



Behavioral Health & Primary Care Integration



Jean Bennett, PhD
SAMHSA Regional Administrator
Region III: Pennsylvania, Delaware, Maryland, DC, Virginia, and West Virginia

PBHCI Regional Meeting
Philadelphia, Pennsylvania
March 6-7, 2014



Behavioral Health is Essential To Health



Prevention Works

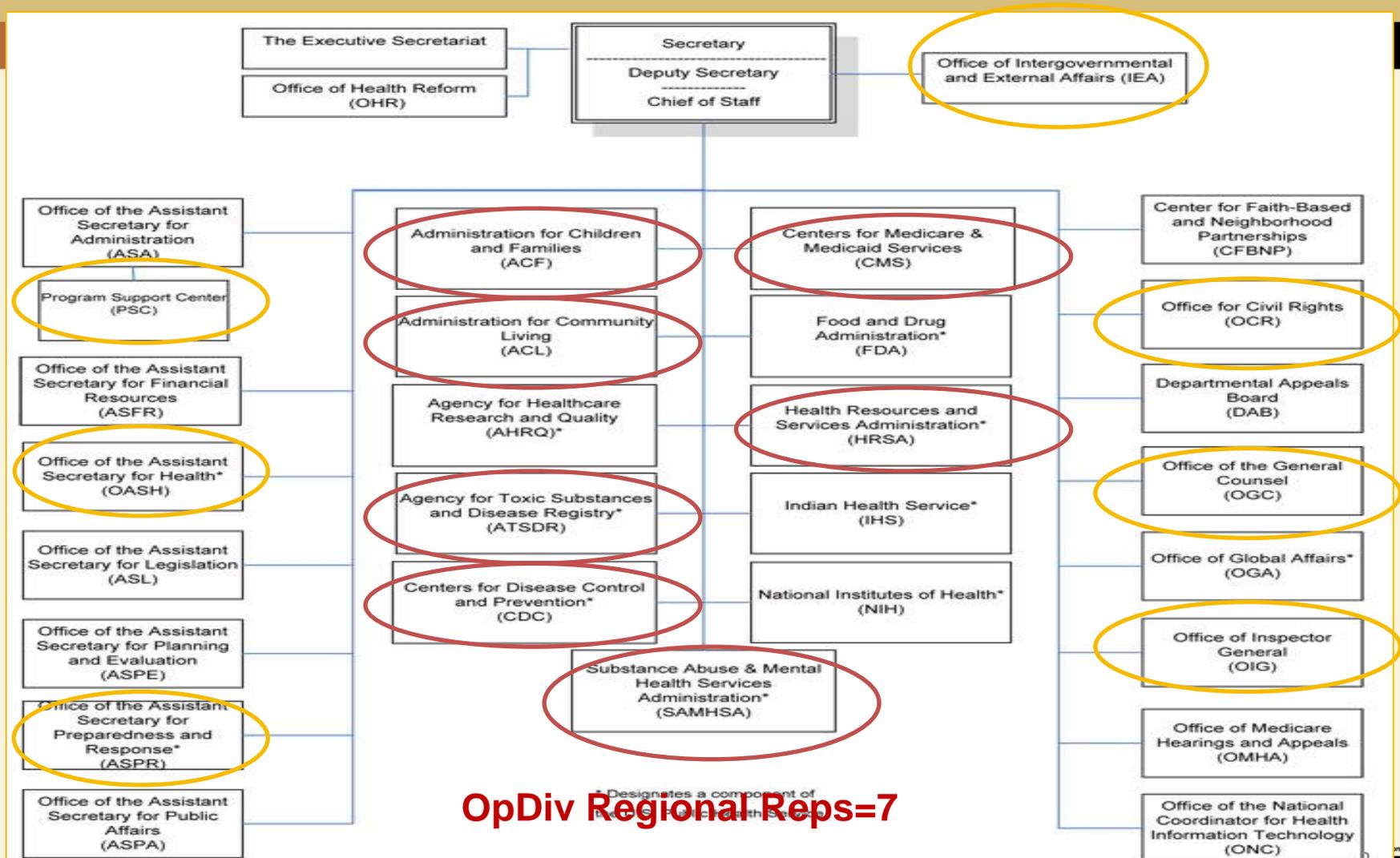


Treatment is Effective



People Recover

HHS OrgChart and Regional Office Representatives



OpDiv Regional Reps=7

StaffDiv Regional Reps = 7

Region X:
Seattle
 AK, ID, OR, WA
David Dickinson, MA
 2201 6th Ave,
 MS RX-02
 Seattle, WA
 98121



