



Behavioral Health is Essential To Health



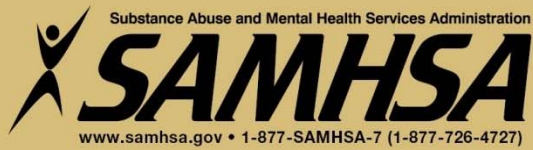
Prevention Works



Treatment is Effective



People Recover



BUILDING SYSTEMS AND SERVICES FOR THE FUTURE

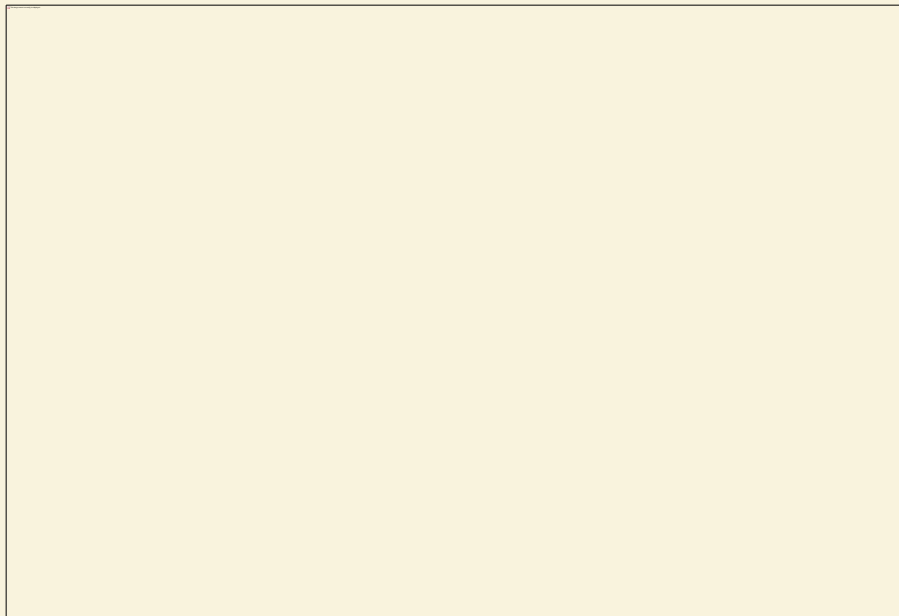
Peter Gaumond

Substance Abuse and Mental Health Services Administration

Behavioral Health & Primary Care Integration for
Latinos: Assessment, Treatment & Recovery
Salt Lake City, UT • September 16, 2015

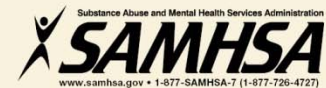


Greetings



NATIONAL HISPANIC
★ HERITAGE MONTH ★

ABOUT



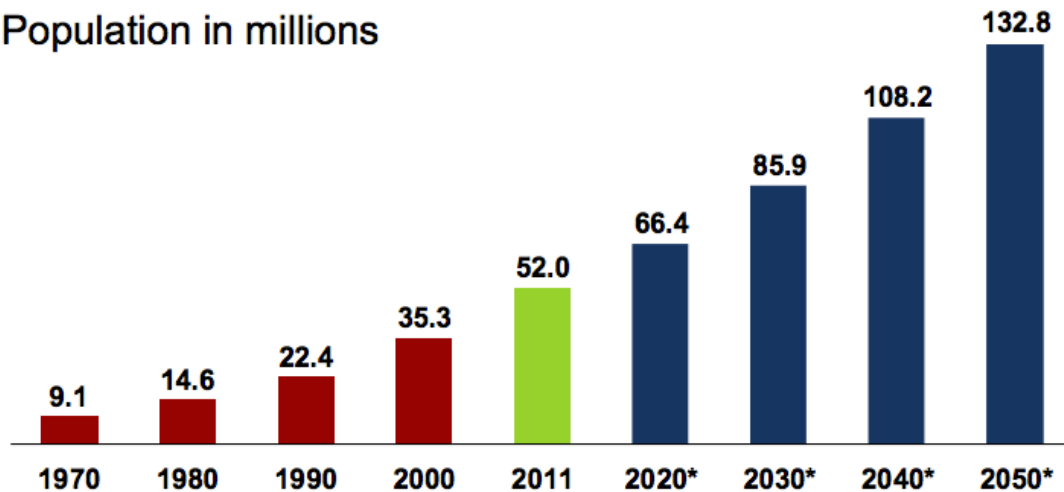
Windows of Opportunity

- Affordable Care Act
- Parity
- Primary Care – Behavioral Health Integration Initiatives
- Workforce Initiatives
- Focus on Recovery Support Services
- Demography, Identity, Leadership

