Description of a Good and Modern Addictions and Mental Health Service System

Description of a Good and Modern Addictions and Mental Health Service System 1
Description of a Modern Addictions and Mental Health Service System 3
Introduction 3
Vision 3
System Results 4
Principles 4
The Evidence 5
Service Elements of a Mental Health and Addictions Service System 6
Core Structures and Competencies for a Modern System 8
Challenges 10
Conclusion 10

Description of a Modern Addictions and Mental Health Service System

Introduction

The Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010—together referred to as "The Affordable Care Act (ACA)" recognizes that prevention, early intervention and when necessary, treatment of mental and substance use disorders are an integral part of improving and maintaining overall health. In articulating how these conditions should be addressed in a transformed and integrated system, SAMHSA must describe what services are included in a modern addiction and mental health system in order to clarify the roles and responsibilities associated with its structure, financing and operation.

As outlined in this brief, a modern mental health and addiction service system provides a continuum of effective treatment and support services that span healthcare, employment, housing and educational sectors. Integration of primary care and behavioral health are essential. As a core component of public health service provision, a modern addictions and mental health service system is accountable, organized, controls costs and improves quality, is accessible, equitable, and effective. It is a public health asset that improves the lives of Americans and lengthens their lifespan.

This document is designed to describe the basic services required for such a system and foster discussion among the Department of Health and Human Service Operating Divisions and other federal agencies on how best to integrate mental and substance use disorders into the health reform implementation agenda. This document can provide clarity to federal agencies that regulate or purchase services for individuals with mental and substance use disorders; offer guidance to agencies that are presently making decisions about expanding services to these populations; and assist in planning possible changes to the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and the Mental Health Services Block Grant. It will assist SAMHSA to implement its strategic initiatives including supporting military families, prevention, housing and homelessness, and workforce development.

Vision

The vision for a good and modern mental health and addiction system is grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, resilience and recovery support to promote social integration and optimal health and productivity. The goal of a "good" and "modern" system of care is to provide a full range of high quality services to meet the range of age, gender, cultural and other needs presented. The interventions that are used in a good system should reflect the knowledge and technology that are available as part of modern medicine and include evidenced-informed practice; the system should recognize the critical connection between primary and specialty care and the key role of community supports with linkage to housing, employment, etc. A good system should also promote healthy behaviors and lifestyles, a primary driver of health outcomes.

This vision recognizes that the U.S. health system includes publicly and privately funded organizations and managed care components that must work well together to produce desired outcomes. The integration of primary care, mental health and addiction services must be an integral part of the vision. Mental health and addiction services need to be integrated into health centers and primary care practice settings where most individuals seek health care. In addition, primary care should be available within organizations that provide mental health and addiction services, especially for those individuals with significant behavioral health issues who tend to view these organizations as their health homes. Providing integrated primary care and behavioral health services will allow for cost effective management of co-morbid conditions.

System Results

In order to accomplish the vision, SAMHSA will be committed over time to achieving the following system results:

- People avoid illnesses that can be prevented
- People get well and stay well.
- A continuum of services benefit package, within available funding, that supports recovery and resilience, including prevention and early intervention services, an emphasis on cost-effective, evidence-based and best practice service approaches, with special consideration for service delivery to rural and frontier area and to other traditionally un-served and underserved populations, like populations of color.
- A system that integrates high quality medication management and psychosocial interventions, including supports for community living, so that all are available to consumers as their conditions indicate. Services are available and provided in the appropriate "therapeutic dose".
- Promoting program standards, including common service definitions, utilization management measurements/criteria, quality requirements, system performance expectations, and consumer/family/youth outcomes.
- Creation and maintenance of an adequate number and distribution of appropriately credentialed and competent primary care and behavioral health care providers.
- Local systems of care in which primary care and behavioral health providers and practitioners care are aligned with one another and with other systems.
- High organizational capacity in all service sectors to access, interpret, and apply performance data and research findings on an ongoing basis to improve care.
  Funding strategies that will be sufficiently flexible to promote efficiency; control costs; and pay for performance
- Creation of an adequate number and distribution of appropriately credentialed and competent primary care and behavioral health care providers.