Region VIII:
Denver
 CO, MT, ND, SD,
 UT, WY
Charles Smith, PhD
 1961 Stout Street
 Denver, CO 80294



Region V: Chicago
 IL, IN, MI, MN, OH,
 WI
Jeffrey A. Coady,
PsyD
 233 N Michigan Ave
 Chicago, IL 60601



Region I: Boston
 CT, ME, MA, NH, RI, VT
Kathryn Power, MEd
 JFK Federal Building
 Boston, MA 02203



Region II: New York
 NJ, NY, PR, VI
Dennis O. Romero, MA
 26 Federal Plaza
 New York, NY 10278



Region VII:
Kansas City
 IA, KS, NE, MO
Laura Howard, JD
 601 East 12th St
 Kansas City, MO
 64106



Region III:
Philadelphia
 DE, DC, MD, PA,
 VA, WV
Jean Bennett, PhD
 150 S. Independence
 Mall West
 Philadelphia, PA 19106



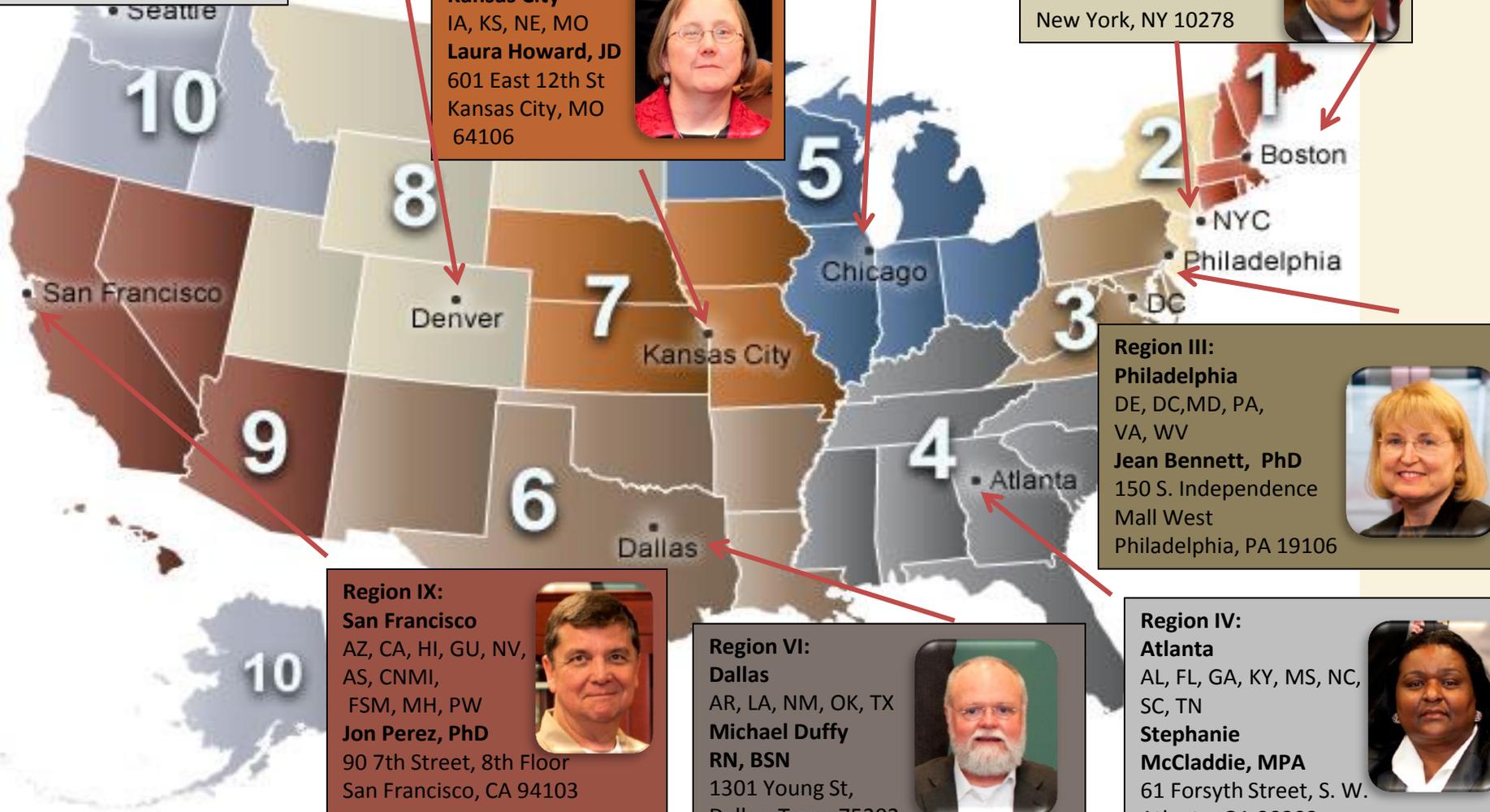
Region IX:
San Francisco
 AZ, CA, HI, GU, NV,
 AS, CNMI,
 FSM, MH, PW
Jon Perez, PhD
 90 7th Street, 8th Floor
 San Francisco, CA 94103



