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**Integrating Psychiatric & Substance Use Disorder Treatment:
Models, Evidence &
System Transformation Opportunities**

May 5, 2026

Why This Topic Matters



Co-occurring mental health and substance use disorders are the norm—not the exception



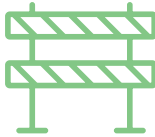
Treating these conditions separately leads to relapse, repeated care, and poor outcomes



Fragmented systems create barriers that drive disengagement from treatment



Clinical complexity is rising in the fentanyl era, increasing risk and care challenges



Access remains limited—most individuals still don't receive coordinated, integrated care



Integrated models improve outcomes—but remain difficult to implement at scale

Today's Speakers & Moderator



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Medical Director
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Chief of Addiction Medicine
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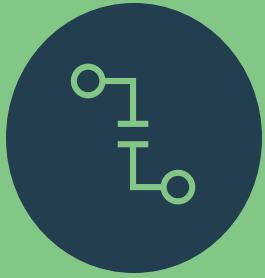


Stuart Buttlair, PhD
Vice President, Clinical
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OPEN MINDS



To start at a high level—when we talk about opioid use disorder treatment today, how often are clinicians encountering significant co-occurring psychiatric conditions?

From your perspective, how central are these conditions to the overall treatment picture?



Historically, psychiatric care and substance use disorder treatment have often been delivered in separate systems.

What are some of the most common ways this fragmentation affects patient outcomes? Where do you see patients falling through the cracks?



Many treatment systems historically expected patients to stabilize one condition before addressing the other—for example requiring sobriety before addressing trauma or depression.

How has thinking evolved around simultaneous treatment of co-occurring disorders?



When integrated treatment programs work well, what are the key components that tend to be present? Are there particular staffing models, treatment approaches, or clinical workflows that are especially important?



Workforce specialization can sometimes create barriers to integration.

Psychiatrists, addiction medicine physicians, therapists, and counselors are often trained in different traditions. What workforce strategies have you seen organizations use to bridge those divides?



Medication management is often a critical component of both psychiatric and addiction treatment.

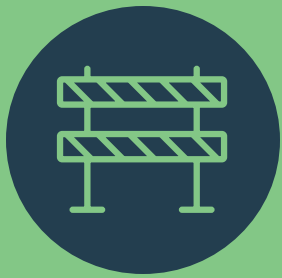
How do organizations successfully integrate medications for opioid use disorder; psychiatric medications; coordination across prescribers?



Many individuals with co-occurring substance use and psychiatric disorders also have significant trauma histories. How should trauma-informed care fit into integrated treatment models?



Moving from fragmented systems to integrated care often requires organizational transformation. What operational or leadership strategies have you seen organizations use to redesign services successfully?



Even when organizations want to integrate care, financing and regulatory structures can create barriers.

What policy or reimbursement challenges most commonly stand in the way of integrated treatment?



There has been research supporting integrated care models for co-occurring disorders for many years.

From your perspective, what does the evidence tell us about outcomes when psychiatric and substance use disorder treatment are delivered together?



Are there particular programs, health systems, or community models that you believe are demonstrating promising approaches to integrating psychiatric and substance use disorder treatment?

Question 12



For health system leaders, behavioral health executives, and policymakers listening today—what are the most important steps they should consider if they want to move toward more integrated care for co-occurring disorders?



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