Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
ADVANCING THE
BEHAVIORAL HEALTH OF THE NATION

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BEHAVIORAL HEALTH: 2013 NSDUH

*Non-institutional, civilian populations; not jails, prisons, juvenile justice detention centers, active military

→ Substance Dependence/Abuse: 21.6 M (8.2 percent)
  • Similar to 29 M (9.3 percent) with diabetes

→ Any Mental Illness: ~ 43.8 M (18.5 percent)
  • Represents 1 in 5 adults, as compared to 11.3 percent of adults (26.6 million) diagnosed w/heart disease

→ Serious Mental Illness: ~ 10 M (4.2 percent)

→ Major Depressive Episode (Adolescents 12-17): ~ 2.6 M (10.7 percent)
  • Represents 1 in 10 adolescents
**ABOUT 90 PERCENT OF AMERICANS W/SUDS UNTREATED 2002-2013**

<table>
<thead>
<tr>
<th>Year</th>
<th>Did Not Receive Specialty Treatment</th>
<th>Received Specialty Treatment</th>
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<tbody>
<tr>
<td>2002</td>
<td>2.3</td>
<td>22.8</td>
</tr>
<tr>
<td>2003</td>
<td>1.9†</td>
<td>22.2</td>
</tr>
<tr>
<td>2004</td>
<td>2.3</td>
<td>23.5</td>
</tr>
<tr>
<td>2005</td>
<td>2.3</td>
<td>23.2</td>
</tr>
<tr>
<td>2006</td>
<td>2.5</td>
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<td>2.4</td>
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<td>2008</td>
<td>2.3</td>
<td>23.2</td>
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<td>2009</td>
<td>2.6</td>
<td>23.6</td>
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<tr>
<td>2010</td>
<td>2.6</td>
<td>23.2</td>
</tr>
<tr>
<td>2011</td>
<td>2.3</td>
<td>21.6</td>
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<tr>
<td>2012</td>
<td>2.5</td>
<td>23.1</td>
</tr>
<tr>
<td>2013</td>
<td>2.5</td>
<td>22.7</td>
</tr>
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</table>

Numbers in Millions

*Individuals >12 years old*
Any Mental Illness: Only 44.7 percent received treatment in specialty care facility/program

Serious Mental Illness: Only 68.5 percent received MH services in specialty care facility/program

Major Depressive Episode (Adolescents 12-17): Only 38.1 percent received treatment; only 45 percent with severe impairment received treatment

- Treatment received months or years after first symptoms (compared to days or weeks after first symptoms of physical health conditions)
MISSED OPPORTUNITIES – SUICIDE

➡ Suicide: 40,600 deaths in 2012; more than homicides, traffic accidents, HIV/AIDS

- Almost 1/3 have BAC level above legal limit; growing understanding of connection to other drugs
- 9.3 M (3.9 percent) adults had serious thoughts; over 2.5 M young people in grades 9 – 12 (high school age) have serious thoughts
- 2.7 M adults (1.1 percent) made a plan; 1.3 M adults (0.6 percent) attempted

➡ At Primary Care – Question of Suicide Seldom Raised:
- 77 percent within the year
- 45 percent within the month
- 18 percent of elderly patients on the same day

➡ Discharge from ED: ~ 10 percent of individuals who died by suicide discharged from an ED within previous 60 days
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

<table>
<thead>
<tr>
<th>Cost Range</th>
<th>With behavioral health problems and diabetes</th>
<th>With diabetes alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td></td>
<td></td>
</tr>
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<td>$50,000,000</td>
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<td>$100,000,000</td>
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</table>
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.

¹N = 21,160,860 Medicare beneficiaries aged 65 and over without SMI, 1,356,980 with SMI, and 12,100 with both SMI and substance use disorder.
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 Other = 89%
Behavioral Health = 11%

All Other = 93%

All-Health Spending = $1,850 Billion

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
Medicaid is projected to become a larger share of SUD treatment spending as Medicaid eligibility expands.


<table>
<thead>
<tr>
<th>Year</th>
<th>Out-of-Pocket</th>
<th>Private Insurance</th>
<th>Other Private</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Other Federal</th>
<th>Other State and Local</th>
<th>Public Payers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>3</td>
<td>27</td>
<td>4</td>
<td>11</td>
<td>32</td>
<td>5</td>
<td>5</td>
<td>9</td>
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<td>2009</td>
<td>5</td>
<td>31</td>
<td>4</td>
<td>16</td>
<td>16</td>
<td>5</td>
<td>5</td>
<td>11</td>
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<td>2014</td>
<td>4</td>
<td>28</td>
<td>5</td>
<td>16</td>
<td>16</td>
<td>4</td>
<td>5</td>
<td>11</td>
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<tr>
<td>2020</td>
<td>5</td>
<td>28</td>
<td>4</td>
<td>16</td>
<td>16</td>
<td>4</td>
<td>5</td>
<td>11</td>
</tr>
</tbody>
</table>

Note: Percentages may not add to 100 due to rounding.

Medicaid is expected to finance a large and growing share of mental health treatment spending.