Region VI:
Dallas
 AR, LA, NM, OK, TX
Michael Duffy
RN, BSN
 1301 Young St,
 Dallas, Texas 75202



Region IV:
Atlanta
 AL, FL, GA, KY, MS, NC,
 SC, TN
Stephanie
McCladdie, MPA
 61 Forsyth Street, S. W.
 Atlanta, GA 30303

SAMHSA's Regional Administrators' Roles

Roles of SAMHSA's Regional Administrators

Represent SAMHSA & Connect with Stakeholders

- Voice of SAMHSA Administrator in the regions and states.
- Educate and engage the public and key stakeholders in SAMHSA's vision, mission, Strategic Initiatives, vital few, theory of change and priorities.
- Connect the public and key stakeholders to people and resources.
- Coordinate with and support the functions of the SAMHSA POs related to grants, contracts and cooperative agreements.

Promote Initiatives & Engage Target Populations

- Contribute to the development and support of HHS/SAMHSA initiatives and activities that advance behavioral health.
- Lead strategic discussion within communities, states and regions promoting behavioral health and advancing prevention, diagnosis, treatment of and recovery from mental and substance use disorders.

Collaborate to Support HHS Regions Together

- Lead cross-agency initiatives within the region and incorporate the support and collaboration of key HHS OPDIVs and other federal partners to advance behavioral health.
- Support HHS regional initiatives championed by Regional Directors, Regional Health Administrators, and/or regional OPDIV counterparts
- Identify opportunities to increase collaboration among HHS colleagues to assure behavioral health is a priority.

Support Stakeholders

- Provide regional behavioral health leadership that supports stakeholder action, program development, policy innovation, and system transformation.
- Leverage national and regional resources and technical assistance in collaboration with headquarters.
- Assist stakeholders in expanding relationships and obtaining the information and resources they need.

Conduct & Report Regional Environmental Scan

- Prepare periodic reports to communicate important regional/state trends, issues, and policy changes that affect SAMHSA's programs, grantees, and stakeholders.
- Communicate performance success, challenges, and opportunities for improvement.

LEADERSHIP

- As part of SAMHSA leadership, participate in development and implementation of SAMHSA strategic vision, direction and policies nationally.
- Promote engagement across Centers and Offices as members of the leadership team.

