Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

PBHCI LEADING THE WAY: INTEGRATED HEALTH CARE

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health & Human Services

PBHCI 2014 Grantee Meeting
Washington, DC • August 11, 2014

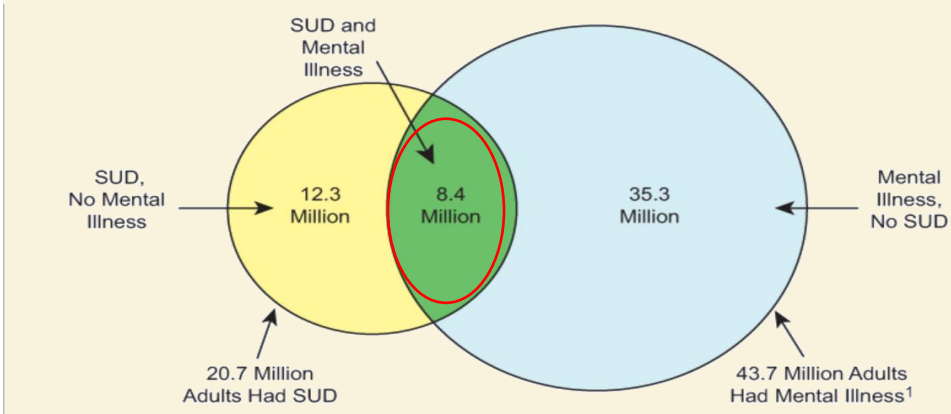
You are Pioneers for Integrated Health Care, Having Served >52,000 Clients

Whole Health = Behavioral + Physical Health

➔BH & PH are interdependent & whole health depends on comprehensive, collaborative, and integrative care across the entire health care spectrum.

Co-Occurring MI and SUD: Intertwined Health Emergencies

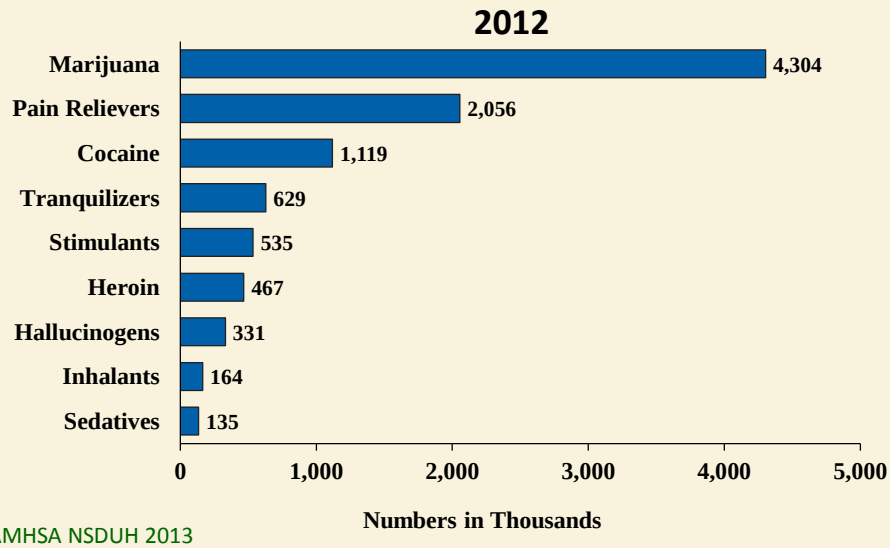
8.4 million Adults had Co-Occurring MI/SUD
≥ 18 years old, 2012



SUD = substance use disorder.

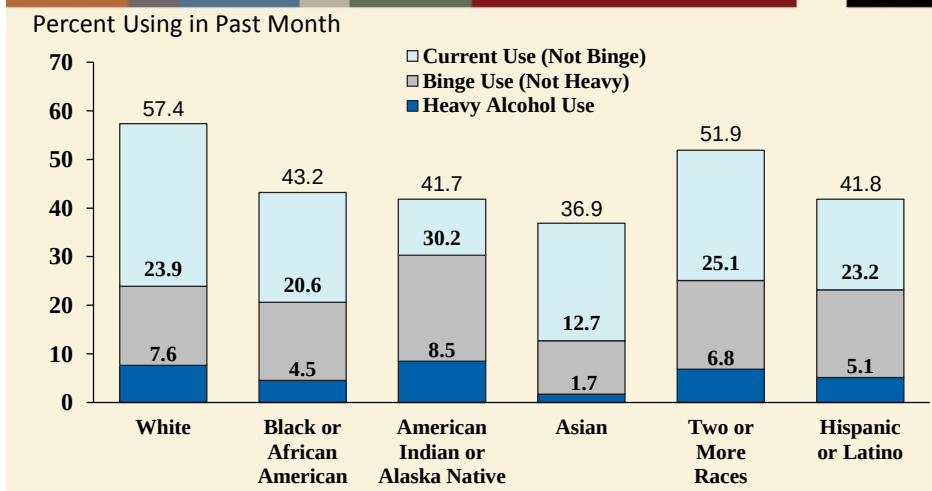
SAMHSA NSDUH 2013 5

SNAPSHOT: Specific Illicit Drug Dependence or Abuse in the Past Year among Persons ≥ 12 years old



