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DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

Behavioral Health is Essential To Health

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OPPORTUNITIES TO SUSTAIN MENTAL HEALTH AND SUBSTANCE USE SERVICES AND PROMOTE HEALTH INTEGRATION

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SAMHSA

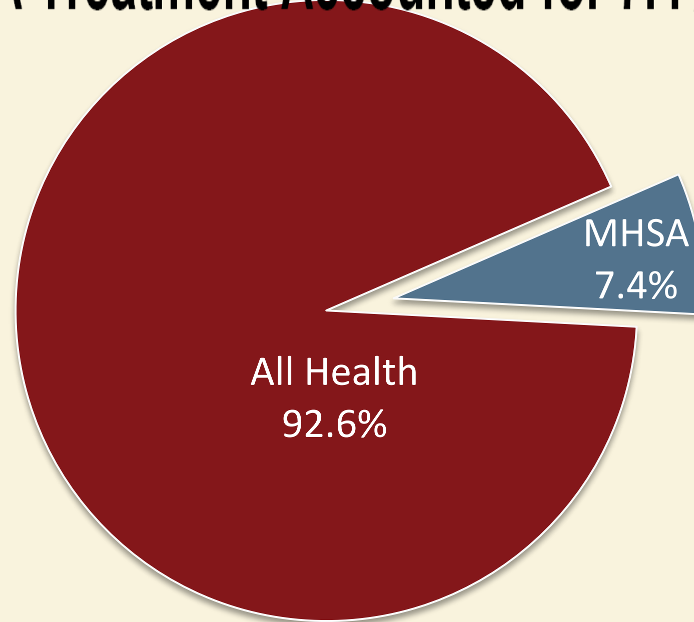
Mental Health America
June 2013

Interplay of Federal & State Policy

- Major Federal and state policies do not always ensure that mental health and substance use are addressed.
- Behavioral health is under-represented in quality measures associated with different aspects of the Affordable Care Act.
- While health fields like pediatrics or cardiology are automatically represented in working groups at the federal and state levels on health issues, behavioral health is often seen as optional or extra.
- Even with health reform, serious gaps will remain in funding of behavioral health services.
- Important to differentiate ACA related decisions that are made at the federal level from those that are made at the state level

All-Health and MHSA Spending in 2009

Spending on MHSA Treatment Accounted for 7.4% of All Health Spending



MHSA Spending = $172 Billion
All-Health Spending = $2,330 Trillion

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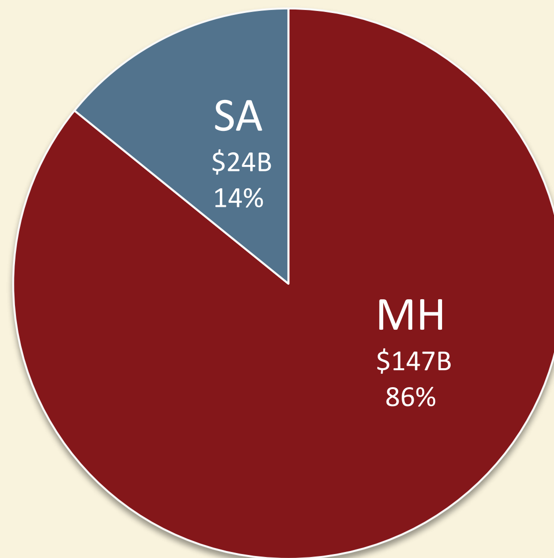
MH & SA Treatment Spending 2009



MHSA Spending in 2009
$172 Billion

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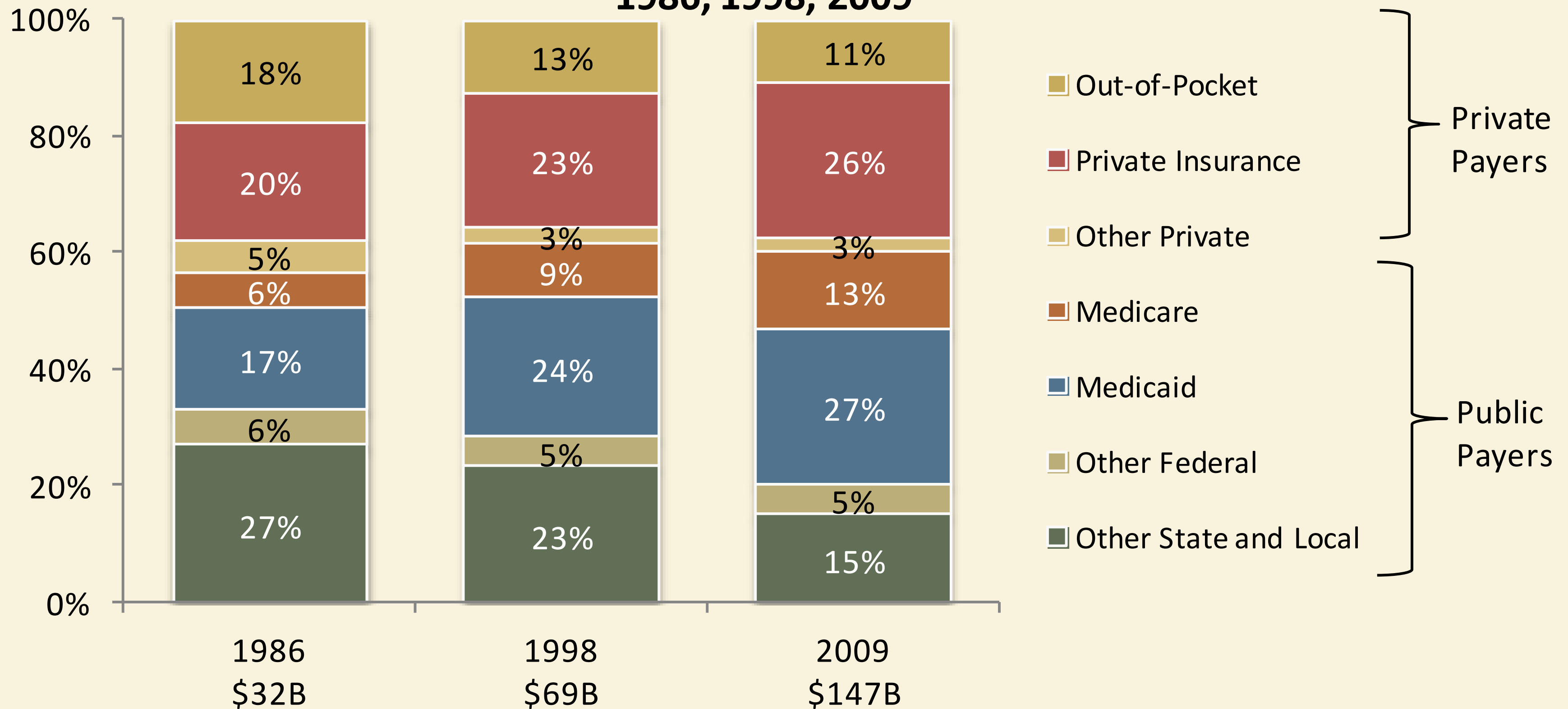
Medicaid and Private Insurance Were the Largest Payers of MH Treatment in 2009