Demography

Hispanics: 1970 to 2050

Population in millions



United States[™]
Census
Bureau

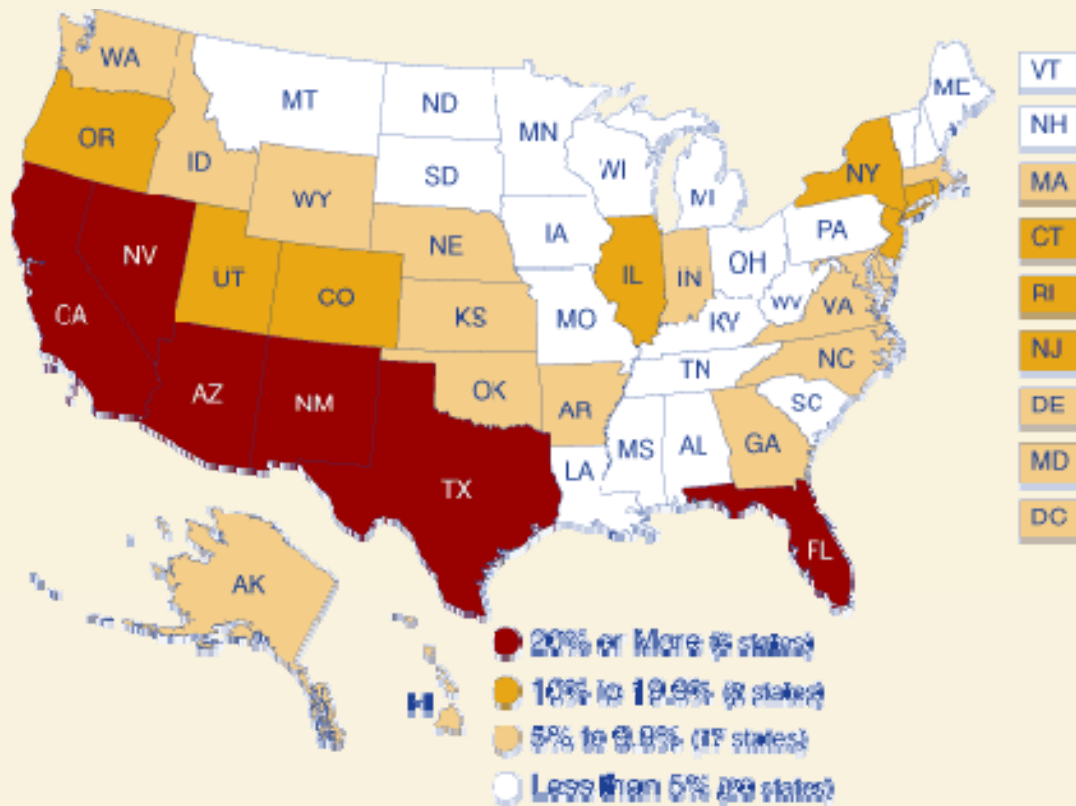
*Projected Population as of July 1

Sources: U.S. Census Bureau, 1970, 1980, 1990, and 2000 Decennial Censuses; July 1, 2011 Population Estimates; 2008 National Population Projections

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Demography

Percentage Hispanic Population by State



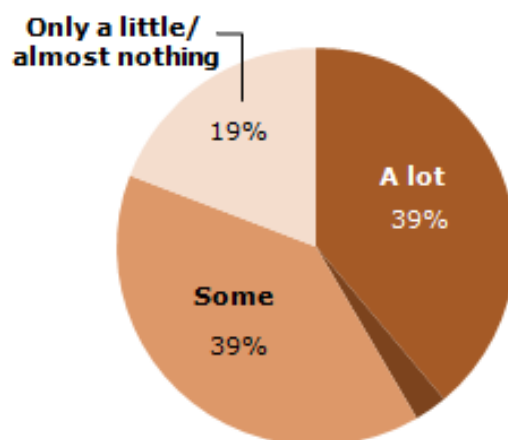
Source: 1990, using U.S. Census Bureau data

Identity

Figure 2

Not All Hispanics See Shared Common Values Among U.S. Hispanics ...

% saying [Hispanic origin group] living in the U.S. and Hispanics from different countries living in the U.S. share values in common ...



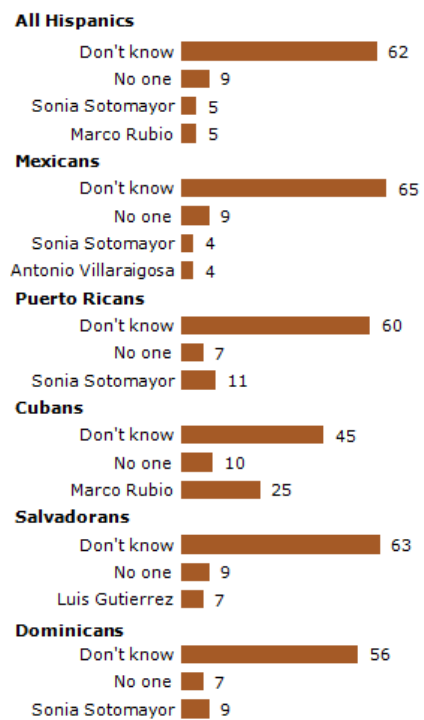
Notes: N=5,103. "Don't know/Refused" responses shown but not labeled.

Source: Pew Research Center survey of Hispanic adults, May 24-July 28, 2013.

PEW RESEARCH CENTER

Leadership

Figure 4
Who Is the Most Important Hispanic Leader in the Country Today?
 %

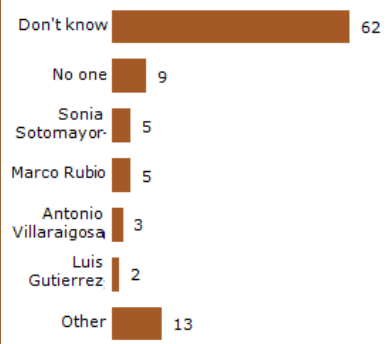


Notes: N=5,103. Only three largest response categories shown; for all Hispanics and Mexicans, four response categories shown due to tie.

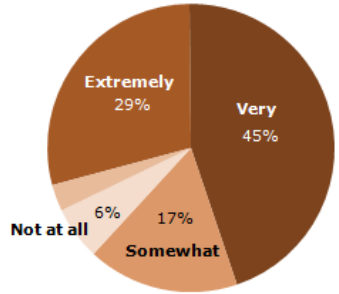
Source: Pew Research Center survey of Hispanic adults, May 24-July 28, 2013.

PEW RESEARCH CENTER

Figure 1
Most Hispanics Unable to Name A Hispanic Leader ...
In your opinion, who is the most important (Hispanic/Latino) leader in the country today? (%)



... But Most Say It Is Important for the Community to Have One
In your opinion, how important is it for the U.S. (Hispanic/Latino) community to have a national leader advancing the concerns of (Hispanics/Latinos)?



Notes: N=5,103. "Refused" responses not shown in upper panel chart. "Don't know/Refused" responses shown but not labeled in lower panel pie chart.

Source: Pew Research Center survey of Hispanic adults, May 24-July 28, 2013.

