Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Behavioral Health in a Changing Health Care Environment

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SAMHSA Regional Administrator – Region VI
AR, LA, OK, NM, TX

NM BH Planning Council/All Stars
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TODAY’S DISCUSSION

SAMHSA Regional Administrator Role
• Vision & Strategic Initiatives

Behavioral Health & Health Data
• Hearts & Minds

Health Reform & Public Perception
• Making the Case for Integrated Care

Challenges & Opportunities
SAMHSA Regional Administrator Role

• Vision & Strategic Initiatives
Division of Regional and National Policy Liaison – Team

- Represent SAMHSA leadership in the Regions
- Provide SAMHSA staff feedback from the Regions
- Establish working relationships with:
  - Regional representatives of OPDIVS (HRSA, ACF, CMS) and internal staff divisions (e.g., OASH)
  - State authorities for mental health & substance abuse, provider groups, stakeholders, health departments.
- Coordinate support for State implementation of health reform.
- Coordinate, as needed, implementation of SAMHSA Strategic Initiatives & technical assistance within the regions.
- Help States to coordinate resources across SAMHSA to address emerging needs.
Behavioral Health: A National Priority

**Vision**

SAMHSA provides leadership & devotes its resources toward helping the Nation act on the knowledge that:

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover

**Mission**

Reduce the impact of substance abuse and mental illness on America’s communities
SAMHSA’S Strategic Initiatives

AIM: Improving the Nation’s Behavioral Health (1-4)
AIM: Transforming Health Care in America (5-6)
AIM: Achieving Excellence in Operations (7-8)
Behavioral Health & Health Data
The Health of America

Hearts & Minds
<table>
<thead>
<tr>
<th>RANK</th>
<th>ALL AGES</th>
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<tbody>
<tr>
<td>1.</td>
<td>Heart Disease: 616,828</td>
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<tr>
<td>2.</td>
<td>Malignant Neoplasms: 565,469</td>
</tr>
<tr>
<td>3.</td>
<td>Chronic Low Respiratory Disease: 141,090</td>
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<tr>
<td>4.</td>
<td>Cerebro-vascular: 134,148</td>
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<td>5.</td>
<td>Unintentional Injury: 121,902</td>
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<td>6.</td>
<td>Alzheimer's Disease: 82,435</td>
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<td>7.</td>
<td>Diabetes Mellitus: 70,553</td>
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<td>8.</td>
<td>Influenza &amp; Pneumonia: 56,284</td>
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<tr>
<td>10.</td>
<td>Suicide: 36,035</td>
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</table>
Suicide & Substance Abuse

7. Diabetes Mellitus: 70,553
8. Influenza & Pneumonia: 56,284
10. Suicide: 36,035

Of the 36,035 suicides in 2008 for both sexes and all races, 30% were substance abuse related.
Behavioral Health is Essential to Health

- By 2020, mental & substance use disorders (M/SUDs) will surpass all physical diseases as a major cause of disability worldwide.

- One-half of U.S. adults will develop at least one mental illness in their lifetime.
  - U.S. 2006: M/SUDs were 3rd most costly health condition behind heart conditions and injury-related disorders.
  - Mental illness and heart diseases alone account for almost 70 percent of lost output/productivity.
Chronic Diseases: Global Impact

World Economic Forum:
Global economic impact of 5 diseases could reach $47 trillion over the next 20 years

BH will account for $16 trillion – a third of cost
Behavioral Health Impacts

- 2+ million Americans report mental/emotional disorders as the primary cause of their disability (per CDC)
- Depression is the most disabling health condition worldwide; Alcohol # 3; SA # 10
- M/SUDs: 24 percent of pediatric primary care office visits & almost ¼ of all adult stays in community hospitals

Years Lost Due to Disability in Millions (High-Income Countries – World Health Organization Data)
Behavioral Health Impacts
Physical Health

- MH problems increase risk for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness.

- Cost of treating common diseases is higher when a patient has untreated BH problems.

- M/SUDs rank among top 5 diagnoses associated with 30-day readmission, accounting for about one in five of all Medicaid readmissions (12.4 percent for MD and 9.3 percent for SUD).

**Individual Costs of Diabetes Treatment for Patients Per Year**

- $0
- $50,000,000
- $100,000,000
- $150,000,000
- $200,000,000
- $250,000,000
- $300,000,000

- With behavioral health problems and diabetes
- With diabetes alone
Behavioral Health Problems: *Common and Co-Occurring*

½ of Americans will meet criteria for mental disorder at some point in life

68% of adults with M/SUD have medical conditions

Rates of CVD, diabetes and pulmonary disease are substantially higher among disabled individuals in Medicaid w/ M/SUD’s

52% of disabled individuals with dual-eligibility for Medicare and Medicaid have a M/SUD

Dual eligibles account for 39% of Medicaid expenditures
Why do persons with behavioral health conditions have worse physical health?