- **Out-of-Pocket**
  - 1986: 18%
  - 2009: 11%
  - 2014: 10%
  - 2020: 10%

- **Private Insurance**
  - 1986: 20%
  - 2009: 26%
  - 2014: 26%
  - 2020: 25%

- **Medicaid**
  - 1986: 6%
  - 2009: 13%
  - 2014: 14%
  - 2020: 15%

- **Other Private**
  - 1986: 17%
  - 2009: 27%
  - 2014: 29%
  - 2020: 30%

- **Medicare**
  - 1986: 5%
  - 2009: 5%
  - 2014: 5%
  - 2020: 5%

- **Other Federal**
  - 1986: 5%
  - 2009: 5%
  - 2014: 5%
  - 2020: 5%

- **Other State and Local**
  - 1986: 27%
  - 2009: 15%
  - 2014: 14%
  - 2020: 13%

Note: Bar segments less than 5% are not labeled.
### PARITY/ACA: PROJECTED REACH

<table>
<thead>
<tr>
<th>Category</th>
<th>First Group</th>
<th>Second Group</th>
<th>Total Benefiting from Federal Parity Protections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals currently in individual plans</td>
<td>3.9 million</td>
<td>7.1 million</td>
<td>11 million</td>
</tr>
<tr>
<td>Individuals currently in small group plans</td>
<td>1.2 million</td>
<td>23.3 million</td>
<td>24.5 million</td>
</tr>
<tr>
<td>Individuals currently uninsured</td>
<td>27 million</td>
<td>n/a</td>
<td>27 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32.1 million</strong></td>
<td><strong>30.4 million</strong></td>
<td><strong>62.5 million</strong></td>
</tr>
</tbody>
</table>

**NOTE:** These estimates include individuals and families who are currently enrolled in grandfathered coverage.

Source: ASPE Research Brief, February 2013
PARITY ISSUES

ACA – Essential Health Benefits (EHBs) Regulation
- Required BH EHBs in most insurance plans

MHPAEA Parity Final Reg – Nov 2013
- Regional/National Meetings
- States tracking compliance
- New DOL compliance tool

Medicaid Parity – in Process

Medicare – Parity Analysis

Parity as a Concept – SAMHSA
- Why parity matters
- National Dialogue on MH
- “Science of Changing Social Norms” to change attitudes/behavior
INTEGRATION – SEEING BH AS ANY OTHER PUBLIC HEALTH CONDITION

BH *Fundamental* to Individual/Community Health

- Community prevention and wellness
- Recovery support
- Treatment and health *care* (incorporated screening/brief interventions, co-located services, care management models)

BH’s *Impact* on Healthcare Costs and Outcomes

- Primary, specialty, emergency, rehabilitative care

Implications for *Workforce*

- SAMHSA’s new Strategic Initiative re workforce FY 2015 -- 2018
- Preventionists, BH and other healthcare practitioners, community services workers
PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION – FEDERAL INITIATIVES

→ **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

→ **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)
SPECIFIC SAMHSA/MEDICAID COLLABORATION

- **Informational Bulletins**: Medication Assisted Treatment (MAT); coverage/service design of BH services for youth with serious emotional disturbance (SED); trauma-focused services; prevention and early identification of MH and SU conditions; and strengthening management of psychotropic medications for vulnerable populations – others in process . . .

- **Ongoing Interactions**: Payment rules; waiver consultation; state plan amendments; regulation review; quality measures; same day billing guidance; and parity

- **Section 223 of the Protecting Access to Medicare Act of 2014**: SAMHSA developing criteria for Certified Community Behavioral Health Clinics (CCBHCs) and managing state planning grants; CMS developing prospective payment system; ASPE to evaluate outcomes
Track and manage overprescribing of opioid pain medications and large increases in adverse events, overdoses, and addiction

Encourage best practices in opioid prescribing

- Safe opioid prescribing resources from SAMHSA: PCSS-O, PCSS-MAT, opioidprescribing.com and www.samhsa.gov
- Consider requiring education/evidence of competence to maintain controlled substances registration

Require prescribers to check state PDMP database before prescribing controlled substances and periodically thereafter

Encourage naloxone prescribing for those at risk for opioid overdose

Assure all FDA-approved MAT is on state Medicaid formulary(ies): buprenorphine, methadone in OTPs, injectable and oral naltrexone

Encourage OTPs to offer all FDA-approved MAT
INVESTING IN MAT PAYS OFF

- SU Tx for Medicaid medical care expenditures Washington: Associated with a ↓ in medical expenses of ~ $2,500 annually

- Over lifetime: Methadone Tx yields $37.72 in benefits for each $1 in cost; every dollar invested in methadone Tx = $4.87 offset in health care costs

- For every $100,000 spent on Tx: $487,000 of health care costs and $700,000 of crime costs can be avoided

- For individuals w/alcohol dependence: MAT associated w/ fewer inpatient admissions; total healthcare costs 30 percent less for individuals receiving MAT than for individuals not receiving MAT

- Medical costs ↓ in a commercial health plan by 33 percent for Medicaid patients over 3 years following engagement in Tx; expenditures ↓ in all types of health care settings – hospitals, EDs, outpatient centers
America is a nation that understands and acts on the knowledge that

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover