Massachusetts Medical Society
Public Health Leadership Forum

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SAMHSA Regional Administrator
Region I

Waltham, Massachusetts
April 3, 2013
Mission: to reduce the impact of substance abuse and mental illness on America’s communities

Roles:
- Voice and leadership
- Funding - service capacity development
- Information and communications
- Regulation and standard setting
- Practice improvement
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
SAMHSA’S Strategic Initiatives

AIM: Improving the Nation’s Behavioral Health (1-2)
AIM: Transforming Health Care in America (3-6)
AIM: Achieving Excellence in Operations (7-8)
## Region I 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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<tr>
<td>Connecticut</td>
<td>Hartford</td>
<td>3,574,097</td>
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<td>9.1</td>
<td>4.6</td>
<td>11.3</td>
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\(^1\)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
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.
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 < 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
More Reasons Why Behavioral Health Is Essential to Health

- 7% of the adult population (34 million people), has co-morbid mental and physical conditions within a given year
- 24% of pediatric primary care office visits and 25% of all adult stays in community hospitals involve mental and substance use disorders
- People with CVD are 43% more likely to have anxiety disorder at some point in their lives
Strategic Initiative

- 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
Health Reform: Impact of the Affordable Care Act

- Focus on primary care & coordination w/ specialty care
- Emphasis on home & community-based services; less reliance on institutional & residential care (health homes)
- Priority on prevention of diseases & promoting wellness
- Focus on quality rather than quantity of care (HIT, accountable care organizations)
- Behavioral health is included – parity
2008: Mental Health Parity and Addictions Equity Act (MHPAEA) signed into law

2010: HHS, DOL and Treasury (joint interpretive jurisdiction) issued interim final rule (IFR)

2010-2012: 5 sets of sub-regulatory guidance issued/FAQs published

January 16, 2013: CMS letter to State Health Officials/State Medicaid Directors re: Application of MHPAEA to Medicaid MCOs, CHIP, and Alternative Benefit (Benchmark) Plans

Secretary Sebelius clear: final reg soon (2013?)
Health Coverage in 2014

Coverage Options for Adults without Medicare or Employer-Based Coverage

Income as a percent of the federal poverty level

- Medicaid
- Exchange with Tax Credits
- Exchange or Private Plan

States must choose to expand
States must create or let feds do it (FFE)
Individuals must act

A Continuum of Coverage – Everyone Fits Somewhere!
Who Is Covered by MHPAEA?

➔ Insurance plans sponsored by private and public sector employers with more than 50 employees (large groups)

➔ Plans that choose to offer a mental health and/or substance use benefit
  • Employers/plans can choose to not cover specified diagnoses

➔ Medicaid managed care programs

➔ Children's Health Insurance Reauthorization Act (CHIPRA)

➔ In total, approximately 150 million Americans
Parity in the Affordable Care Act

➤ Affordable Care Act (ACA) embraces and \textit{goes beyond} MHPAEA to create broader parity

➤ Identified services \textit{that must be included}
  • In non-grandfathered plans
  • In individual and small group markets
  • Inside and outside of insurance exchanges (qualified health plans or QHPs)
  • In benchmark and benchmark-equivalent plans in Medicaid expansion
Responses Resulting from the ACA

- Health Homes—start with people who have a variety of chronic conditions
- Accountable Care Organizations—start with Medicare population
- Patient Safety Initiative—reward hospitals and other facilities for fewer incidents
- Quality Measures—focus on identifying people who are at risk of certain conditions
### Essential Health Benefits

**10 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
If state does not select, **Default** to largest plan by enrollment in largest product in small group market

Must Include **All 10 Essential Health Benefit Categories** regardless what selected benchmark plan covers/excludes
- Supplement from other plans if category not sufficiently covered
- Substitution within categories

**Parity Applies** in individual, small & large group markets
- Both MHPAEA and ACA parity requirements
- Parity work within HHS and with DOL and Treasury
Prevalence of Behavioral Conditions Among Medicaid Expansion Pop

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
Prevalence of Behavioral Conditions Among Marketplace 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
SAMHSA Focus: Providers