PEW RESEARCH CENTER



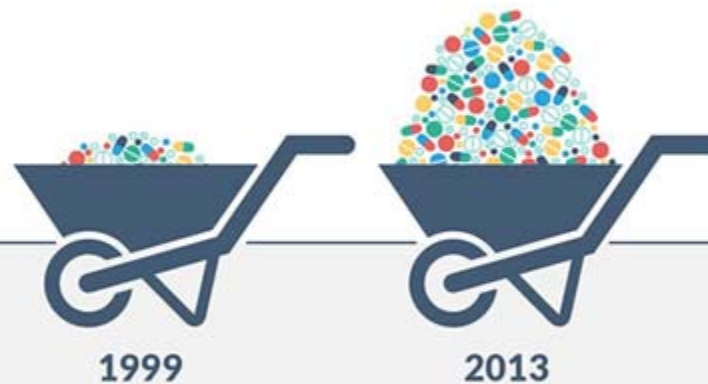


Opioids



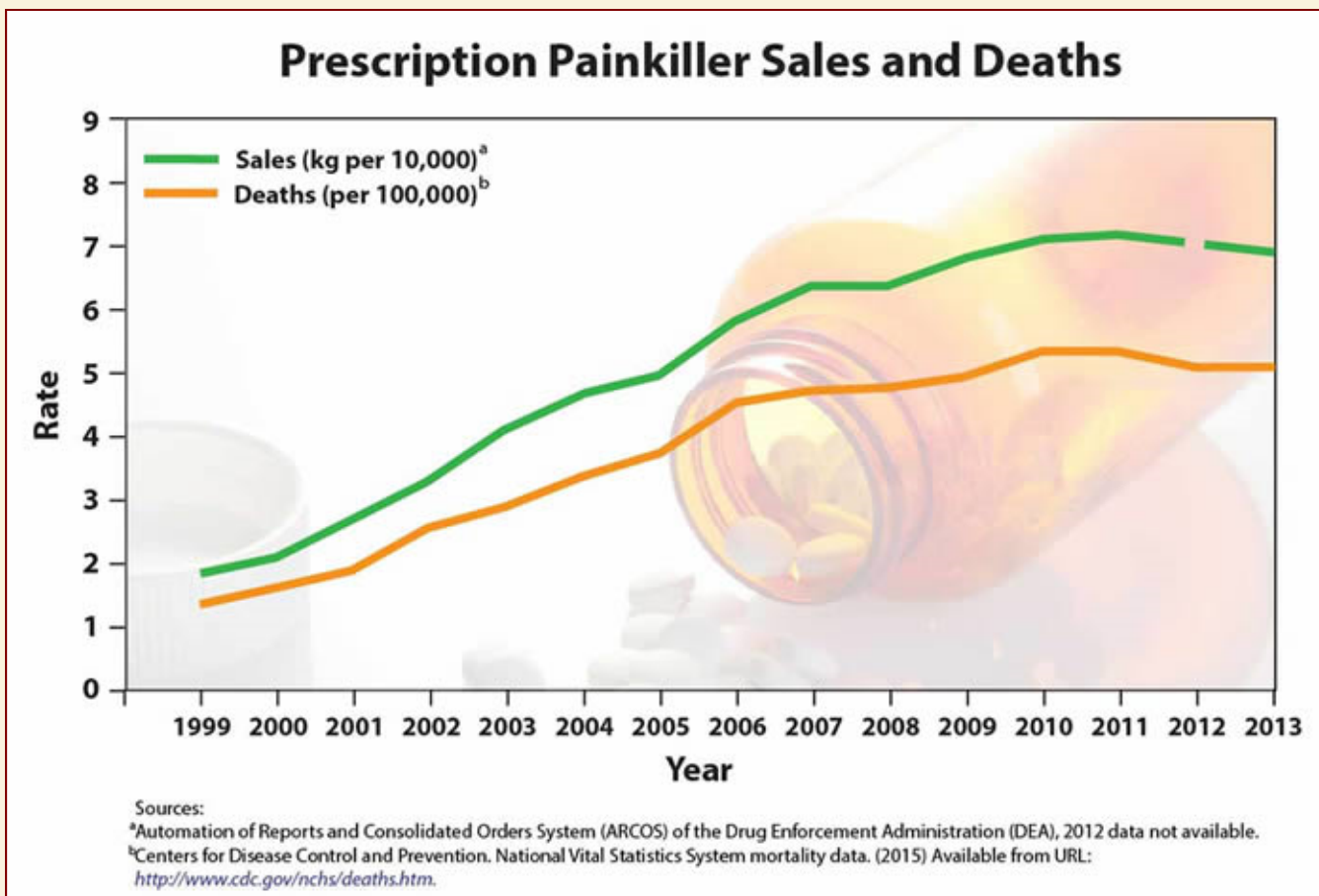
Opioid Epidemic

From 1999 to 2013,
the amount of prescription painkillers prescribed
& sold in the U.S. nearly **QUADRUPLED.**



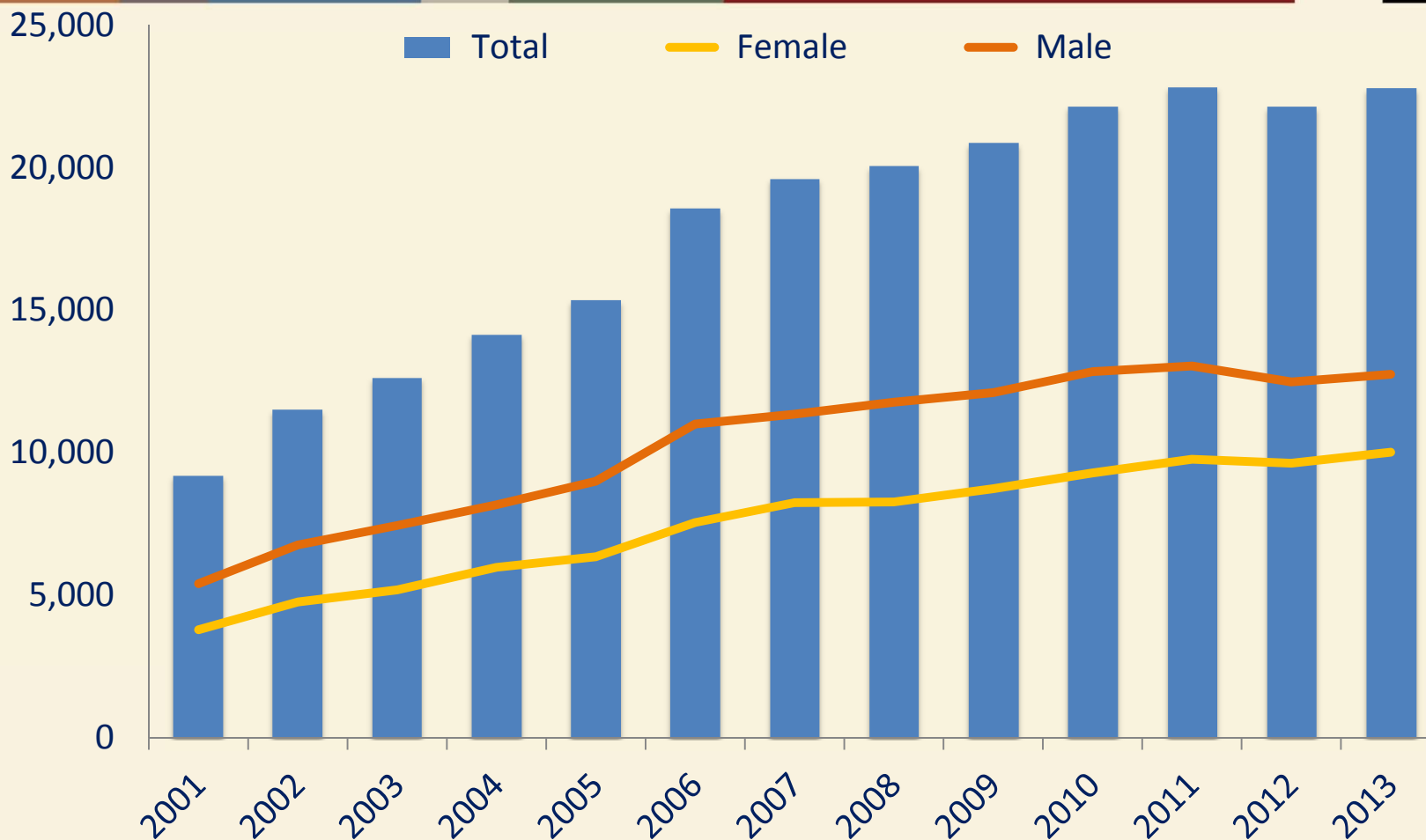
Yet there has not been an overall change in
the amount of pain that Americans report.