SAMHSA NSDUH 2013 6

SNAPSHOT: Current, Binge, and Heavy Alcohol Use among Persons ≥12 years old (2012)

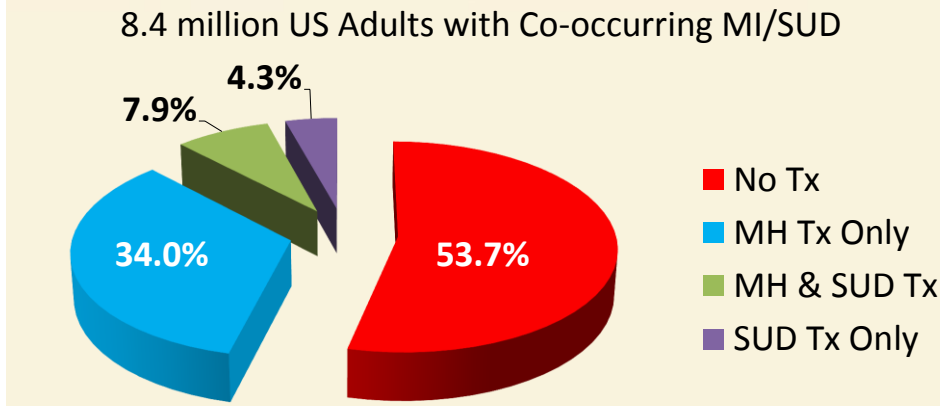


SAMHSA NSDU 2013

Note: Due to low precision, estimates for Native Hawaiians or Other Pacific Islanders are not shown.

7

Unmet Needs: > 50% of Adults with Co-occurring MI/SUD Went Untreated in 2012



Tx = treatment
MH = mental health

SAMHSA NSDUH 2013

8

Co-occurring MI/SUDs: Meeting the Challenge

http://beta.samhsa.gov/co-occurring

SBIRT: Early Screening and Intervention are Key for Co-occurring SUD Prevention & Tx

http://beta.samhsa.gov/sbirt/about

SBIRT Works!

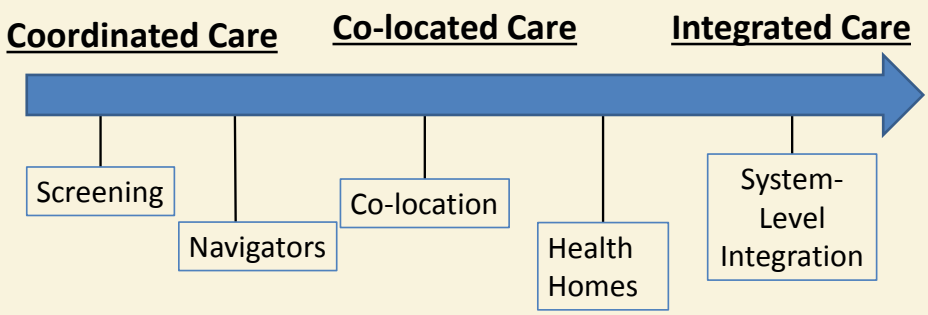
SAMHSA's 2012 SBIRT: Clients served = 133,043

Clients reporting No Alcohol/Drug Use	At Intake	6-Month Follow-up	Difference
Brief Intervention	8%	40%	⇧ 400%
Brief Treatment	8%	40%	⇧ 400%
Referral to Treatment	6%	42%	⇧600%

SAMHSA SAIS 2013

11

Comprehensive Team-Based Care: Integration of MI/SUD and Physical Health Services



http://kaiserfamilyfoundation.org

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Imperative for Integrated Care: Mental Illness & PH Co-morbidity Example

Table 1. Chronic Health Conditions among Persons Aged 18 or Older with and without Mental Illnesses in the Past Year: 2008 and 2009

Mental Illness	High Blood Pressure %	Asthma %	Diabetes %	Heart Disease %	Stroke %
Any Mental Illness (AMI)					
Yes	21.9	15.7	7.9	5.9	2.3
No	18.8	10.6	6.6	4.2	0.9
Serious Mental Illness (SMI)					
Yes	21.6	19.1	7.7	5.2	2.6
No	17.7	12.1	6.6	4.2	1.1
Major Depressive Episode (MDE)					
Yes	24.1	17.0	8.9	6.5	2.5
No	19.8	11.4	7.1	4.6	1.1

Note: All percentages were adjusted for (a) age group, (b) gender, (c) race/ethnicity, (d) education, (e) marital status, (f) current employment status, and (g) county type/metropolitan status. All associations between mental illnesses and chronic health conditions are statistically significant at the 0.05 level, except for marginally significant associations for SMI and diabetes (significant at the 0.10 level) and SMI and heart disease (significant at the 0.10 level).

Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

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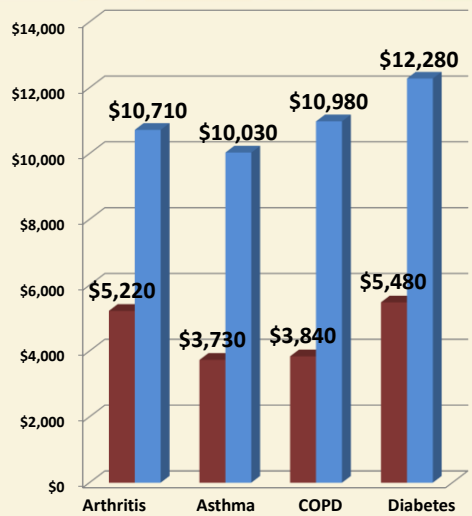
Estimated Economic Tolls of BH/PH Co-Morbidities



Chronic Disease	% Cost Increase w/Mental Illness
Arthritis	105%
Asthma	169%
COPD	186%
Diabetes	124%

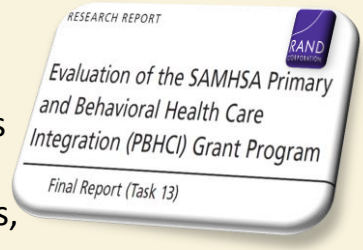
Annual Cost of Care [$]/Patient

Annual Cost of Care w/Mental Illness [$]/Patient

Adapted from: http://www.wyattmatas.com/mimik/mimik_uploads/pivot_point__charts/14/Pivot_Point_Dec_Chronic_Condition_BH_12.10.2012.pdf 14

PBHCI Grantees Are Leading Change in 21st Century Health Care Integration

- RAND comparative effectiveness pilot study: 3 PBHCIs and 3 matched control sites/year
  - PBHCI clients showed greater reductions in select risk indicators including indicators for metabolic syndrome, hypertension, diabetes, & hypertension
  - PBHCI clients reported greater reduction in overall substance abuse relative to matched controls



RAND 2014

15

PBHCI NOMs for Behavioral Health: Data Drives Program Improvement

NOMs	Positive at Baseline	Positive at Second Interview	Outcome Improved
Healthy overall	42.3%	52.4%	**21.3%**
No serious psychological stress	61.2%	73.0%	**19.6%**
No illegal substance use	81.3%	86.3%	**10.9%**
School/employment/retired	18.3%	21.4%	**10.0%**
Stable housing	62.3%	69.9%	**15.8%**

SAMHSA TRAC Data 2014 (PBHCI aggregate data 2010-2014)

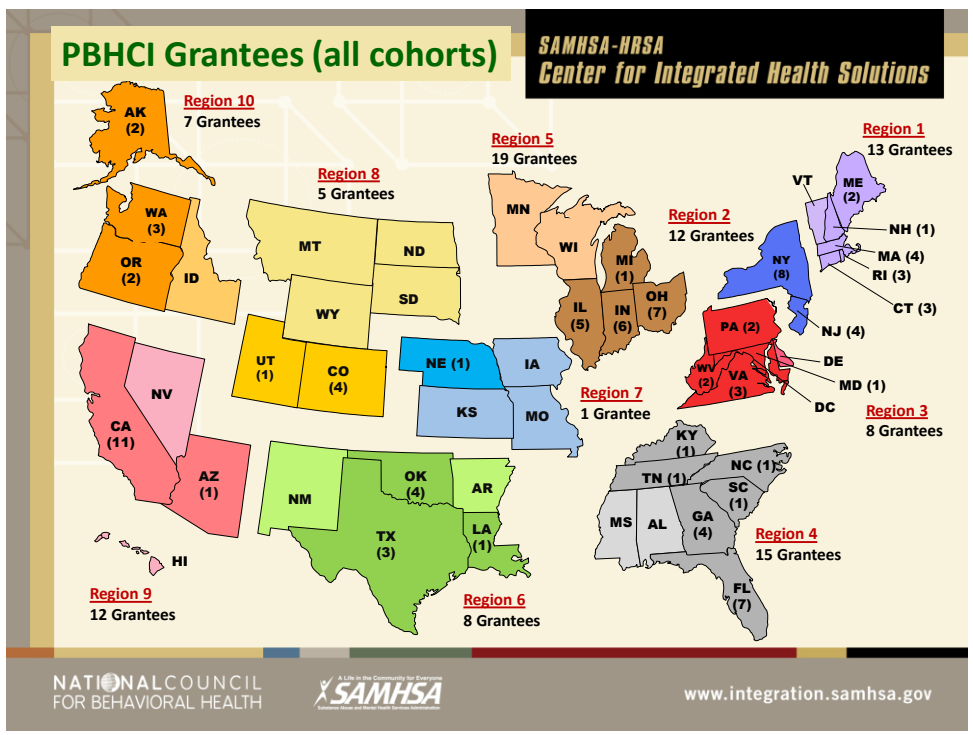
16

PBHCI NOMs for Physical Health: Data Drives Program Improvement

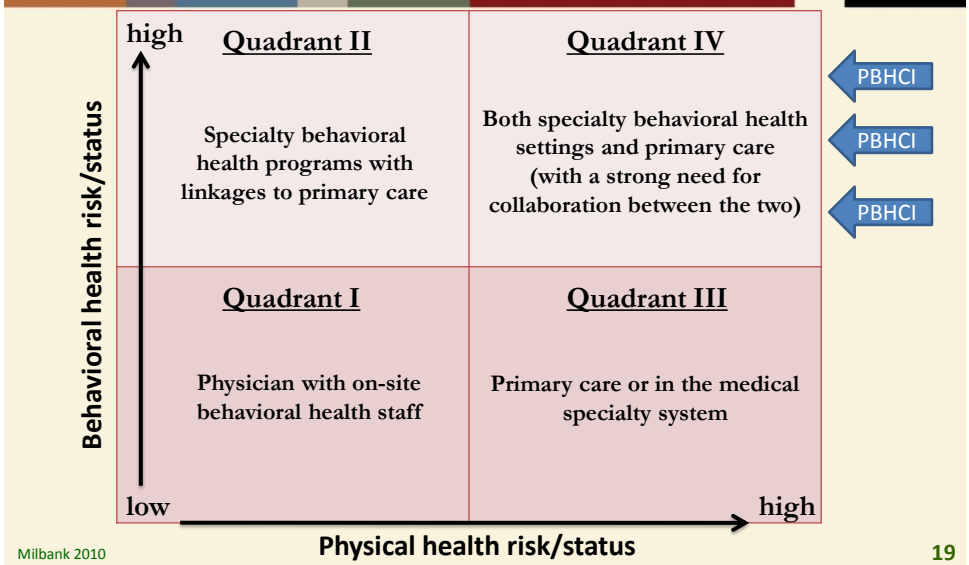
Physical Health Indicator	Outcome Improved
BP (systolic + diastolic)	**18.7%**
BMI	**42.6%**
Plasma Glucose (fasting)	**35.4%**
HgbA1c	**34.1%**
HDL	**37.5%**
LDL	**40.2%**
Triglycerides	**38.3%**

SAMHSA TRAC Data 2014 (PBHCI aggregate data 2010-2014)

17



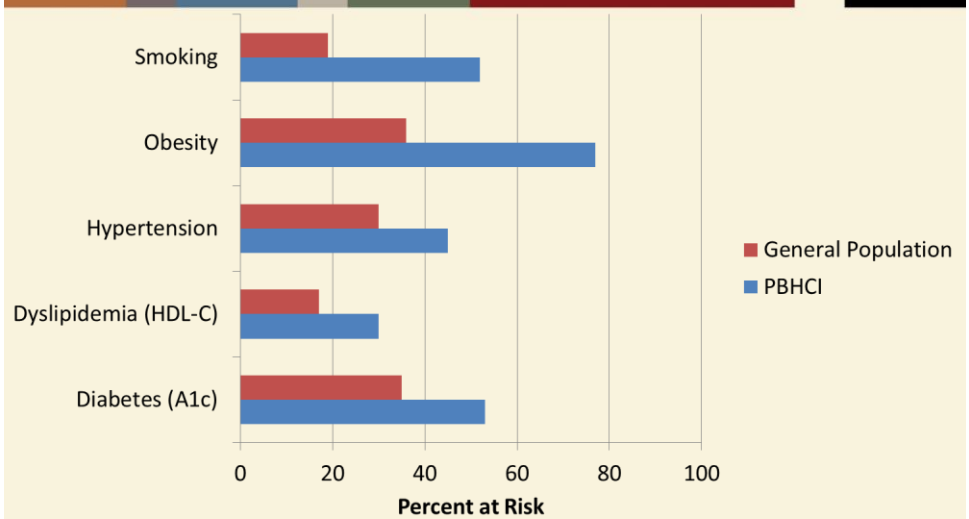
PBHCI Target Populations



Milbank 2010

19

PBHCI Client Risk for PH Morbidity



Section H data, Cohorts I-III

20

Barriers: People and Places

Barrier	PBHCI Reporting Barrier
Hiring/staffing	96%
Space	89%
Consumer no show rates	96%
Engaging consumers (wellness, prevention, or PC follow-up)	91%
Recruiting clients	85%
Transportation for clients	93%

RAND 2014

Barriers: HIT & Costs

Barrier	PBHCI Reporting Barrier
Tracking client health info	91%
Sharing client health info	91%
EHR implementation	85%
Meeting data collection requirements	95%
Client insurance limits	91%
Billing/funding	91%

RAND 2014

22

Barriers: Culture

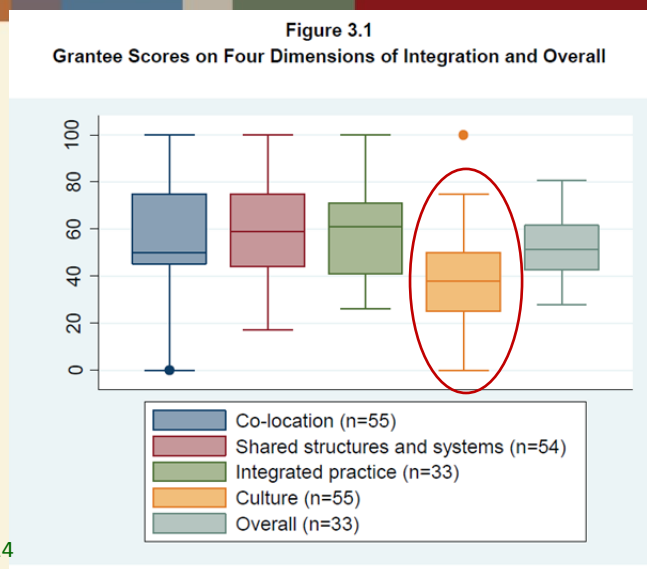
Barrier	PBHCI Reporting Barrier
Shared PC-BH Provider Decision Making	82%
Shared PC-BH Leadership Decision Making	78%

RAND 2014

23

Culture of Collaboration, Shared Decision Making, and Team Work is Key for Successful Integration

Figure 3.1
Grantee Scores on Four Dimensions of Integration and Overall



RAND 2014

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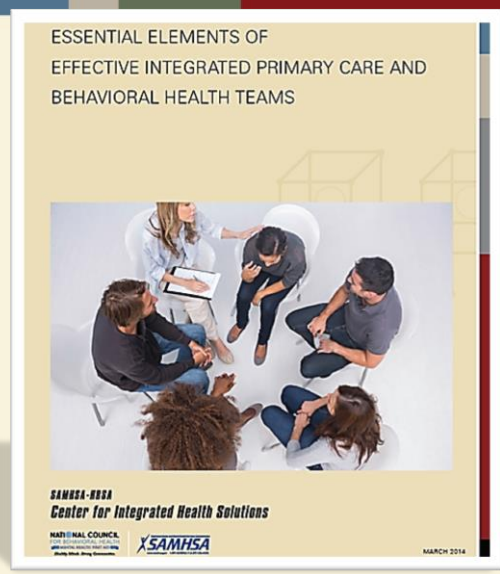
Team Health: Culture, Process, Outcomes & Improvement



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Evolving Opportunities

- The PBHCI program was at the leading edge of health care integration when it launched in 2009.
- The passage of the ACA in 2010, and its ongoing implementation, have provided new and expanding opportunities to support, develop, evaluate, and expand effective, evidence-based, data-driven models of integrative care.

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The ACA Opened Doors for Expanded Coverage & Improved Services…

- ➔Expanded Coverage:
  - Medicaid
  - Marketplace Exchanges
- ➔10 Essential Health Benefits
- ➔MHPAEA (Parity)
- ➔Prevention Services
- ➔EBP Health Care Integration

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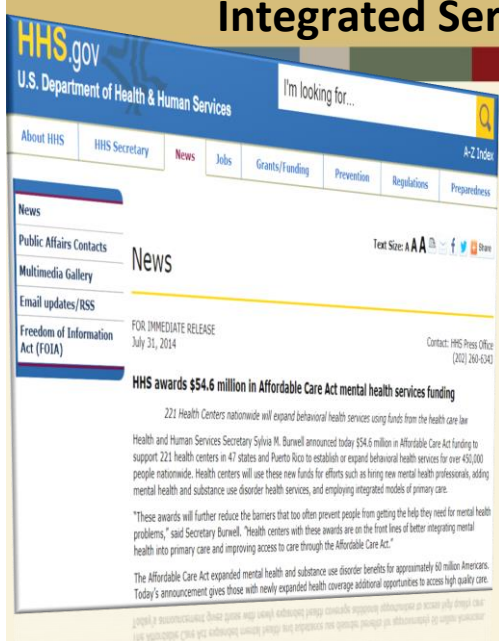
ACA Continues to Open Doors for MI/SUD Integrated Service Delivery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U.S. Department of Health & Human Services
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Freedom of Information Act (FOIA)
News
Text Size: A A A
FOR IMMEDIATE RELEASE
July 31, 2014
Contact: HHS Press Office
(202) 260-6343
HHS awards $54.6 million in Affordable Care Act mental health services funding
221 Health Centers nationwide will expand behavioral health services using funds from the health care law
Health and Human Services Secretary Sylvia M. Burwell announced today $54.6 million in Affordable Care Act funding to support 221 health centers in 47 states and Puerto Rico to establish or expand behavioral health services for over 450,000 people nationwide. Health centers will use these new funds for efforts such as hiring new mental health professionals, adding mental health and substance use disorder health services, and employing integrated models of primary care.
"These awards will further reduce the barriers that too often prevent people from getting the help they need for mental health problems," said Secretary Burwell. "Health centers with these awards are on the front lines of better integrating mental health into primary care and improving access to care through the Affordable Care Act."
The Affordable Care Act expanded mental health and substance use disorder benefits for approximately 60 million Americans. Today's announcement gives those with newly expanded health coverage additional opportunities to access high quality care.

- ➔ July 2014: $54.6 million in ACA funding to support 221 health centers in 47 states & Puerto Rico to establish or expand BH services for > 450,000 individuals.
- ➔ Hiring MH professionals, adding MI/SUD services, and employing integrated models of primary care.

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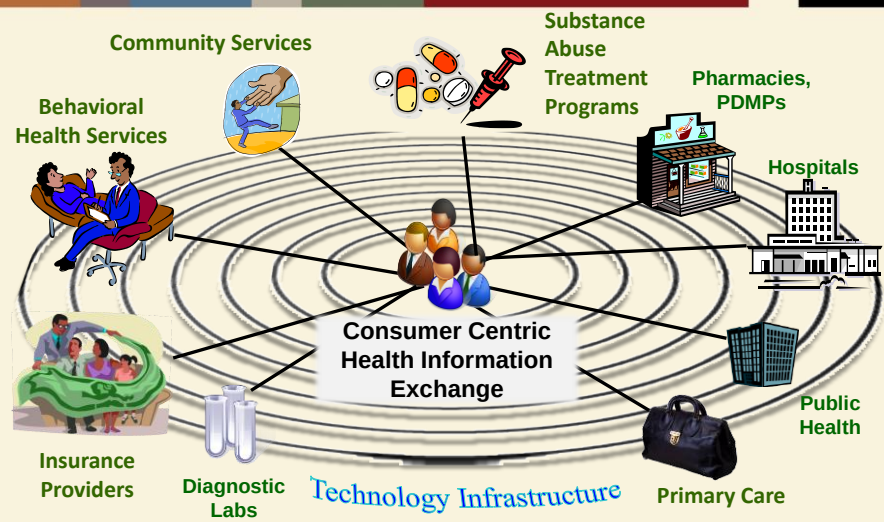
Integrated Care & HIT: Seamless, Comprehensive, Consumer-Centric Health Care



29

Bias, Stigma, and Prejudice: Ongoing Concerns in Behavioral Health

- A Mom in recovery had her 2-month old infant removed from her custody after a hospital reported that she had legally prescribed methadone in her system.
- A young man in recovery was refused work reinstatement despite successful treatment for alcoholism and his physician's clearance.


ABA JOURNAL
Law News Now
HOME NEWS TOPICS MAGAZINE NUMBER
NATIONAL PULSE
State bars may probe applicants' behavior, but not mental health status, says DOJ
Posted Jun 1, 2014 4:00 AM CDT
By Anna Stolley Persky
Email Print Reprints Share / Save
State bars around the country are on notice that assessing pro-spective attorneys' fitness to practice law based on their mental health may discriminate against individuals with disabilities.
The U.S. Department of Justice said that states may examine applicants' prior behavior, but not their mental health status, when determining whether to admit them as practicing lawyers. Justice also said that many recommendations for fitness to practice law were being made based on stereotypes of individuals with mental health disabilities.
The Justice Department has given "a pretty clear statement that it violates federal law to inquire into mental health diagnosis and treatment, rather than conduct, during the attorney licensing process," says Ira Burnim, legal director of the Judge David L. Bazelon Center for Mental Health Law in Washington, D.C., which filed the original com-
Ira Burnim: "The disability community is excited about the Justice Department's action, and we support the position they took." Photo by Stacy Zarin Goldberg.

Legal Action Center, June 2014

ABA Journal June 2014

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42 CFR Part 2: Falling Behind the Times?

➔The last substantive update to Part 2 was in *1987*.

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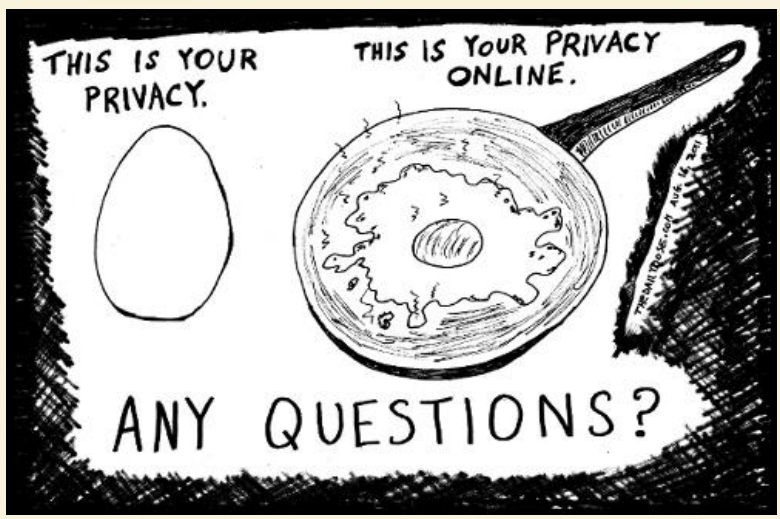
Privacy in the 21st Century



http://funnyjokesandlaughs.wordpress.com/tag/technology/

32

42 CFR Part 2 in the 21st Century: Establishing a Benchmark

- A 21st century Part 2, supported by 21st century technology, could serve as a benchmark for strengthening HIPAA & other privacy regs, while laying the groundwork needed to further support and catalyze technological solutions.
  - HIPAA is fundamentally an opt-out system, and consumers have limited opportunity and ability to control the collection, access, disclosure, and redisclosure of their personal health data

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42 CFR Part 2 Public Listening Session