- BH problems are associated with increased rates of smoking and deficits in diet & exercise.
- People with M/SUD are less likely to receive preventive services (immunizations, cancer screenings, smoking cessation counseling) & receive worse quality of care across a range of services.

Figure 3: Model of the interaction between mental disorders and medical illness

Source: Modified from Katon (80)
Steep Human and Economic Costs

Estimated total societal cost of substance abuse in the U.S. is $510.8 billion per year.

Economic costs of mental, emotional, and behavioral disorders among youth: ~$247 billion.

Alcohol and drug abuse & dependence: ~ $263 billion in lost productivity costs per year.

Mental disorders: ~$94 billion in lost productivity costs per year.
Health Reform & Public Perception
Changing Health Care Environment

- Role of States Increasing
- Integration Rather than Silo’d Care – Parity
- Prevention and Wellness Rather than Illness
- Access to Coverage and Care Rather than Significant Parts of America Uninsured – Parity
- Recovery Rather than Chronicity or Disability
- Quality Rather than Quantity – Cost Controls Through Better Care Rather than More Care
Key Takeaways

• High prevalence of substance abuse and mental health conditions among the uninsured
• 2014 will potentially bring coverage to 11 million individuals with substance abuse and or mental health conditions
• Significant changes are happening to eligibility and enrollment systems
• Substance abuse and mental health peer organizations must play an active role in outreach and enrollment
Impact on Coverage

- 39% of individuals served by SMHAs have no insurance (CMHS)
- 61% of the individuals served by SSAs have no insurance
- Services for some of these individuals are purchased with BG funds
- Many individuals will be covered in 2014-Medicaid Expansion/Exchanges
## Region 6 Profile

<table>
<thead>
<tr>
<th>State</th>
<th>Capital</th>
<th>Population(^1)</th>
<th>Pop. Density(^2)</th>
<th>Joint</th>
<th>SA Prevalence(^3)</th>
<th>SMI Prevalence(^4)</th>
<th>Suicide Rate(^5)</th>
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<td>8.63</td>
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<tr>
<td><strong>United States</strong></td>
<td><strong>Washington, DC</strong></td>
<td><strong>309,349,689</strong></td>
<td><strong>87.4</strong></td>
<td>N/A</td>
<td><strong>9.1</strong></td>
<td><strong>4.6</strong></td>
<td><strong>11.3</strong></td>
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</tbody>
</table>

\(^1\)U.S. Census 2010  
\(^2\)U.S. Census 2010  
\(^3\)SAMHSA, NSDUH 2008-2009, Table 19. Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year among Persons Aged 18 or Older.  
\(^4\)SAMHSA, NSDUH 2008-2009, Table 22. Serious Mental Illness in Past Year among Persons Aged 18 or Older, by State.  
\(^5\)CDC, National Vital Statistics System-Mortality (NVSS-M) 2008, per 100,000
Who will be covered in 2014?

37.9 Million

18 M (Medicaid)

19.9 M (Exchanges)*

11.02 M w/BH
Who are the “uninsured”?

- **Uninsured population – 37.9 M (<400% FPL)**
  - 18 M Medicaid eligible
  - 19.9 M Health exchange eligible
  - **11.02 M (29 percent) have behavioral health conditions**

- **Among Medicaid eligible population (133% FPL & below)**
  - 7.0 percent with a serious mental illness
  - **14.2 percent with a substance use disorder**

- **Among exchange eligible population (134% - 399% FPL)**
  - 6.0 percent with a serious mental illness
  - **14.6 percent with a substance use disorder**
Prevalence of BH Conditions Among Medicaid Expansion Population

Uninsured Adults Ages 18-64 with Incomes ≤ 138% FPL (18 Million)

- Percent with a Serious Mental Illness (1,283,000) CI: 6.3%-7.7%
- Percent with Serious Psychological Distress (2,731,742) CI: 14.0%-15.9%
- Percent with a Substance Use Disorder (2,603,405) CI: 13.2%-15.2%

CI = Confidence Interval
Sources: 2008 – 2010 National Survey of Drug Use and Health
2010 American Community Survey
NM Medicaid Expansion Projections:

- Medicaid Expansion = 170,472
  - SMI (4.3%) = 7,330
  - SERIOUS PSYCH DISTRESS (11.2%) = 19,093
  - SUD (8.4%) = 14,320

- TOTAL = 40,743
Prevalence of Behavioral Conditions Among Exchange Population

Uninsured Adults Age 18-64 with Incomes between 133-399% FPL (19.9 Million)