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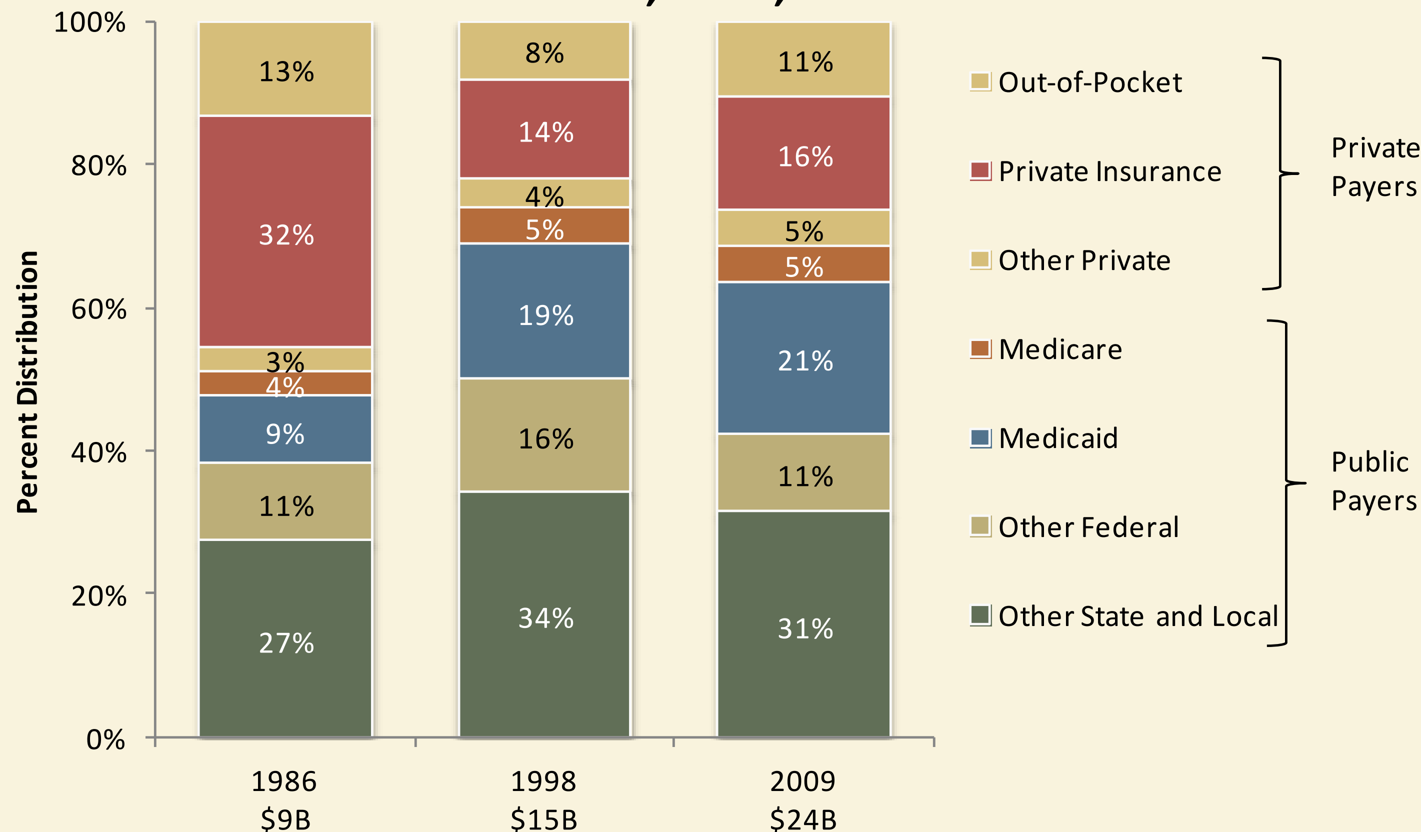
Other State and Local Governments and Medicaid Were the Largest Payers of SA Treatment in 2009



