

SAMHSA – Behavioral Health Integration

How HHS can support SAMHSA on Behavioral Health Integration

SAMHSA is working closely with its federal partners to ensure that behavioral health is consistently viewed and incorporated within the context of health promotion and health care delivery and financing. SAMHSA's strategic initiative in this area will require the ongoing commitment of HHS, specifically CMS, HRSA, CDC, ACF and ASPE, to advance efforts to recognize behavioral health as essential to health, improve access to services, develop financing mechanisms to support positive client outcomes, and address costs. SAMHSA needs the Secretary to talk and ask about behavioral health in speeches, meetings, and discussions with Congress, the White House, and stakeholders, and ask HHS programs and policies to specifically address how they will affect or are affected by American's behavioral health.

Introduction

The term "behavioral health" in this context means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. Behavioral health conditions and the behavioral health field has historically been financed, authorized, structured, researched, and regulated differently than other health conditions. As we learn more about how the physical impacts of traumatic experiences and behavioral health conditions, and the behavioral impacts of physical health conditions, we will increasingly need to view behavioral health as we do any other health issue. As a consequence, systems, financing, laws, and structures will have to change to incorporate and respond appropriately to these new understandings.

The impact of untreated behavioral health conditions on individuals' lives and the cost of health care delivery in the United States are staggering. Persons with any mental illness are more likely to have chronic conditions such as high blood pressure, asthma, diabetes, heart disease and stroke than those without mental illness. And, those individuals are more likely to use hospitalization and emergency room treatment. (National Survey on Drug Use and Health Report) Similarly, persons with physical health conditions such as asthma and diabetes report high rates of substance use disorders and serious psychological distress. (SAMHSA Center for Behavioral Health Statistics and Quality data review) According to the Center for Medicaid and Medicare Services (CMS), 50 percent of Medicaid enrollees have a mental health diagnosis. Further, persons diagnosed with mental illness and common chronic health conditions have health care costs that are 75 percent higher than those without a mental health diagnosis; for persons with a co-occurring mental or substance use disorder and common chronic condition, the cost is two to three times higher than average Medicaid enrollees. For those with diabetes, the cost of treating this health condition is as much as four times higher when a co-occurring condition such as depression or alcohol addiction is untreated. A recent review indicates that major mental health diagnoses are associated with death from 7 – 24 years earlier than for those without such disorders; substance use disorders also were associated with increased mortality. (E. Chesney et al., Risks of all-cause and suicide mortality in mental disorders: a meta-review, World Psychiatry; 2014: 13: 1153-160.)

Prevention, early detection, and treatment of behavioral health conditions can lead to improved physical and community health. Incorporating mental and emotional health development and promotion into community health and public health prevention strategies and activities can make all health promotion more effective and can help prevent other public health issues such as teen pregnancy, community and interpersonal violence, tobacco use, and homelessness. Likewise, treatment of mental and substance use disorders can lead to improved physical health for those with behavioral health conditions. Both are associated with decreased use and perhaps costs to other human services systems such as child welfare, criminal justice, education, and housing services. However, distinct and specialized care systems and financing structures continue to result in often uncoordinated identification, diagnoses and treatment of behavioral health and physical health conditions. Integration, as SAMHSA envisions it, extends beyond health and behavioral health care systems and recognizes that to treat an individual's health and behavioral health needs requires addressing their social needs such as housing, employment and transportation.

SAMHSA Strategic Initiative on Health Care and Systems Integration

The goals of this SAMHSA Strategic Initiative (SI) are better health for individuals and communities, better outcomes for those accessing health care delivery systems, and better value for the health promotion and health care dollar. The Health Care and Health Systems Integration SI is designed to increase access to appropriate, high quality prevention, treatment, recovery and wellness services and activities; reduce disparities between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and ensure that behavioral health and physical health services are well integrated and coordinated.

With the implementation of the Patient Protection and Affordable Care Act along with and the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), over 60 million Americans will have first time or increased access to mental health and substance abuse prevention and treatment benefits. Along with this increased coverage for behavioral health issues comes incredible pressure on the health and behavioral health workforce. SAMHSA is also working with HRSA and other partners to tackle the extreme workforce shortage and competency issues for primary care, specialty care (behavioral health and others), emergency care, and rehabilitative care practitioners as well as for relevant human services and education professionals. Relatively little attention or investment has occurred for these workforce needs, and behavioral health workers are among the lowest paid health care workers. (SAMHSA Report to Congress on the Behavioral Health Workforce, January 2013)

SAMHSA is directing its efforts to define the role of behavioral health in the broader public health and health care systems and improve the service connectivity and financial alignment of health and other social services so the individuals with behavioral health conditions are better able to access services, receive more highly coordinated care, and improve health outcomes at a high value to cost ratio. The Section 223 Demonstration Programs to Improve Community Mental Health Services is one approach to testing whether additional funding for the specialty behavioral health care infrastructure can help improve the quality of that care.

SAMHSA also has two grant programs focused specifically on integration of primary care and behavioral health. The Primary Care Behavioral Health Integration program (PBHCI) is targeted at putting primary care services in community mental health agencies to service adults with serious mental illness. SAMHSA's HIV Continuum of Care program, new for FY2014, is designed to integrate behavioral health treatment and prevention and primary care for individuals living with HIV/AIDS. The President's Budget for FY 2015 includes a new SAMHSA program called Primary Care and Addiction Services Integration (PCASI) program to address the health needs of those receiving specialty addiction treatment services. SAMHSA is also working closely with its partner agencies to address issues of distinct and specialized care systems and financing structures which often result in uncoordinated identification, diagnosis, and treatment of behavioral health and physical health conditions.

This Strategic Initiative is in the making, recognizing that primary care, emergency rooms, and communities will be bigger players in promoting and treating behavioral health issues than even specialty care delivery systems in the future. Moving forward, SAMHSA's goal is to engage with its federal partners and other stakeholders to influence the broader public health system to address behavioral health issues and to set specific targets for this set of activities. SAMHSA is committed to:

- Foster integration between behavioral health care and the public health care system to include government, private, nonprofit and faith-based entities providing health, behavioral health and social services.
- Collaborate on developing a comprehensive strategy to effectively finance behavioral health services and other social services that contribute to the overall health of the individual and of communities.

The SAMHSA of the Future

These changes in approach to behavioral health as a health condition like any other, and the impact of the ACA and parity on increased access to behavioral health care means SAMHSA has to change, too. The Executive Leadership Team (ELT) and hundreds of SAMHSA staff have engaged over the last year in a series of seven Internal Operating Strategies (IOS) to build the infrastructure, human resource investment, and business and organizational capacities that SAMHSA will need in the future to lead public health efforts to advance the behavioral health of the nation. This effort puts additional strain on already overburdened staff, but is necessary to move SAMHSA from its former role as primarily a grant-making entity to a public health leader that provides policy leadership, regulatory oversight, surveillance and data analysis, public information, and practice improvement expertise. SAMHSA's grant-making is also changing to become more purposeful testing and promotion of evidence-based innovations from pilot to demonstration to wide-scale adoption, not just in the communities that receive SAMHSA's short-term grants, but to the nation as a whole.

SAMHSA is a small agency with a big mission, and will continue to need HHS' support as it transform to the SAMHSA of the future.