- Percent with a Serious Mental Illness (1,195,600) CI: 5.5%-6.6%
- Percent with Serious Psychological Distress (2,650,247) CI: 12.4%-14.2%
- Percent with a Substance Use Disorder (2,909,294) CI: 13.7%-15.6%

CI = Confidence Interval
Sources: 2008 – 2010 National Survey of Drug Use and Health
2010 American Community Survey
NM EXCHANGES PROJECTIONS:

- INSURANCE EXCHANGES = 157,091
  - SMI (2.8%) = 4,399
  - SERIOUS PSYCH DISTRESS (6.1%) = 9,583
  - SUD (17.6%) = 27,648

- TOTAL = 41,630
• TA to help 900+ provider orgs/year in 5 areas of practice
  – Strategic business planning in an era of health reform
  – 3rd-party contract negotiations
  – 3rd-party billing and compliance
  – Health insurance eligibility determinations and enrollment
  – Health information technology adoption
• Special focus on providers of peer & recovery support services & providers serving racial & ethnic minority and other vulnerable populations
• Applications for phase 1 available NOW at: http://bhbusiness.org/application.aspx
Essential Health Benefits (EHB)

10 Benefit Categories

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care
EHB Benchmark Approach

- Serves as a Reference Plan
  - Reflecting scope of services and limits offered by a “typical employer plan” in that state

- States Allowed to Select a Single Benchmark:
  - 1 of the 3 largest small group market plans
  - 1 of the 3 largest state employee plans
  - 1 of the 3 largest federal employee plans, or
  - The largest HMO plan in a state
Plans Must Include All 10 Benefit Categories Regardless What Benchmark Plan Covers or Excludes

For BH Services, *Parity Applies* In Small and Large Group Markets

If State Does Not Choose, Default To Largest Plan By Enrollment In Largest Product In Small Group Market
Benchmark Approach (cont’d)

- HHS Will Assess Benchmark Process for 2016

- Periodically Review and Update EHBs
  - Difficulties with access due to coverage or cost
  - Changes in medical evidence or scientific advancement
  - Market changes
  - Affordability of coverage

- SAMHA’s Good and Modern Service Definitions Will Inform BH Essential Benefits
Health Homes
What are “Health Homes”?

Health Homes are designed to be person-centered systems of care for Medicaid enrollees with multiple chronic conditions. They are intended to facilitate access to and coordination with an array of health care services, including:

- Primary care
- Acute care services
- MH/SUD services
- Long-term community-based care and supports
Types of Health Home Providers

Three types of provider arrangements:

• Designated provider
• Team of health care professionals that link to a designated provider
• Health team

There also exist opportunities for participation by MH and SUD service providers in Health Homes
The ACA requires States to consult and coordinate with SAMHSA to address issues of prevention and treatment of mental illness and substance use disorders for the Health Home population.

State plan amendments should address access to physical health, MH, and SUD Services.
Affordable Care Act, Section 2703

Population Served

- Eligible individuals are those with chronic conditions, meaning an individual who is eligible for medical assistance under the State plan or under a waiver of such plan and has at least
  - 2 chronic conditions; or
  - 1 chronic condition and is at risk of having a second chronic condition; or
  - 1 serious and persistent mental health condition

- Chronic conditions must include:
  - A mental health condition
  - A substance use disorder
  - Asthma
  - Diabetes
  - Heart disease
  - Being overweight, as evidenced by having a BMI >25
Affordable Care Act, Section 2703

Required Services

• Comprehensive care management;
• Care coordination and health promotion;
• Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;
• Patient and family support (including authorized representatives); and
• Referral to community and social support services, if relevant;

(Use of health information technology to link services, as feasible and appropriate.)
Health Reform Resources

- **SAMHSA Health Reform Overview**
  - General information about health reform and BH

- **U.S. Department of Health and Human Services Fact Sheets**
  - Information on state-by-state exchange funding & plans

- **CMS Exchange Overview**
  - State Exchange Blueprint

- **CMS Resources**
  - States three largest small group plans
PERCEPTION: Value

Public is less willing to pay to avoid mental illnesses compared to paying for treatment of medical conditions, even when mental illnesses (including SUDs) are recognized as burdensome (NICHD, 2011)

Public willing to pay 40 percent less than what they would pay to avoid medical illnesses

Mental illnesses account for 15.4 percent of total burden of disease (WHO), yet mental health expenditures in U.S. account for only 6.2 percent
PERCEPTION: By the Numbers

• ~Half of Americans will meet criteria for mental illness at some point

• > Half of Americans know someone in recovery from substance use problem

• Positive emotional health helps maintain physical health; engage productively with families, employers, friends; & respond to adversity with resilience and hope