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Adults

- Over 2/3 of adults with SPMI have co-morbid physical health conditions such as diabetes, heart disease and chronic obstructive pulmonary disease
- Adults aged 18 or older with any mental illness (AMI) or major depressive episode (MDE) in the past year were more likely than to have high blood pressure, asthma, diabetes, heart disease, and stroke
- Adults with serious mental illness (SMI) in the past year were more likely to have high blood pressure, asthma, and stroke
- Those with AMI, SMI, or MDE were more likely to use an emergency room and to be hospitalized

*SAMHSA NSDUH Report, "Physical Health Conditions among Adults with Mental Illnesses," 4/5/12

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Adults

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

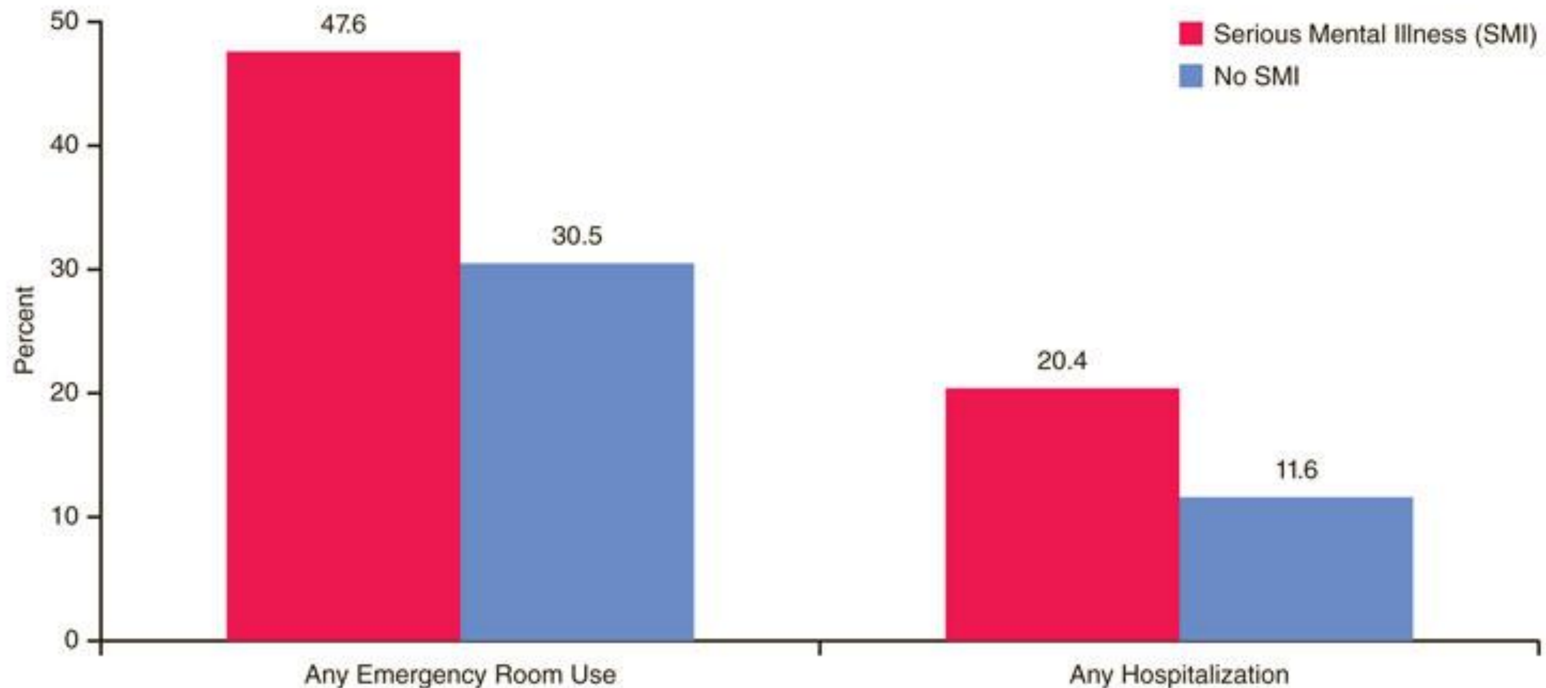
Mental Illness	High Blood Pressure %	Asthma %	Diabetes %	Heart Disease %	Stroke %
Any Mental Illness (AMI)					
Yes	21.9	15.7	7.9	5.9	2.3
No	18.8	10.6	6.6	4.2	0.9
Serious Mental Illness (SMI)					
Yes	21.6	19.1	7.7	5.2	2.6
No	17.7	12.1	6.6	4.2	1.1
Major Depressive Episode (MDE)					
Yes	24.1	17.0	8.9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

Adults

Past Year Emergency Room Use and Past Year Hospitalization among Persons Aged 18 or Older with and without Serious Mental Illness in the Past Year: 2008 and 2009



Children & Youth

- Around 1 in 5 young people have a mental, emotional, or behavioral health disorder, at an estimated annual cost of $247 billion
- About 1 in 4 pediatric primary care office visits involve behavioral and mental health problems
- About 1 in 3 Medicaid-enrolled children who use behavioral health care have serious medical conditions (primarily asthma)
- In contrast to adults with SPMI and chronic physical conditions (COPD, diabetes, etc.) Medicaid expenditures for children with co-morbid conditions are driven primarily by behavioral health
- Integrated care strategies for children differ from those for adults in a number of important ways, including duration, diagnoses, provisions for consent, involvement of families in peer services, increased staffing ratios for care coordination, etc.

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PBHCI Grantees by HHS Regions

SAMHSA-HRSA
Center for Integrated Health Solutions

Region 10
7 Grantees

AK (2)
WA (3)
OR (2)
ID

Region 8
5 Grantees

MT
ND
SD
WY
UT (1)
CO (4)

Region 5
17 Grantees

MN
WI
MI (1)
IL (5)
IN (4)
OH (7)

Region 2
11 Grantees

NY (8)
NJ (3)

Region 1
12 Grantees

VT
ME (2)
NH (1)
MA (4)
RI (2)
CT (3)

Region 7
1 Grantee

NE (1)
IA
KS
MO

Region 3
7 Grantees

PA (2)
WV (2)
VA (2)
DE
MD (1)
DC

Region 9
12 Grantees

CA (11)
NV
AZ (1)
HI

Region 6
8 Grantees

NM
OK (3)
TX (4)
AR
LA (1)

Region 4
14 Grantees

KY (1)
TN (1)
NC (1)
SC (1)
MS
AL
GA (3)
FL (7)

PBHCI Grantees by HHS Regions

Region 1 – Boston
CT: Bridges…A Community Support System (I)
CT: Community Mental Health Affiliates (III)
CT: Connecticut State Department of MH/Addictions Services (V)
ME: Community Health and Counseling Services (III)
ME: Community Health and Counseling Services (V)
MA: Behavioral Health Network, Inc. (V)
MA: Center for Human Development (V)
MA: Community Healthlink (III)
MA: Stanley Street Treatment and Resources (V)
NH: Community Council of Nashua (I)
RI: The Kent Center for Human and Organizational Development (III)
RI: The Providence Center (II)

Region 2 - New York
NJ: Atlanticare Behavioral Health (V)
NJ: Care Plus NJ (I)
NJ: Catholic Charities, Diocese of Trenton (III)
NY: Bronx-Lebanon Hospital Center (III)
NY: Fordham Tremont CMHC (III)
NY: ICD-International Center for the Disabled (II)
NY: Institute for Community Living, Inc. (V)
NY: Lincoln Medical Center and Mental Health Center (V)
NY: New York Psychotherapy/Counseling Center (V)
NY: Postgraduate Center for Mental Health (III)
NY: VIP Community Services (I)

Region 3 – Philadelphia
MD: Family Services, Inc. (III)
PA: Horizon House (III)
PA: Milestone Centers (II)
VA: Arlington County Community Services Board (V)
VA: Norfolk Community Services Board (IV)
WV: FMRS Health System, Inc. (V)
WV: Prestera Center for Mental Health Services (III)

Cohort I – Awarded in 2009
Cohort II & III – Awarded in 2010
Cohort IV – Awarded in 2011
Cohort V – Awarded in 2012

PBHCI Grantees by HHS Regions

Region 4 – Atlanta
FL: Apalachee Center, Inc (III)
FL: Coastal Behavioral Healthcare (III)
FL: Community Rehabilitation Center (III)
FL: Henderson Behavioral Health, Inc. (V)
FL: Lakeside Behavioral Healthcare (III)
FL: Lifestream Behavioral Center (III)
FL: Miami Behavioral Health Center (III)
GA: Cobb/Douglas Community Services Board (III)
GA: Highland Rivers Community Service Board (V)
GA: New Horizons Community Service Board (V)
KY: Pennyroyal Regional MH/MR Board (I)
NC: Coastal Horizons Center, Inc. (V)
SC: South Carolina State Department of Mental Health (III)
TN: Centerstone of Tennessee, Inc. (V)

Region 5 – Chicago
IL: Dupage County Health Department (V)
IL: Heritage Behavioral Health Center (III)
IL: Human Service Center (I)
IL: Trilogy, Inc (III)
IL: Wellspring Resources (V)
IN: Adult & Child Mental Health Center (III)
IN: Centerstone of Indiana (II)
IN: Health & Hospital Corporation of Marion County (IV)
IN: Regional Mental Health Center (II)
MI: Washtenaw Community Health Organization (III)
OH: Center for Families & Children (I)
OH: Community Support Services (IV)
OH: Firelands Regional Medical Center (V)
OH: Greater Cincinnati Behavioral Health Services (III)
OH: Shawnee Mental Health Center (I)
OH: Southeast Inc. (I)
OH: Zepf Center (V)

Cohort I – Awarded in 2009
Cohort II & III – Awarded in 2010
Cohort IV – Awarded in 2011
Cohort V – Awarded in 2012

PBHCI Grantees by HHS Regions

Region 6 – Dallas
LA: Capital Area Human Services District (IV)
OK: Central Oklahoma Community MH Center (I)
OK: Family and Children's Service, Inc. (V)
OK: NorthCare Community Mental Health Center (III)
TX: Austin-Travis County Integral Care (III)
TX: Lubbock Regional MH & MR Center (II)
TX: Mental Health Mental Retardation Tarrant County (V)
TX: Montrose Counseling Center (II)

Region 7 - Kansas City
NE: Community Alliance Rehabilitation Services (V)

Region 8 – Denver
CO: Aspenpointe Health Services (V)
CO: Aurora Comprehensive Community Mental Health Center (V)
CO: Jefferson Center for Mental Health (V)
CO: Mental Health Center of Denver (I)
UT: Weber Human Services (III)