RX Opioid Overdoses



National Overdose Deaths

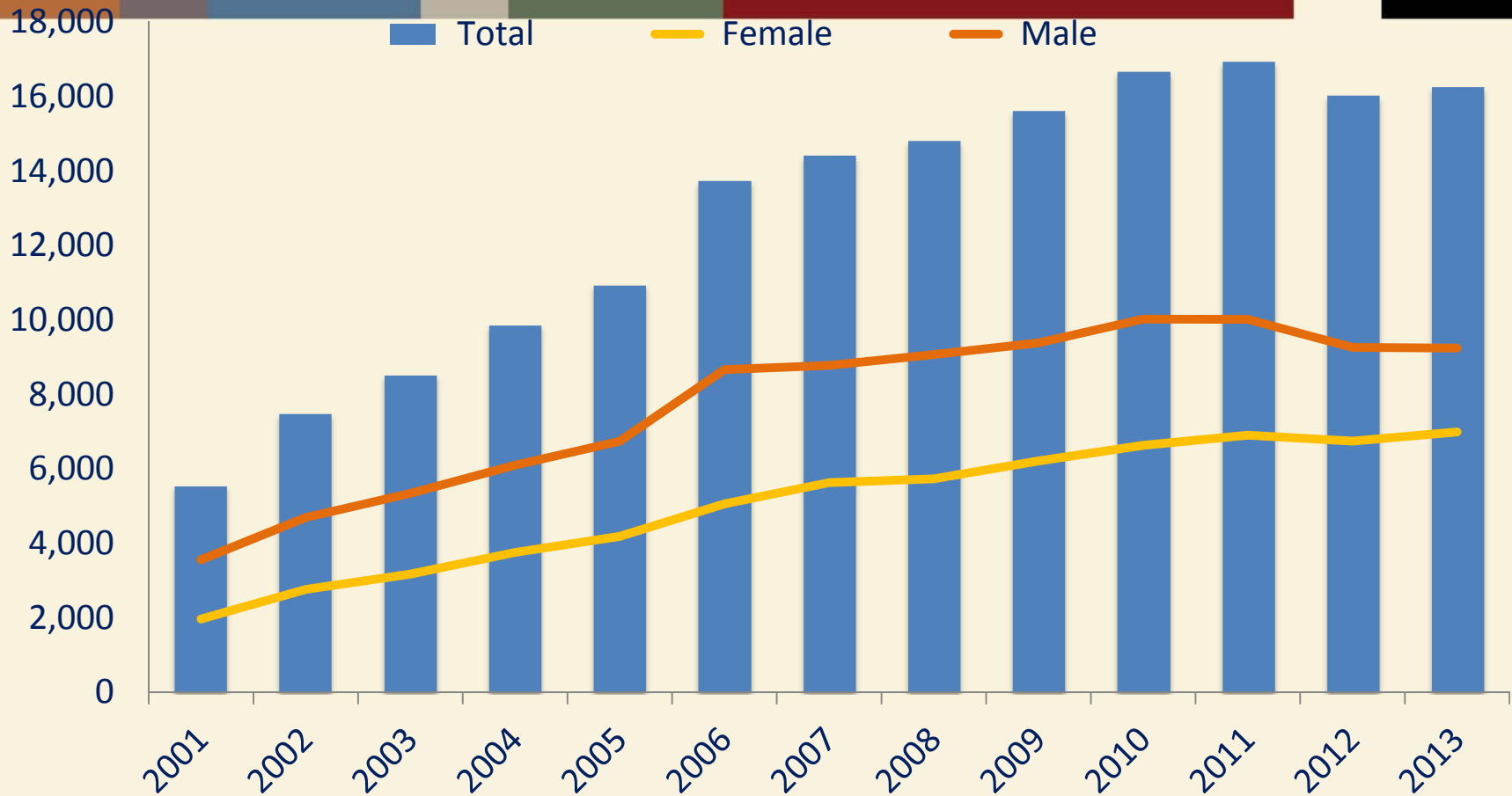
Number of Deaths from Prescription Drugs