- SAMHSA held a Public Listening Session on Wednesday, June 11, 2014 to solicit information concerning potential changes to the Confidentiality of Alcohol and Drug Abuse Patient Records Regulations, 42 CFR Part 2: http://www.samhsa.gov/healthprivacy/
- Federal Register Notice of Meeting: https://www.federalregister.gov/articles/2014/05/12/2014-10913/confidentiality-of-alcohol-and-drug-abuse-patient-records
- Written comments were due to SAMHSA by June 25, 2014
- Written and verbal comments are currently under review

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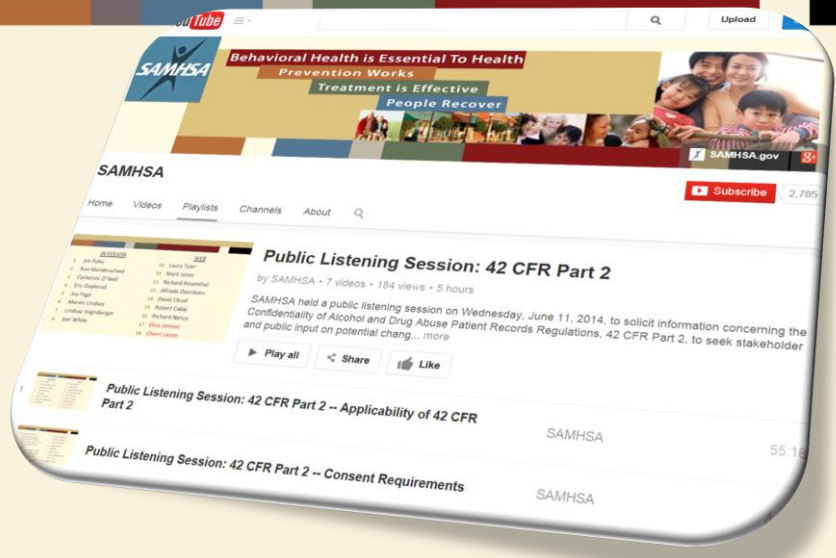
Part 2 Listening Sessions Available on YOUTUBE



http://www.youtube.com/playlist?list=PLBXgZMI_zqfTRftyiS4ckNi9bYW4Vmj82

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PBHCI HIT Success has set the Stage for Next Generation HIT Integration

- FY 2011-12: SAMHSA provided supplemental funding to PBHCI program to help 47 grantees become meaningful users of electronic health record (EHR) technology.
  - 93% of these grantees successfully implemented a certified EHR system in 2012, and this technology continues to support the integration of primary and behavioral health care in these programs.
- Due to the success of the PBHCI HIT program, SAMHSA plans to support a similar HIT initiative in the Primary Care and Addiction Services Integration (PCASI) Program (pending funding).

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Sustainability

- ➔PBHCI programs are vital to community health, and sustainability is key to maintaining, enhancing, and expanding your positive role in health and health care improvements.
- ➔Identifying partners for integration and identifying, accessing, and successfully leveraging multidimensional funding streams is critical.
  - Requires innovation; data-driven pilots & demonstrations; & collaboration, collaboration, collaboration.

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Sustainability: Health Care Integration at the CMS Innovation Center

http://innovation.cms.gov/index.html

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Sustainability: BH/PH CMS Innovators in WA

KITSAP MENTAL HEALTH SERVICES

Project Title: "Race to health: coordination, integration, and innovations in care"
Geographic Reach: Washington
Funding Amount: $1,858,437
Estimated 3-Year Savings: $5,800,000

Summary: Kitsap Mental Health Services of Kitsap County, Washington received an award to coordinate and integrate care for one thousand severely mentally ill adults and 100 severely emotionally disturbed children with at least one co-morbidity almost all of them Medicaid, Medicare, and/or CHIP beneficiaries. Research shows health care for the severely mentally ill/severely emotionally disturbed population is often fragmented, ineffective, and inefficient, resulting in poor health and premature death. Through multi-disciplinary care coordination teams providing integrated behavioral health (mental health and co-occurring substance use disorder) management, tighter care coordination with primary care, and a bi-directional model supporting community-based primary care providers with psychiatric consultation, training, and brief interventions, the project is expected to improve beneficiary health and reduce avoidable emergency room visits and hospitalizations with an estimated savings of approximately $1.7 million. Over the three-year period, KMHS will train an estimated 130 health care workers, generate an estimated 11.5 new jobs, and create a transformed health care workforce cross-trained in behavioral and physical health disciplines.

http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Washington.html

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Sustainability: BH/PH Care Integration in CMHC Health Homes in MO

- Missouri has enrolled close to 19,000 Medicaid beneficiaries in CMHC-led health homes.
- Preliminary results: beneficiaries in these health homes who had ≥ one hospitalization declined by 27% (2011-2012).
- In addition, adults continuously enrolled since program inception (~ 2,800) show marked improvement in key quality metrics for diabetes, blood pressure, and cholesterol levels.
- Results demonstrate potential of BH/PH integration in CMHC-HHs to improve outcomes, decrease unnecessary hospital utilization, & cut costs.