Region 9 - San Francisco
AZ: CODAC Behavioral Health Services (I)
CA: Alameda County Behavioral Health Care Services (II)
CA: Asian Community Mental Health Services (III)
CA: Catholic Charities of Santa Clara County (IV)
CA: Didi Hirsch Community Mental Health Center (V)
CA: Glenn County Health Services Agency (III)
CA: Mental Health Systems, Inc (I)
CA: Monterey County Health Department (V)
CA: Native American Health Center, Inc. (V)
CA: San Francisco Department of Public Health (IV)
CA: San Mateo County Health System (III)
CA: Tarzana Treatment Centers, Inc. (III)

Region 10 – Seattle
AK: Alaska Islands Community Services (III)
AK: Southcentral Foundation (IV)
OR: Native American Rehabilitation Association of the Northwest (II)
OR: Cascadia Behavioral Healthcare, Inc. (V)
WA: Asian Counseling and Referral Service (III)
WA: Downtown Emergency Service Center (III)
WA: Navos (IV)

Cohort I – Awarded in 2009
Cohort II & III – Awarded in 2010
Cohort IV – Awarded in 2011
Cohort V – Awarded in 2012

Health Homes

- **Service Definition:**
  - Comprehensive care management
  - Care coordination and health promotion
  - Comprehensive transitional care (among levels of care)
  - Individual and family support
  - Referral to community and social support services
  - If relevant, use of health information technology to link services as feasible and appropriate

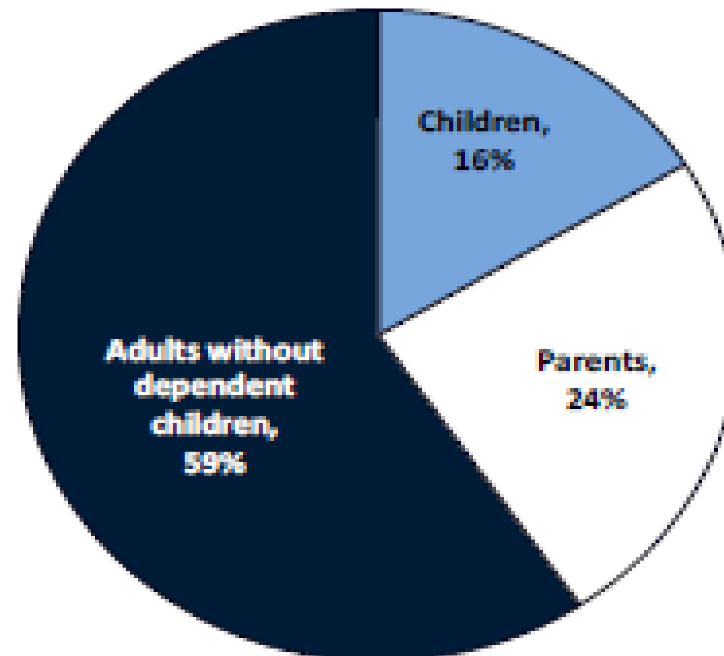
SAMHSA Efforts

- SAMHSA consultation role with states as part of the CMS state plan review and approval process
- Coordination with CMS
- Technical assistance to states

Persons Who Are Uninsured

Figure 3

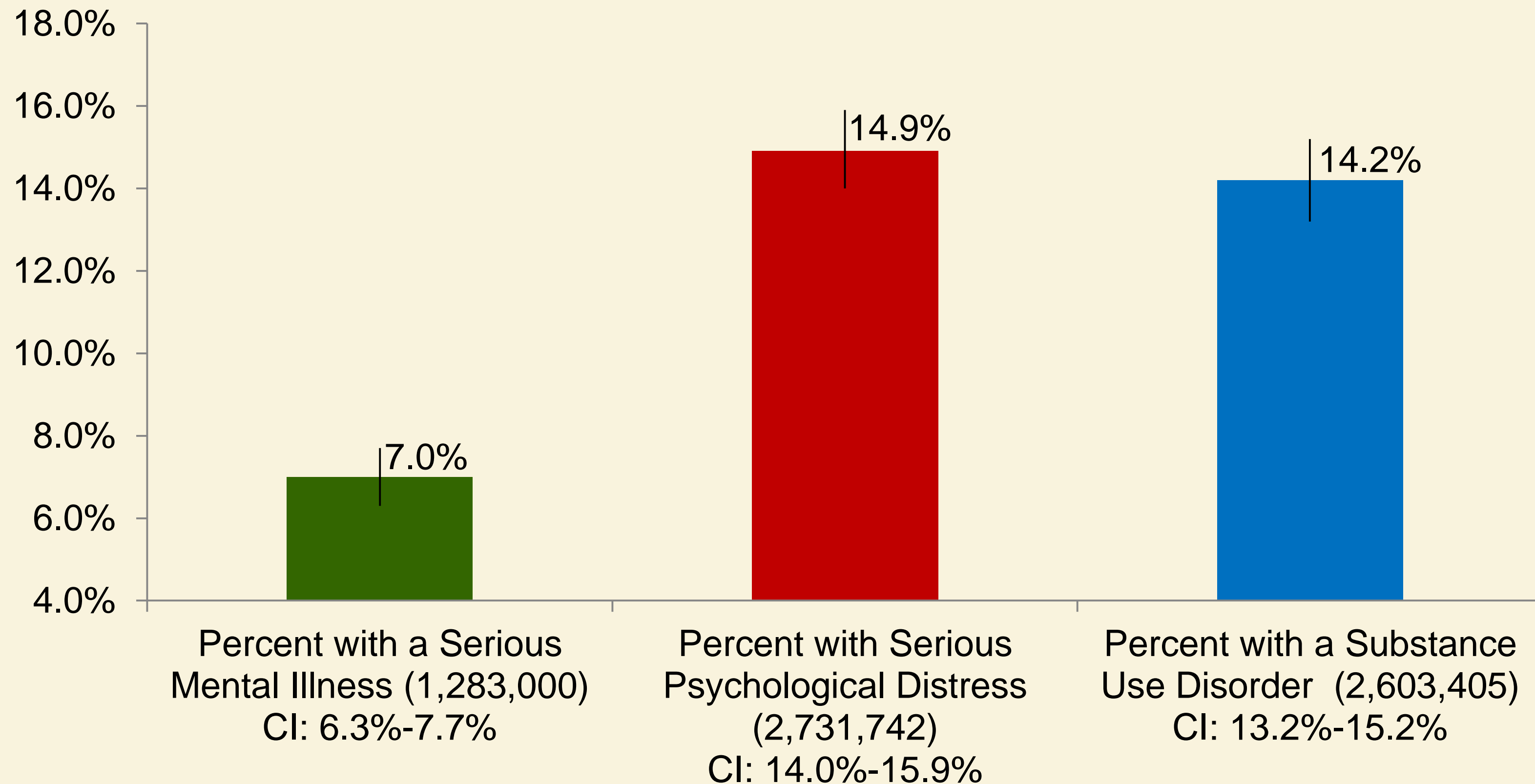
The Nonelderly Uninsured by Age and Parent Status, 2010



