. Health Resources and Services Administration. HPSA find. Accessed April 22, 2021. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
43. Health Resources & Services Administration. NURSE Corps scholarship program. Updated 2021. Accessed April 22, 2021. <https://bhw.hrsa.gov/funding/apply-scholarship/nurse-corps>.
44. National Rural health Association. Workforce series: physician assistants. Published October 2008. Accessed April 22, 2021. <https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/WorkforcePhysicAssist.pdf.aspx?lang=en-US>.
45. Page C, Schoebel V, Gaiser M, Wayment C, Buche J, Beck AJ. State-based Comparisons of Substance Use Disorder Scopes of Practice. Updated March 2021. Accessed April 22, 2021.
46. Substance Abuse and Mental Health Services Administration. HHS releases new buprenorphine practice guidelines, expanding access to treatment for opioid use disorder. Published April 27, 2021. Accessed April 27, 2021. <https://www.samhsa.gov/newsroom/press-announcements/202104270930>
47. Peek CJ. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. Agency for Healthcare Research and Quality; 2013. AHRQ Publication No.13-IP001-EF. April 2013. Accessed April 22, 2021. <https://integrationacademy.ahrq.gov/sites/default/files/2020-06/Lexicon.pdf>.
48. Health Resources and Services Administration. Opioid Workforce Expansion Program (OWEP) Professionals. Accessed April 22, 2021. <https://www.hrsa.gov/grants/find-funding/hrsa-19-085>
49. Wayne State University. Opioid Workforce Expansion Program (OWEP). Accessed April 22, 2021. https://socialwork.wayne.edu/field/2019/opioid_workforce_expansion_programowepflyer.pdf
50. Western Michigan University. MY-PROUD Program. Accessed April 22, 2021. <https://wmich.edu/hhs/about/interprofessional/my-proud>
51. Western Michigan University. I-PEER Program. Accessed April 22, 2021. <https://wmich.edu/hhs/about/interprofessional/ipeer>
52. Substance Abuse and Mental Health Services Administration. FG-20-001 Individual grant awards. Accessed April 22, 2021. <https://www.samhsa.gov/grants/awards/2020/FG-20-001>