- SAMHSA provider training and technical assistance topics for 2013
  - Business strategy under health reform
  - Third-party contract negotiation
  - Third-party billing and compliance
  - Eligibility determinations and enrollment assistance
  - HIT adoption to meaningful use standards
  - Targeting high-risk providers

- Provider infrastructure RFP
  - Training and technical assistance
  - Learning collaborative
Establishing Program Integrity

- Ensure individuals know of covered mental health and substance abuse treatment benefits
- Ensure consumers will tap the benefits
- Ensure that QHPs and Medicaid include EHBs per state benchmarks
- Monitor utilization of behavioral health benefits through utilization review, medical necessity, etc.
Role of Providers

➔ Develop partnerships with primary care and other specialty care systems—identify what roles they can play in or as medical homes

➔ Improve their infrastructure

  ● Operations (e.g. billing)
  ● Electronic health records
  ● Compliance

➔ Developing a competent workforce including use of peers or recovery coaches
SAMHSA’S Quality Construct

National Quality Strategy (from the Affordable Care Act)

• Participant-directed care as one goal

National Behavioral Health Quality Framework

1. Evidence-based/effective prevention, treatment, recovery
   – evidence-based care often rejected by consumers and people in recovery and by courts, by provider systems, and by policy-makers – for different reasons

2. **Person/family/community-centered**

3. Coordinated (within BH; between BH and other health care)

4. Promote healthy living

5. Safe

6. Accessible/affordable
Behavioral Health and Physical Health and Intricately Linked

- 24% of pediatric primary care office visits and ¼ of all adult stays in community hospitals involve M/SUDs

- People with cardiovascular disease are 43% more likely to have an anxiety disorder at some point in their lives

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

- Noncompliance with medical treatment is 3 X greater for depressed patients compared with non-depressed patients

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

<table>
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<tr>
<th>With behavioral health problems and diabetes</th>
<th>With diabetes alone</th>
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Data Sources

- National Survey on Drug Use and Health
  - Sponsored by SAMHSA
  - National and state estimates on prevalence of behavioral health conditions and treatment
  - 2008 - 2010 data
  - Approximately 67,500 interviews per year

- American Community Survey
  - Sponsored by the U.S. Bureau of the Census
  - National and state population estimates, including counts of uninsured by income level
  - 2010 data
  - Approximately 1.9 million persons in sample
Methods for Estimating Uninsured with M/SU Conditions by FPL

• From NSDUH, identified by state the number of uninsured persons aged 18-64 with income:
  - Between 133% and 400% of the federal poverty level (FPL) eligible for health insurance exchanges
  - Less than 139% of the FPL eligible for Medicaid expansion

• Calculated NSDUH prevalence rates for serious mental illness (SMI) and substance use disorder (SUD) by state, for the above groups

• Applied SMI/SUD prevalence rates to American Community Survey counts of uninsured by state
Prevalence of Serious Mental Illness Among Adults Ages 18 – 64 by Current Medicaid Status and Eligibility for Medicaid Expansion or Health Insurance Exchanges: Massachusetts, US

- Current Medicaid Population (Massachusetts: 689,746)
  - MA CI: 7.8% - 20.6%
  - U.S. CI: 10.8% - 12.7%

- Medicaid Expansion Population (Massachusetts: 91,310)
  - MA CI: N/A
  - U.S. CI: 6.3% - 7.7%

- Health Insurance Exchange Population (Massachusetts: 127,011)
  - MA CI: 1.5% - 14.6%
  - U.S. CI: 5.5% - 6.6%

CI = Confidence Interval

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey
Enrollment Resources

- SAMHSA Enrollment Webpage

- State Reformer(u)m Exchange Decisions
  - [http://www.statereforum.org/node/10222](http://www.statereforum.org/node/10222)

- Enroll America Best Practices
  - [http://www.enrollamerica.org/best-practices-institute](http://www.enrollamerica.org/best-practices-institute)

- Healthcare.gov

- HHS Partners Resources

- [http://www.samhsa.gov/HealthReform/](http://www.samhsa.gov/HealthReform/)
Behavioral Health Affects Everyone

Change does not roll in on the wheels of inevitability, but comes through continuous struggle. *Martin Luther King, Jr.*
Thank you! Questions?

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