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

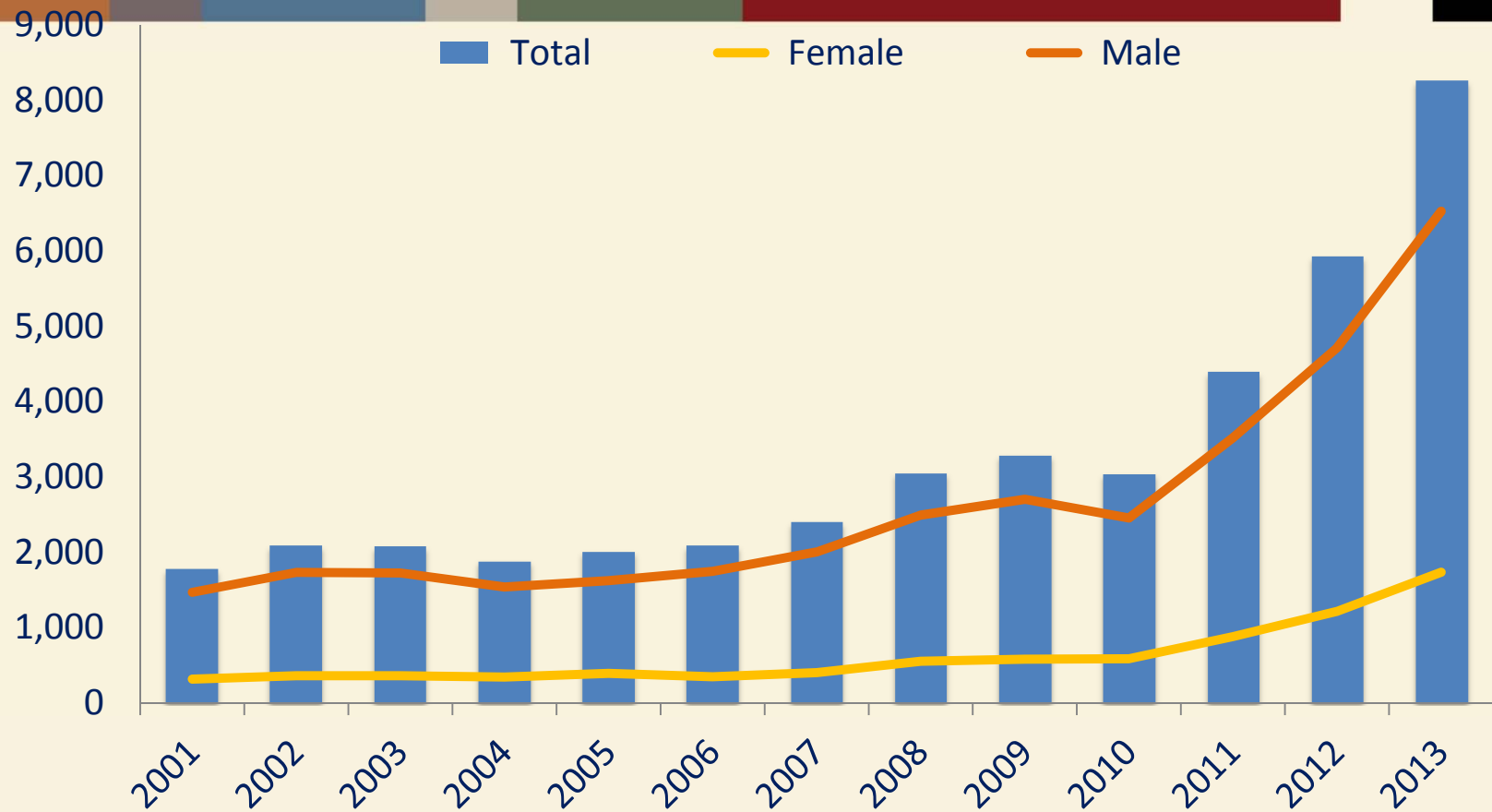
Number of Deaths from Rx Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