49.1 M Uninsured

Children includes all individuals ages 0-18. Parents are defined as adults with dependent children ages 0-18 and adults without children do not have dependent children ages 0-18. Both parents and adults without children include adults ages 19-64. Data may not total 100% due to rounding.
SOURCE: KCMU/ Urban Institute analysis of 2011 ASEC Supplement to the CPS.

Prevalence of Behavioral Conditions Among Medicaid Expansion Population



CI = Confidence Interval

Sources: 2008 – 2010 National Survey of Drug Use and Health
2010 American Community Survey

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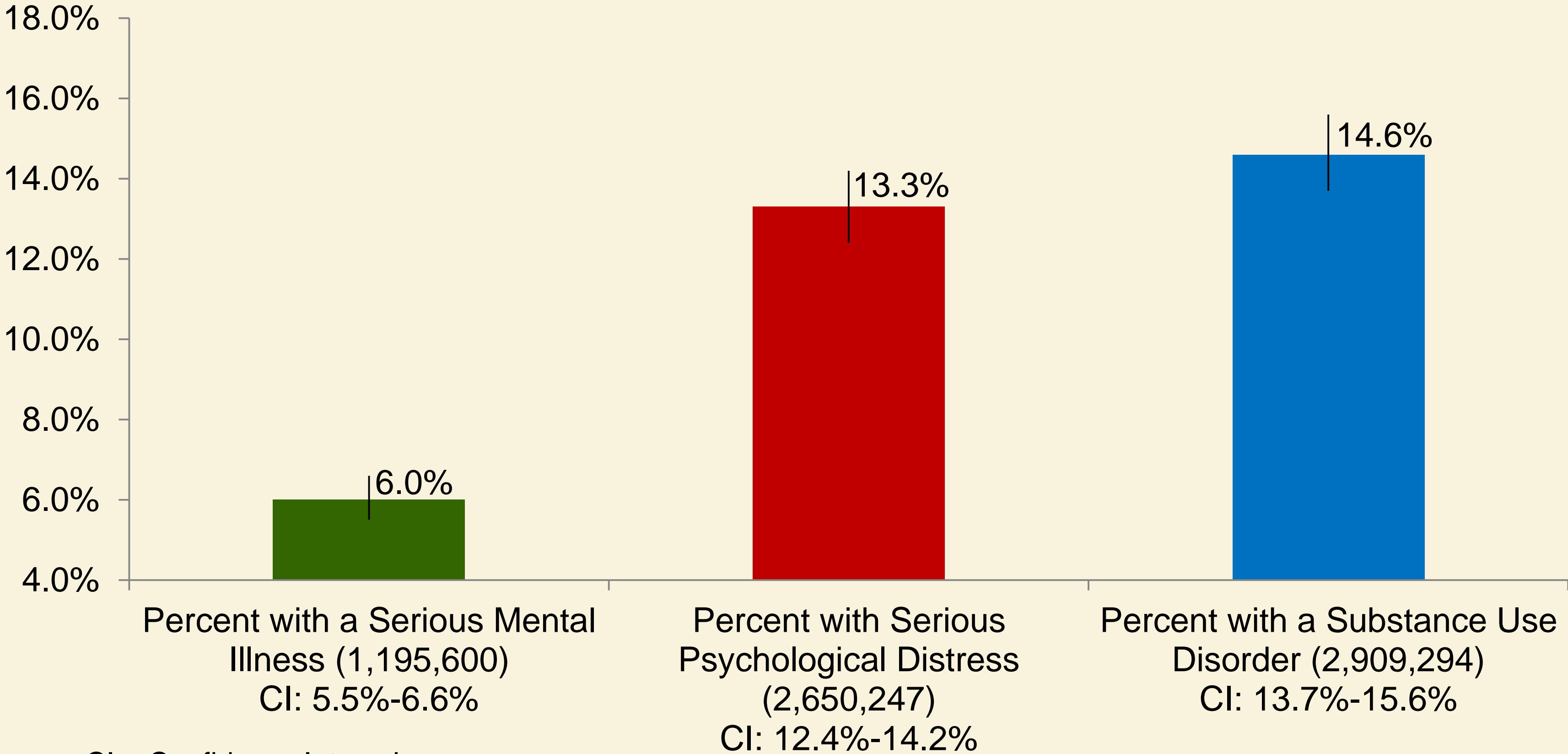
Prevalence of Behavioral Conditions Among Exchange Population