Region 2 Profile

State	Capital	Population ¹	Pop. Density ²	Joint	SUD Prevalence ³	SMI Prevalence ⁴	Suicide Rate ⁵
New Jersey	Trenton	8,791,894	1195.5	No	8.28	3.07	7.7
New York	Albany	19,378,102	411.2	No	8.55	3.52	7.7
<i>United States</i>	<i>Washington, DC</i>	<i>308,745,538</i>	<i>87.4</i>	<i>N/A</i>	<i>8.5</i>	<i>3.9</i>	<i>12.1</i>

¹U.S. Census 2010 resident population, all ages

²U.S. Census 2010

³SAMHSA, NSDUH 2010-2011, Table 19. Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year among Persons Aged 18 or Older (Substance Use Disorder).

⁴SAMHSA, NSDUH 2010-2011, Table 22. Serious Mental Illness in Past Year among Persons Aged 18 or Older (revised October 2013).

⁵CDC, National Vital Statistics System-Mortality (NVSS-M) 2010, per 100,000

Region 3 Profile

State	Capital	Population ¹	Pop. Density ²	Joint	SUD Prevalence ³	SMI Prevalence ⁴	Suicide Rate ⁵
Delaware	Dover	897,934	460.8	Yes	8.05	3.79	11.3
D.C.	N/A	601,723	9856.5	Yes	13.08	3.52	6.9
Maryland	Annapolis	5,773,552	594.8	Yes	6.90	3.17	8.3
Pennsylvania	Harrisburg	12,702,379	283.9	No	9.06	4.06	11.9
Virginia	Richmond	8,001,024	202.6	Yes	8.33	4.03	11.7
West Virginia	Charleston	1,852,994	77.1	Yes	7.22	5.27	14.1
<i>United States</i>	<i>Washington, DC</i>	<i>308,745,538</i>	<i>87.4</i>	<i>N/A</i>	<i>8.5</i>	<i>3.9</i>	<i>12.1</i>

¹U.S. Census 2010 resident population, all ages

²U.S. Census 2010

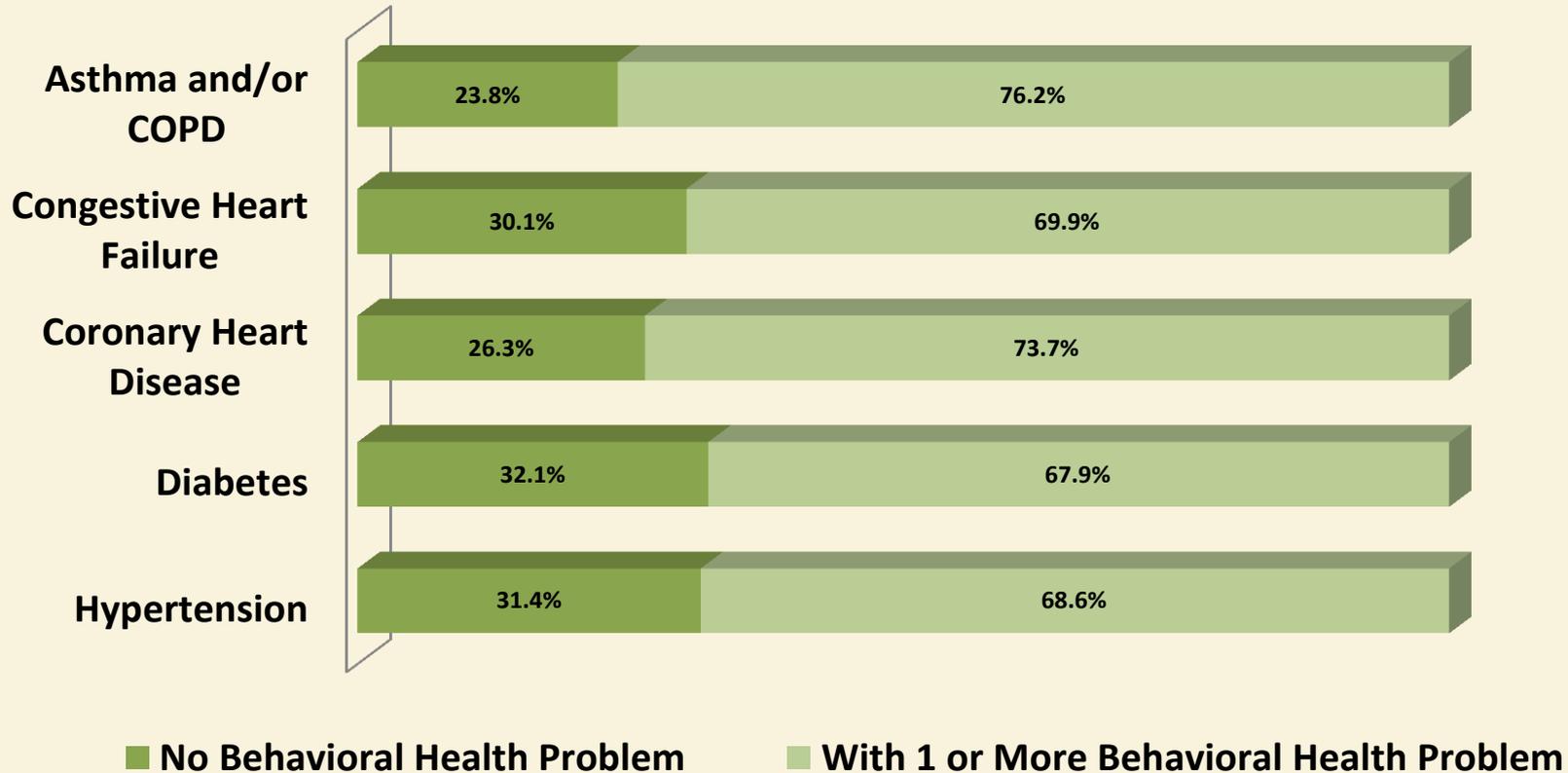
³SAMHSA, NSDUH 2010-2011, Table 19. Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year among Persons Aged 18 or Older (Substance Use Disorder).