Number of Deaths from Heroin

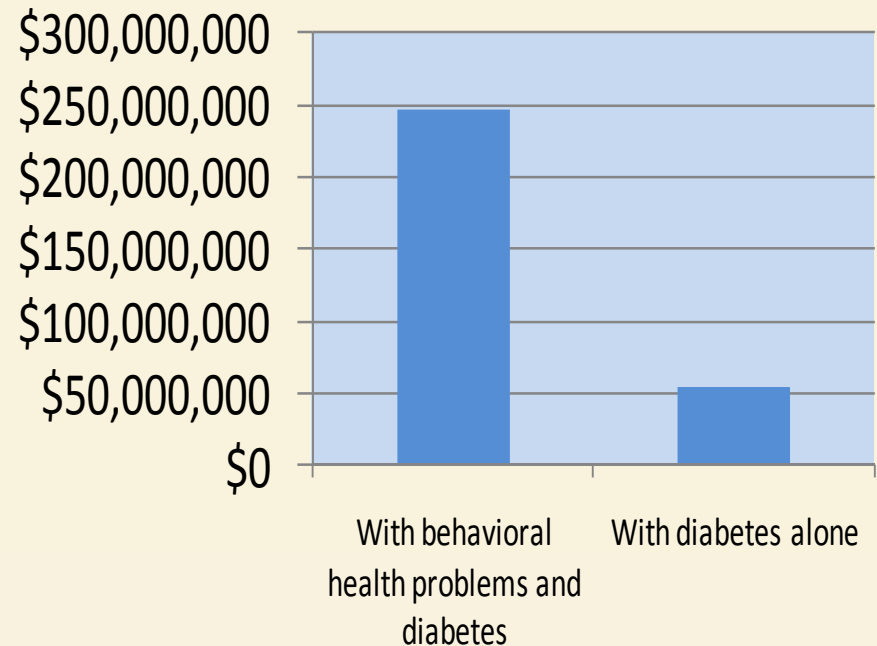


Source: National Center for Health Statistics, CDC Wonder

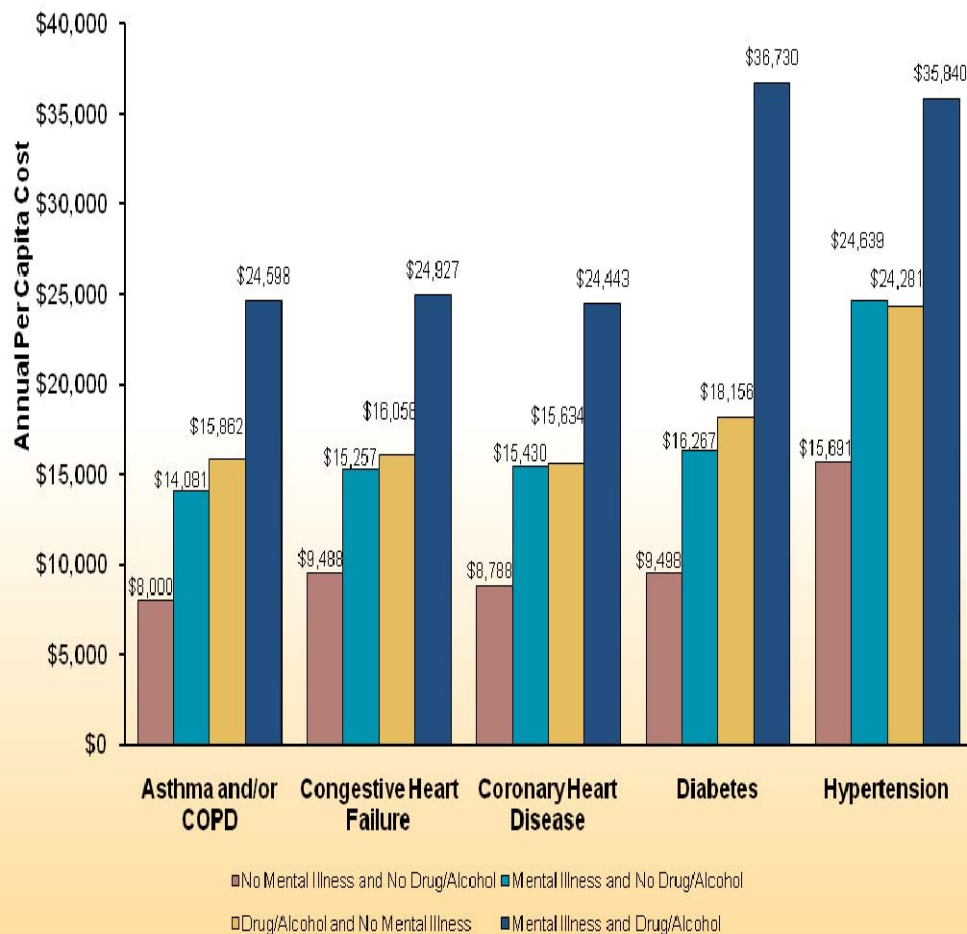
BH IMPACTS PHYSICAL HEALTH

- ➔ 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, mostly preventable or treatable
- ➔ 24 percent of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs
- ➔ 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)
- ➔ Half of Americans will experience M/SUD; half know someone in recovery from SUD

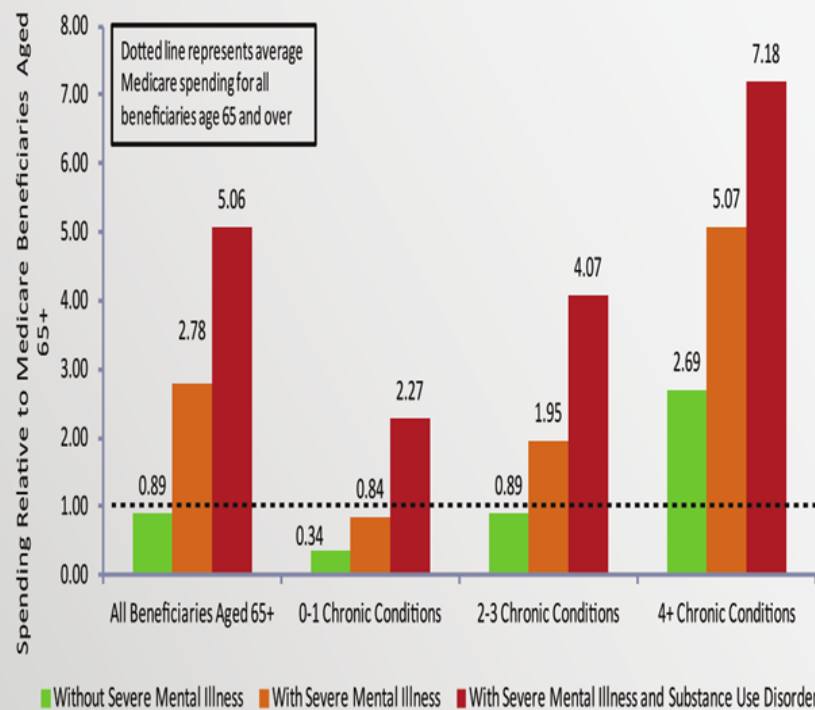
Individual Costs of Diabetes Treatment for Patients Per Year



BEHAVIORAL HEALTH CONDITIONS INCREASE COSTS



Relative Per Capita Medicare Parts A and B Spending For Medicare Beneficiaries Aged 65+, By Number of Chronic Conditions and Severe Mental Illness Status¹, 2010



Note: Spending is expressed as a multiple of the average Medicare spending for all beneficiaries aged 65+ with and without severe mental illness (SMI). Medicare Part A and B spending includes inpatient and outpatient hospital services, physician visits, home health, skilled nursing facility, durable medical equipment, hospice, and misc. services.
¹ N = 22,166,860 Medicare beneficiaries age 65 and over without SMI, 1,356,980 with SMI, and 12,100 with both SMI and substance use disorder.

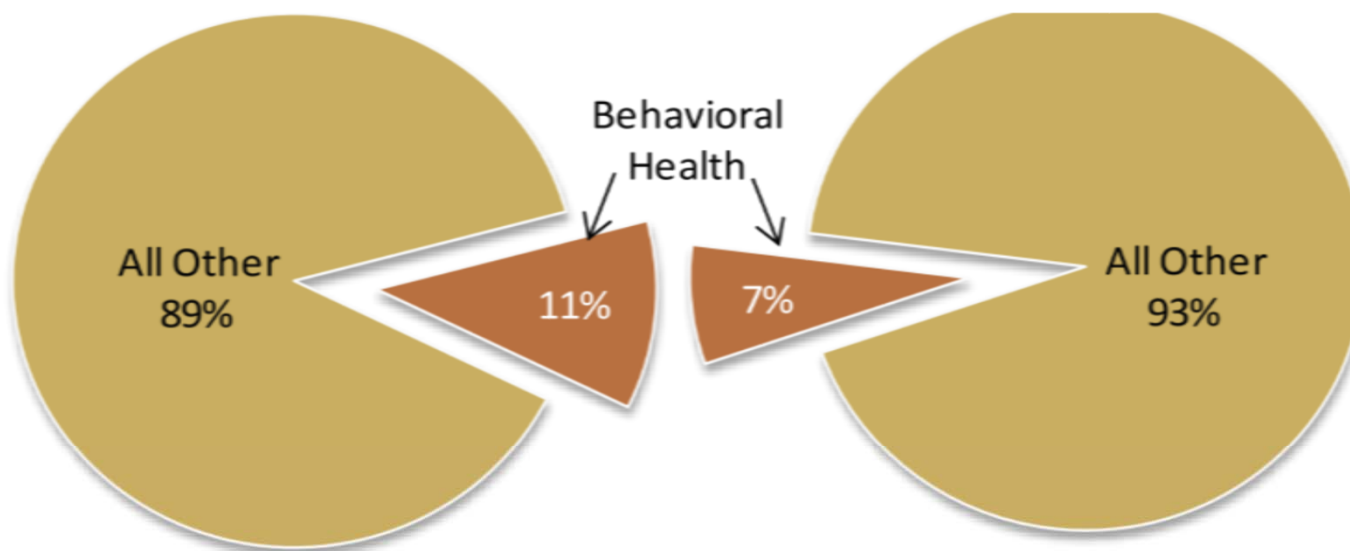
Boyd, C., Clark, R., Leff, B., Richards, T., Weiss, C., Wolff, J. (2011, August). Clarifying Multimorbidity for Medicaid Programs to Improve Targeting and Delivering Clinical Services. Presented to SAMHSA, Rockville, MD.