CI = Confidence Interval

Sources: 2008 – 2010 National Survey of Drug Use and Health
2010 American Community Survey

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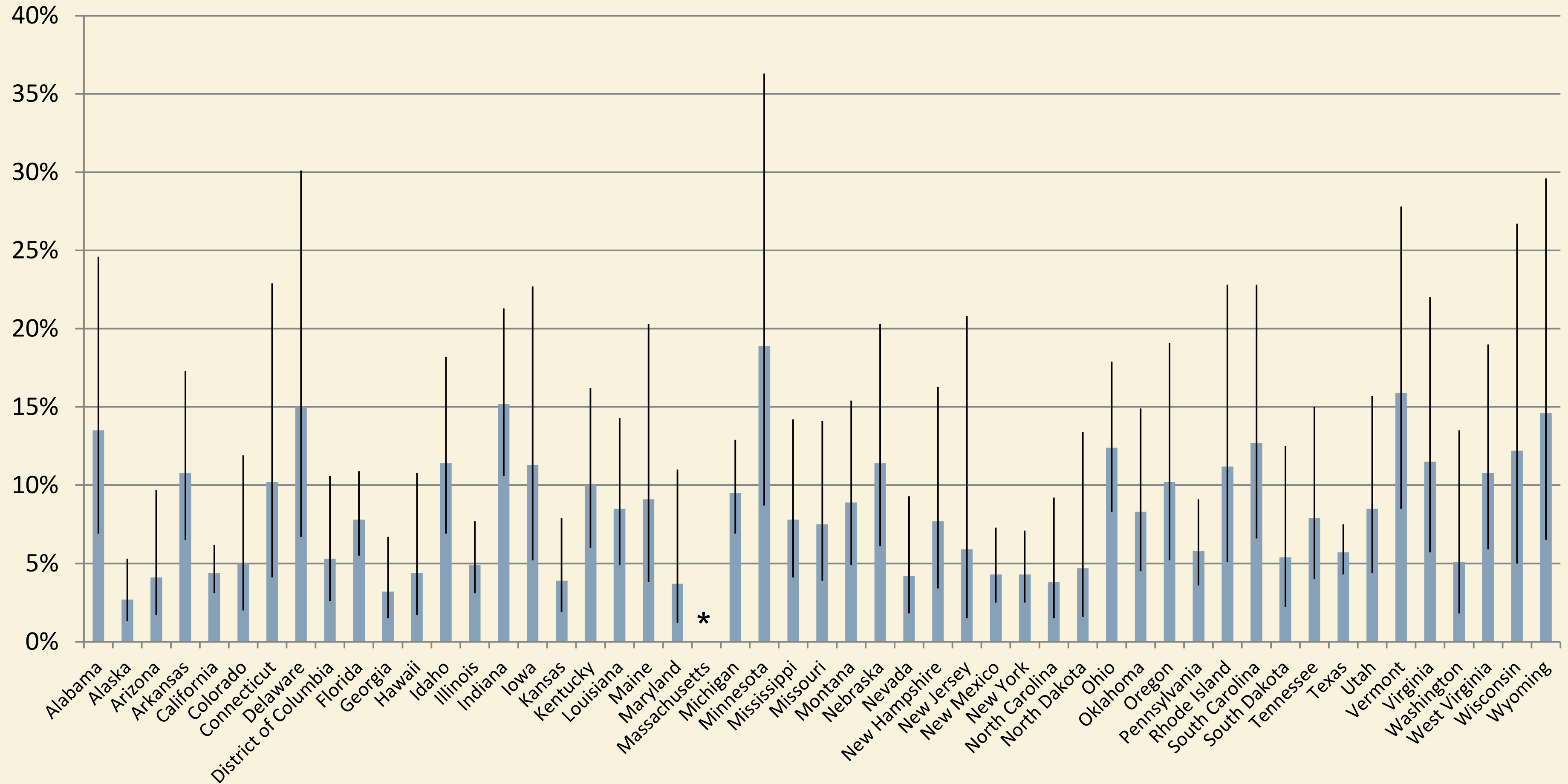
STATE PREVALENCE OF SMI AMONG MEDICAID EXPANSION POPULATION