- 66 percent believe treatment and support can help people with mental illness lead normal lives
- 20 percent feel people with mental illness are dangerous to others
- Two-thirds believe addiction can be prevented
- 75 percent believe recovery from addiction is possible
- 20 percent would think less of a friend/relative in recovery from an addiction
- 30 percent would think less of a person with a current addiction
Like many other illnesses, most people recover from M/SUDs. 88 percent of individuals diagnosed with depression recover within 5 years.
PERCEPTION: 
**Behavioral Health is a Social Problem**

- Public dialogue about behavioral health is in a social problem context rather than a public health context
  - Homelessness
  - Crime/jails
  - Child welfare problems
  - School performance or youth behavior problems
  - Provider/system/institutional/government failures
  - Public tragedies

- Public (and public officials) often misunderstand, blame, discriminate, make moral judgments, exclude
  - Ambivalence about worth of individuals affected and about the investment in prevention/treatment/recovery
  - Ambivalence about ability to impact “problems”

This leads to…
Insufficient Responses to Behavioral Health Issues

- Increased Security & Police Protection
- Tightened Background Checks & Access to Weapons
- Legal Control of Perpetrators & Their Treatment
- More Jail Cells, Shelters, Juvenile Justice Facilities
- Institutional System Provider Oversight
Paradigm Shift

SERVICE ORGANIZATION

PUBLIC HEALTH MODEL
Comprehensive Public Health Approach

- Prevention
- Screening
- Early Intervention
- Treatment
- Long-Term Recovery
Does this feel familiar?
Look familiar?
A New Integrated Model
Integration of Behavioral Health into Health Care & Community Settings
Region VI PBHCI
State Team Meeting
September 27-28

- State Primary Care Association Director
- State Primary Care Organization Director
- State Maternal Child Health Director
- State Medicaid Director
- State Mental Health Director
- State Substance Abuse Director
- State Provider Association Director
- State Recovery Oriented System of Care Director (ROSC)
- State National Prevention Network Director (NPN)
Purpose:

- The HHS OPDIVS selected the priority of mental and emotional well-being & prevention of drug abuse (Rx drugs) and excessive alcohol use under the National Prevention Strategy.
Challenges & Opportunities
Research: What barriers exist to enrollment for individuals with behavioral health conditions?

- Unfamiliarity with health insurance and its relevance
- Lack of awareness that they are eligible
- Cost concerns
- Distrust of government programs
- Churn
- Uncovered services
- Exclusion for preexisting conditions
- Individuals with SUD new to health care system
- Complicated enrollment process
SAMHSA Strategy

• PARTNERS: Federal, State, County, Provider, Peers, Consumers, YOU!!

• Consumer Enrollment Assistance Subcontracts (BRSS TACS)
  – Consumer Assistance
    • Outreach/public education
    • Enrollment/re-determination assistance
    • Develop eligibility/enrollment communication materials
BRSS TACS State Peer Awards

• Purpose:
  – Statewide networks among peer-run organizations/recovery community organizations

• Goals:
  – Creating and disseminating state-specific educational materials on health reform
  – Assisting organizations prepare to provide outreach and enrollment assistance to people in recovery from mental and/or substance use disorders.
SIMPLE STREAMLINED APPLICATION PROCESS

Now

- Different applications for different programs
- Denied? Back to the drawing board
- Applications often only available on paper or as PDFs if online
- In-person interview requirements

2014

- Regulations require a single application as gateway to all coverage programs
- Must be available online, by telephone through a call center, by mail, and in person
- Interview requirements prohibited
A NEW WAY TO ENROLL IN COVERAGE

- Simple, Streamlined Application
- “No Wrong Door” Eligibility and Enrollment Model
- Modern, Data-driven Verification Systems
- Online Tool for Consumers to Easily Compare and Enroll in Health Plans
- Data-driven Renewal for Continuous Coverage
HEALTH COVERAGE IN 2014

Coverage Options for Adults without Medicare or Employer-Based Coverage

Income as a percent of the federal poverty level

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Coverage Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 133</td>
<td>Medicaid</td>
</tr>
<tr>
<td>133 – 400</td>
<td>Exchange with Tax Credits</td>
</tr>
<tr>
<td>400+</td>
<td>Exchange or Private Plan</td>
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A Continuum of Coverage – Everyone Fits Somewhere!
Enrollment Resources

• SAMHSA Enrollment Webpage
  – http://www.samhsa.gov/enrollment/

• State ReForum Exchange Decisions
  – http://www.statereforum.org/node/10222

• Enroll America Best Practices
  – http://www.enrollamerica.org/best-practices-institute

• More coming soon!!
What are we trying to achieve?

A person-centered system of care that achieves improved outcomes and better services & reduced cost

A holistic approach of integrated care with an emphasis on prevention and long-term care