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MEDICAID BH SPENDING: A LOOK BACK

Figure 1-2 *Compared to All-Health, Medicaid Spends a Larger Share on Behavioral Health Services, 2005*



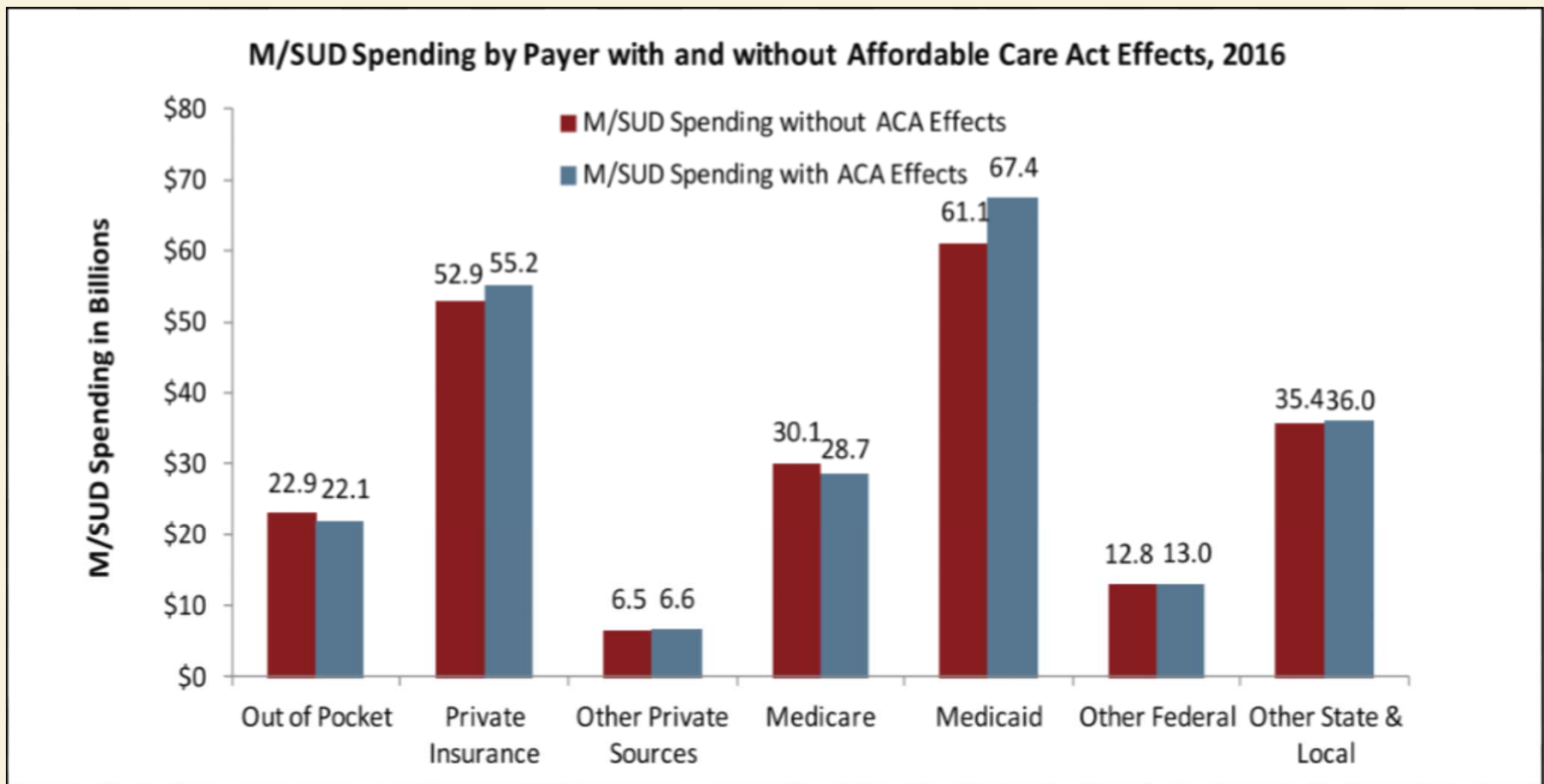
Medicaid Spending = \$311 Billion

All-Health Spending = \$1,850 Billion

Source: SAMHSA. National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2005. DHHS Pub. No. (SMA) 10-4612. Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, SAMHSA, 2010.