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PREVALENCE OF BH CO-MORBIDITIES

(MEDICAID-ONLY BENEFICIARIES W/DISABILITIES)



Boyd, C., Clark, R., Leff, B., Richards, T., Weiss, C., Wolff, J. (2011, August). Clarifying Multimorbidity for Medicaid Programs to Improve Targeting and Delivering Clinical Services. Presented to SAMHSA, Rockville, MD.

Why BH Is Important to Public Health

- Half of Americans will experience MI; half know someone in recovery from addiction
- More deaths from suicide than from HIV/AIDS and traffic accidents combined; 8 million seriously consider suicide each year
- Persons w/ BH conditions die 8+ years younger, from preventable health issues
- Co-morbid diabetes care costs 4 ½ times more
- One of 5 top diagnoses in 30 –day readmissions
- Most homeless and jail populations have BH needs; few receive treatment; most released to community
- Persons with BH needs more likely to be uninsured and to “churn;” 11 mil of 38 mil uninsured \leq 400% FPL have BH needs
- Half of all tobacco deaths are among those with BH
- More adverse childhood experiences, indicate more health and BH conditions in adulthood
- ¼ of adult mental disorders begin by age 14; ½ by age 25

Strategic Initiative on Health Reform



- Essential Benefits, Enrollment
 - National Center for Innovation and Financing
 - Uniform Block Grant Application – TA to states
- Service definitions w/ Medicaid (health homes, rules/regs., good and modern services, screening, prevention) and Medicare (dually eligible populations, annual wellness visit)
- Primary/Behavioral Health integration

Primary and Behavioral Health Care Integration

- **Improve the physical health of people with SMI by supporting communities to coordinate and integrate primary care services into publicly funded behavioral health settings**
- **Grantees will form partnerships to develop or expand their offerings with primary health care services for people with SMI, thus improving overall health status**
- **Eligible applicants comprise community behavioral health agencies in partnership with primary care providers**

SAMHSA ENROLLMENT STRATEGY

→ Collaborate w/national organizations whose members/constituents interact regularly w/individuals who have M/SUDs to create and implement enrollment communication campaigns

→ Promote and encourage use of CMS marketing materials

→ Provide T/TA in developing enrollment communication campaigns using these materials

→ Provide training to design and implement enrollment assistance activities

→ Channel feedback and evaluate success



Latest Tools in Integration

- 1. National Dialogue on Mental Health**
The second-ever White House Conference on Mental Health, held in January, led to the launch of **mentalhealth.gov** and the National Dialogue on Mental Health, which includes an effort to start **conversations about mental health** across communities.
- 2. Federal Investment in Integrated Care**
Federal investment in integrated care included \$50 million through HRSA in expanded **funding for community health centers** to provide mental health services, a new group of SAMHSA **Primary and Behavioral Health Care Integration grantees**, and tobacco cessation support from the CDC for providers helping people with severe mental illness.
- 3. Medicaid Expansion**
The Center for Health Care Strategies released an issue brief on **Strategies to Improve Dental Benefits for the Medicaid Expansion Population**, which outlines how 20 Medicaid expansion states intend to offer at least a minimal dental benefit to newly eligible populations. This brief can help inform other states as they determine benefit offerings for the Medicaid expansion population in 2014 and beyond.
- 4. Atlas of Integrated Health Measures**
The Agency for Health Research and Quality's Academy for Integrating Behavioral Health and Primary Care released several resources, including the **Atlas of Integrated Health Measures**, a user-friendly guide that helps integrated health settings achieve the Affordable Care Act's triple aim.
- 5. Substance Use Treatment Resources**
New substance use treatment resources from SAMHSA included **Systems Level Implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT)** and **Managing Chronic Pain in Adults with or in Recovery from Substance Use Disorders**, a SAMHSA Treatment Improvement Protocol (TIP 54).
- 6. Innovations in Addictions Treatment**
Our **Innovations in Addictions Treatment** report shares insights and perspectives from pioneering addiction organizations that integrated primary care services.
- 7. Coalitions and Community Health**
The Community Anti-Drug Coalitions of America and CIHS developed **Coalitions and Community Health: Integration of Behavioral Health and Primary Care** to outline how the nation's 5,000+ community substance abuse prevention coalitions can help to reduce substance use in ways that complement healthcare providers' integration efforts.

Latest Tools in Integration (cont.)

8. **A Window of Opportunity**
Grantmakers in Health and the Hogg Foundation for Mental Health released the report, **A Window of Opportunity**, which highlights the role philanthropy can play in eliminating health disparities through supporting integrated care.
9. **State Innovation Models in Integration**
States are taking on initiatives to improve healthcare quality and provide integrated primary and behavioral healthcare. CMS reported on lessons learned from six states participating in the **State Innovation Models** program.
10. **Telebehavioral Health Training Series**
CIHS' **Telebehavioral Health Training and Technical Assistance Series** is designed to help safety net providers and rural health clinics understand and adopt telebehavioral health services. The implementation of these services for mental health and substance use allows for increased access, particularly in rural or underserved areas.
11. **Standard Framework for Levels of Integrated Healthcare**
The CIHS **Standard Framework** for Levels of Integrated Healthcare helps primary and behavioral healthcare provider organizations improve outcomes by helping them understand where they are on the integration continuum.
12. **Growth in Medicaid Health Homes**
We saw growth in the number of **Medicaid Health Homes**, specifically those addressing behavioral health. As of November 2013, nine states have approved state plan amendments for behavioral health homes: Alabama, Idaho, Iowa, Maine, Missouri, New York, Ohio, Oregon, and Rhode Island.
13. **Final Parity Rule**
Four years after passage of the Mental Health Parity and Addiction Equity Act of 2008, a **final rule** was implemented to apply parity to insurance plans.

QUESTIONS??

Jean Bennett, PhD

Regional Administrator-Region 3

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

Public Ledger Building

150 South Independence Mall West, Suite 1172

Philadelphia, PA 19106

215-861-4377

Jean.Bennett@samhsa.hhs.gov