Kaiser Family Foundation, 2014

40

Sustainability: SAMHSA Resources

- SAMHSA-supported resources designed to support you as current grantees *and* to help you sustain your effective programs over time include the SAMHSA-HRSA CIHS, our ATTC network, and our BHbusiness initiative.

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SAMHSA-HRSA Center for Integrated Health Solutions

- Promotes development of integrated primary and MH/SUD services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

http://www.integration.samhsa.gov/

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CIHS Integrated Care Toolkits

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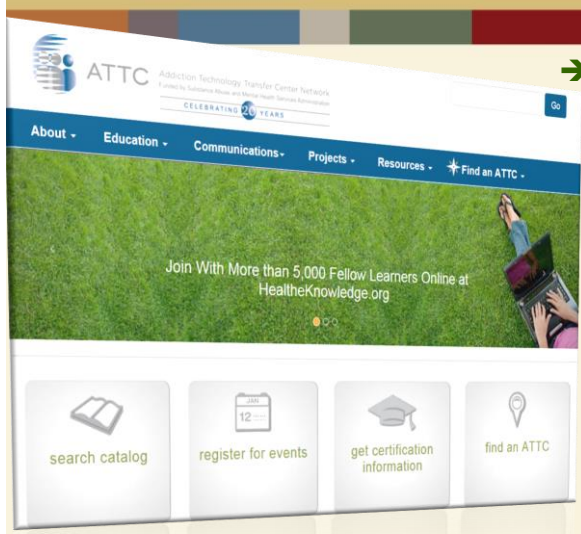
SAMHSA's ATTC National Network: Technical Assistance & Workforce Development



http://www.attcnetwork.org/index.asp

➔ 10 Regional & 4 special focus area ATTCs

- Technical assistance, technology transfer
- Workforce Development
- Training
- Distance education
- Research translation
- Resource dissemination

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SAMHSA's SBIRT ATTC: Assistance, Training, Resources

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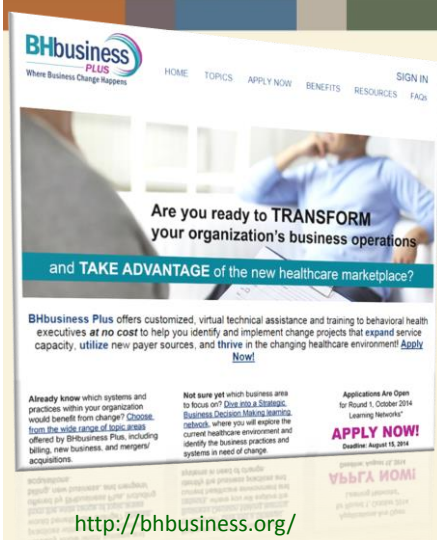
BHbusiness Network: Free Training & Technical Assistance



http://bhbusiness.org/

- First 2 years: provided TA to over 1,000 provider groups, helping them ready their organizations for health care change.
- Application deadline for next cohort is August 15, 2014

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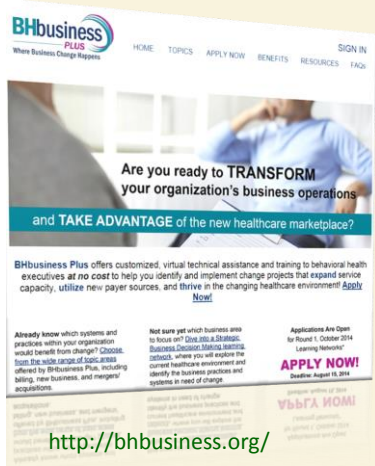
BHbusiness: Provider's Reflections



http://bhbusiness.org/

- "Through this course, NorthKey was able to figure out and generate reimbursements of over $53,000 within several weeks instead of several months."
- "There's absolutely no question that participating in the BHbusiness learning network will help us accommodate the anticipated increase in clients….with full implementation of healthcare reform."

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PBHCI Lessons Learned

- Conduct systematic needs assessment(s)
- Improve performance & outcomes through data-driven, continuous quality improvement (CQI)
- Employ EBPs & assess fidelity & effectiveness
- Invest in strategies that facilitate consumer access
- Provide ongoing education & training
- Build partnerships with community, state, & federal organizations

RAND 2014

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PBHCI: Applying Lessons Learned to Other BH/PH Care Integration Models

- ➔ Build consensus about performance expectations & measures
- ➔ Develop national quality improvement indicators for integrated care
- ➔ Establish core performance measurements and monitoring requirements
- ➔ Expand technical assistance
- ➔ Improve national, state, and local infrastructure
  - Enhance interoperability
  - Optimize capacities to leverage common resources

PBHCI GRANTEES LEADING THE WAY

- ➔ SAMHSA depends on your input to inform our public health policies, programs, and services.
- ➔ Please continue to share your thoughts, ideas, observations, and suggestions…

We're listening to you, and acting with you!

SAMHSA: Helping People Help Themselves

THANK YOU, FOR ALL YOU DO!

Westley.Clark@samhsa.hhs.gov

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Recovery Month 2014

http://www.recoverymonth.gov/

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