I Line indicates 95% confidence interval

* Suppressed for imprecision

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STATE PREVALENCE OF SUD AMONG MEDICAID EXPANSION POPULATION

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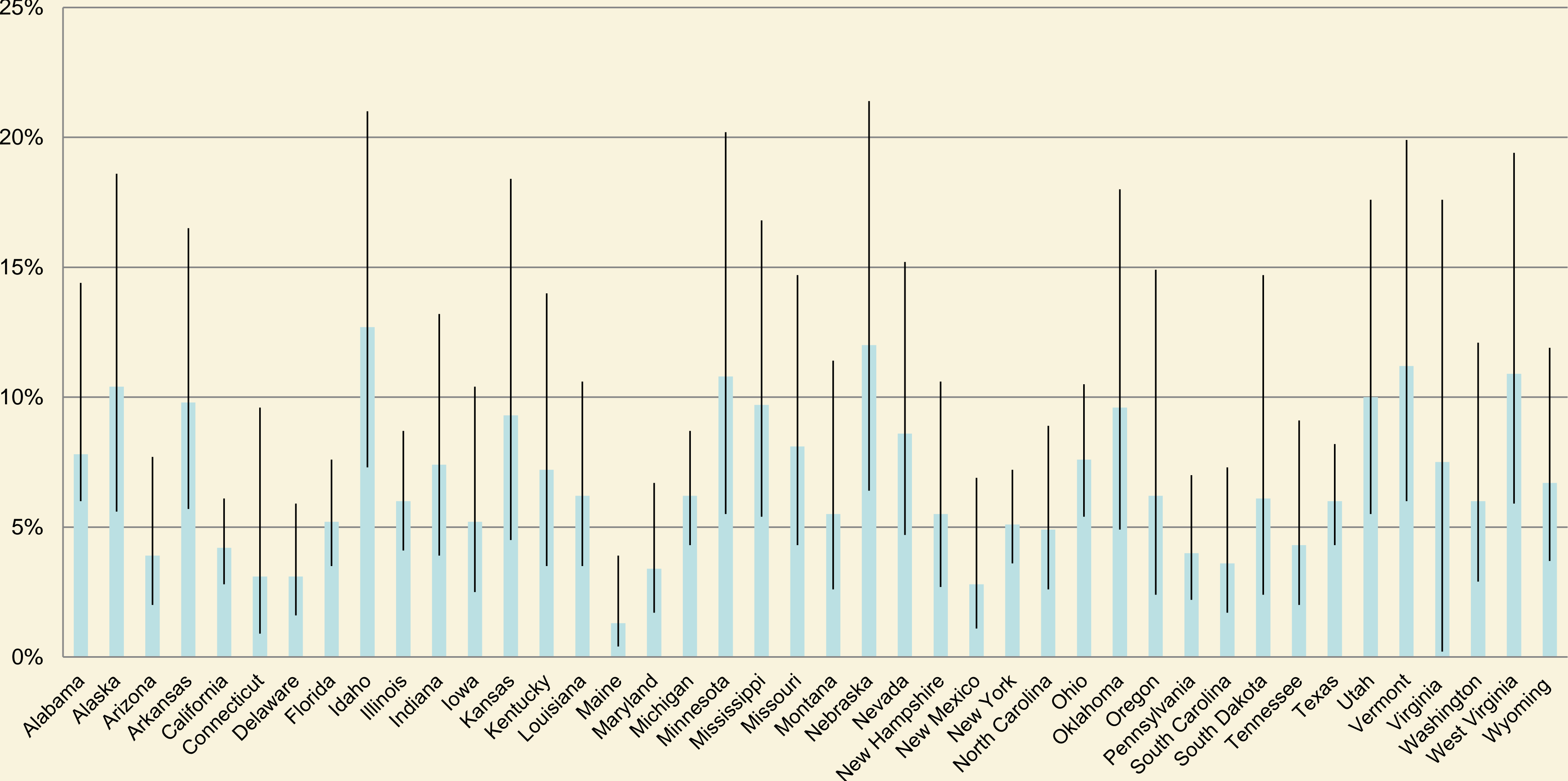
STATE PREVALENCE OF SMI AMONG EXCHANGE POPULATION



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STATE PREVALENCE OF SUD AMONG EXCHANGE POPULATION

40%
35%
30%
25%
20%
15%
10%
5%
0%

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin

I Line indicates 95% confidence interval

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Health Coverage in 2014

Coverage Options for Adults without Medicare or Employer-Based Coverage

Income as a percent of the federal poverty level

0 133 400+

States must choose to expand

States must create or let feds do it (FFM)

Individuals must act

A Continuum of Coverage – Everyone Fits Somewhere!

Supporting Intermediaries

- Intermediary - focused efforts will be formed in six categories:

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Intermediary Efforts

- Supporting coalition groups in their commitment to promoting access to insurance for their constituents
- Inviting coalition groups to shape enrollment support policy, planning, training and materials development
- Providing leadership for other organizations

Enrollment Resources

- **Healthcare.gov**
  - *http://www.healthcare.gov/marketplace/index.html*
- **HHS Partners Resources**
  - *http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/index.html*
- **SAMHSA Enrollment Webpage**
  - *http://www.samhsa.gov/enrollment/*
- **State Refor(u)m Exchange Decisions**
  - *http://www.statereforum.org/node/10222*
- **Enroll America Best Practices**
  - *http://www.enrollamerica.org/best-practices-institute*

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Wellstone/Domenici Mental Health Parity and Addiction Equity Act of 2008

- Requires that IF a plan includes MH/SUD, then it must do so with:
  - No greater financial burden (cost sharing, deductibles) than med/surg
  - No annual or lifetime limits unless also apply to med/surg benefits
  - Benefits not more limited than med/surg (number visits, frequency of treatment, etc) – Non-quantitative treatment limits
  - Out of network if med/surg out of network
  - Transparency in medical necessity & denials of care

- Exemptions from law
  - Employer with less than 50 employees
  - If costs go up (>2% first year, >1% after that)

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Federal Activities

- Tri-agency effort: HHS, Labor and Treasury in development of guidance and the move toward the final set of regulations
- Data and information to inform reports to Congress and the assessment of the impact of parity
- Center for Medicare & Medicaid (CMS) working closely with a number of states on interpretation of MHPAEA regulations and enforcement
- Dept of Labor (DOL) is working on updating the support and training materials for its inspectors that are involved in parity enforcement
- Webinar sessions and information – In collaboration with CMS, next series beginning in May
- Parity Communication Strategy- materials available to disseminate to staff, youth and families, community organizations

SAMHSA Resources

- www.SAMHSA.gov/healthreform
- Assessing the Evidence Base Reviews
- Service Descriptions
- Medicaid Handbook
- Working with Your Medicaid Director Toolkit
- Working with Your Insurance Commissioner Toolkit
- Working with Your State Legislature Toolkit
- Parity Resources

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