COVERAGE EXPANSION EFFECT ON MEDICAID SPENDING FOR M/SUDs

↑M/SUD and All-Health Medicaid and Private Insurance Spending
 ↓M/SUD and All-Health Out-of-Pocket and Medicare Spending



PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION – FEDERAL INITIATIVES

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- **OASH**: Co-morbidity working group
- **SAMHSA'S Primary/BH Integration (PBHCI)**: Physical health of adults w/ SMI and TA for bi-directional integration (Center for Integrated Health Solutions, w/ HRSA)
- **Primary Care/Addiction Services Integration (PCASI)**: Proposed for FY 2015
- **HRSA FQHCs**: Integrating BH screening, brief intervention, and treatment into primary care settings
- **Million Hearts**: Wrapping BH into efforts to address ABCS
- **AHRQ Center for Integration Models**: Developing models of integrated BH care in primary care settings
- **CMMI Innovative Financing Models for Integration**: Grants to test models using SAMHSA and AHRQ indicators and TA
- **Medicare Accountable Care Organizations (ACOs)**: Payment for integrated care & outcomes (ASPE tracking impacts for BH)

SERVICE MODELS, PAYMENT STRUCTURES, DEMOS TO ACHIEVE BETTER CARE/VALUE

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- **State Innovation Models**: Support for development and testing of state-based models for multi-payer payment and health care delivery system transformation
- **Health Homes (Section 2703)**: Whole person care for Medicaid recipients w/specific characteristics or conditions (45 SAMHSA consultations with 25+ states)
- **Accountable Care Organizations**: Coordinating high quality care for Medicare recipients, including behavioral health care
- **Duals Demo**: Ensuring Medicare-Medicaid enrollees have full access to seamless, high quality health care that is cost effective
- **Medicaid Emergency Psychiatric IMD Demo**: Supporting higher quality care at a lower total cost by reimbursing private psychiatric hospitals
- **Medicaid Innovation Accelerator Program (to transform clinical care)**: Focusing on payment and service delivery reforms to improve health and quality of care for Medicaid beneficiaries; Priority Area – substance use disorders (SUDs)

Workforce

Behavioral Health Workforce Projected Growth

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Projected Growth

- ➔ The behavioral health workforce is one of the **fastest growing workforce** groups in the country.
- ➔ Employment projections for 2020 based on the U.S. Bureau of Labor Statistics show a **rise in employment for substance abuse and mental health counselors** with a 36.3% increase from 2010 to 2020, greater than the 11% projected average for all occupations.
- ➔ This projection is based on an expected **increase in insurance coverage** for mental health and substance use services brought about by passage of health reform and parity legislation and the rising rate of military veterans seeking behavioral health services.

Behavioral Health Workforce Shortages

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Workforce Shortages

- In 2011, there were only 2.1 child and adolescent psychiatrists per 100,000 people and 62 clinical social workers per 100,000 people across the United States.
- Average of 32 behavioral health specialists for every 1,000 people afflicted with substance use disorder (2010)
- 62 million people (20-23%) of the U.S. population live in rural or frontier counties; 75% of these counties have no advanced behavioral health practitioners.
- In 2012, the turnover rates in the addiction services workforce ranged from 18.5% to more than 50%.

Strategic Initiative #6: Workforce Development

Objectives

- ➔ **To support active strategies to increase the supply** of trained and culturally aware preventionists, health care practitioners, paraprofessionals and peers to address the behavioral health needs of the nation.
- ➔ **To improve the behavioral health knowledge and skills** of those health care workers not considered behavioral health specialists.
- ➔ **To monitor and assess the needs of:**
 - Youth
 - Young adults
 - Young adult and adult peers
 - Communities
 - Health professionals

Strategic Initiative #6: Workforce Development

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Goal 6.1

Develop and disseminate workforce **training and education tools** and core competencies to address behavioral health issues.

Goal 6.2

Develop and support deployment of **peer providers** in all public health and health care delivery settings.

Goal 6.3

Develop consistent **data collection** methods to identify and track behavioral health workforce needs.

Goal 6.4

Influence and support **funding** for the behavioral health workforce

Partnerships with HHS Departments

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Health Resources and Services Administration (HRSA)

- Working with HRSA to expand the **National Health Service Corps** to behavioral health provider sites. Exploring expansion of Nurse Service Corps to BH sites as well.
- Collaborating with the **Regional Public Health Training Centers** (RPHTC) to establish strong linkage w/SAMHSA resources and subject matter experts in the areas of mental and substance use disorders in their professional development and technical assistance outreach to the public health service delivery system.
- Coordinating with **Tele-Health Education Centers** and the **Addiction Technology Transfer Centers** (ATTC) to enhance the availability of resources to the behavioral health provider systems.

Partnerships with HHS Departments

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Center for Disease Control (CDC)

- Collaborating with CDC to include behavioral health in crisis response planning

Assistant Secretary for Planning and Evaluation (ASPE)

- Collaborating on projects looking at the utilization of peers in behavioral and physical health care; and, modeling the demand and access to behavioral health services over the next 5 years.

SAMHSA Workforce Initiatives

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Minority Fellowship Program (MFP)

- ➔ Seeks to increase the number of **culturally competent** behavioral health professionals who teach, administer, conduct services research and provide direct mental health/substance abuse services to underserved minority populations.

Professional Development for Peers

- ➔ Goal is to **increase the number** of trained peers, recovery coaches, and pre-masters-level addiction counselors working with youth 16 to 25.
- ➔ Seeking public feedback on Peer Provider Core Competencies through public comment and regional focus groups.
- ➔ Focusing on peer provider development/core competencies and expansion of employment opportunities, including veterans

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SAMHSA Workforce Initiatives

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Behavioral Health Workforce and Education Grants (BHWET)

seeks to increase the **number** of:

- Individuals trained in specific behavioral health related practices;
- Organizations using integrated health care service delivery approaches;
- Consumers credentialed to provide behavioral health related practices;
- Model curriculums developed for bidirectional primary and behavioral health integrated practice; and,
- Health providers trained in the concepts of wellness and behavioral health recovery.
- Focus on both para-professional training and Masters/Doctoral levels

SAMHSA Workforce Initiatives

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Center for Integrated Health Solutions (CIHS)

In collaboration between HRSA/SAMHSA, the CIHS provides **training and technical assistance** to Primary Behavioral Health Care Initiative (PBHCI) grantees as well as to community health centers and other primary care and behavioral health organizations.

Workforce Resources

Expanding access to online curricula and other tools to support workforce development.

Workforce Data for a Strategic Approach

Developing a coordinated data strategy within HHS to improve planning for the future needs of the behavioral health workforce

Funding a BH Peer Workforce

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Opportunity:

- Peer work can be funded through Mental Health and Substance Abuse Prevention and Treatment Block Grants, and can include:
 - non-reimbursable services provided by prevention specialist, recovery support specialist, and community engagement specialist.

Challenge:

- States can apply for the 1115 waiver to take advantage of flexible funding to pay for peer providers.

Making it “Real”

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- ▶ How do you drive innovation to better serve Latino/Hispanic communities in your state and nationally?
- ▶ How can you raise awareness of the need to do this locally, statewide, and nationally?
- ▶ How can you continue to meet and communicate nationally to share & learn