Principles

A good and modern mental health and substance use system should be designed and implemented using a set of principles that emphasizes behavioral health as an essential part of overall health in which prevention works, treatment is effective and people recover. These principles should apply to the provision of mental health and addiction services and cross the lifespan of individuals who need and use these services. At a minimum, these principles should recognize that:

- Preventing and treating mental and substance use disorders is integral to overall health.
- Services shown to be effective must be available to address current health and behavioral health disparities and be relevant to, and respond to, the diverse cultures and languages of individuals and families.
- A wide range of effective services and supports should be available based on a range of acuity, disability, engagement levels and consumer preferences. The consumer's resilience and recovery goals in their individualized service plan should dictate the services provided.
- The system should use information and science to deliver services. Services should be provided in convenient locations in order to reduce barriers, identify needs as early as possible, and engage individuals in care as early and as easily as possible.
- Wherever possible, the health system should support shared decision making with adult consumers, with youth and with families.
- Effective care management that promotes independence and resilience is key to coordinating health and specialty care.
- Service delivery must achieve high quality standards and results as well as outcomes that are measurable and are measured.
- Technology will be an important tool in delivering services. This includes telehealth, web-based applications and personal digital assistants that assist individuals in their recovery. Increased use of technology will expand access to and coordinate care rather than always relying on location-based service delivery.
- Services that are proven effective or show promise of working will be funded and should be brought to scale; ineffective services and treatments that have not shown promise will not be funded.

The Evidence

The system should be guided by principles and evidence that mental illness and substance abuse prevention, treatment, and recovery and resiliency-based services work. Over the past thirty years the body of evidence supporting what systems should provide, and for whom, has evolved significantly. While the list of evidence is voluminous, there are several hallmark programs and research efforts that have shaped effective practice. These programs and efforts include: the Comprehensive Community Mental Health Services Program for Children and Families and the Community Support Program (CSP); the National Quality Forum's Standards of Care for Treatment of Substance Use Disorders. Various Institute of Medicine (IOM) reports, including "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities"; and "Improving the Quality of Health Care for Mental and Substance Use Conditions: the U.S. Preventive Services Task Force (USPSTF); and several Surgeon General Reports, including "Mental Health: A Report of the Surgeon General" and Mental Health: Culture, Race and Ethnicity". These reports, as well as others, continue to document the effectiveness of treatment for and prevention of mental health and substance use disorders. SAMHSA will issue a companion document detailing research on service effectiveness and its application to the services in the continuum of care.

Service Elements of a Mental Health and Addictions Service System

The system should include activities and services that go beyond traditional interventions such as the current acute care residential or outpatient services. Coordination, communication, and linkage with primary care can no longer be optional given the prevalence of co-morbid health, mental health and substance use disorders.

The good and modern system must incorporate the different functions that are performed within various parts of the mental health and addiction delivery system. General hospitals, state mental health hospitals, community mental health centers, psychiatric/psychosocial rehabilitation center, child guidance centers, private acute inpatient treatment facilities, licensed addiction agencies, opioid treatment providers, individually licensed practitioners, primary care practitioners, recovery and peer organizations all have key roles in delivering mental health and substance use services. Health care reform will push the specialty system to coordinate care among providers of different levels and modalities of care and the mainstream health care delivery system, especially for children and youth, for whom many of the services are provided outside of the specialty mental health and addiction treatment delivery system, requiring linkages with education, child welfare or juvenile justice systems.

A small percentage of adults with serious mental illness and children with serious emotional disturbances consume a majority of resources An integrated system should develop improved strategies for these individuals who who may be underserved or poorly served in the current system. . Strategies should be consistent with provisions in the health care reform bill that seek to develop special needs plans, health homes and accountable care organizations.

An array of services must be designed to incorporate the concept of community integration and social inclusion for individuals/families. Community integration ensures that people with behavioral health problems, disabilities and other chronic illnesses have the supports and services they need to live in a home/family/community setting. This includes services to help people live in housing of their choice and support them in school, work, families and other important relationships; both paid and unpaid community supports can help achieve these goals. This will require public purchasers to take a comprehensive look at how its policies impact the way urban, rural and frontier areas develop and how well those places support the people who live there, in all aspects of their lives—education, health, housing, employment, and transportation. This "place-based" approach should be taken to help communities work better for people.

Discussed below are the service elements that should comprise a mental health and substance use system.

<u>Health Promotion.</u> Health promotion is a significant component of a comprehensive prevention and wellness plan, and plays a key role in efforts to prevent substance abuse and mental illness. Since health promotion efforts have been traditionally community- and school-based in the public sector, there is an opportunity to engage the private sector (particularly employers and insurers) in health promotion initiatives.

<u>Prevention.</u> The field of prevention science, well known for advancing the health of people at risk for illnesses such as cancer, diabetes, and heart disease, has also produced effective strategies for the mental health and substance abuse fields. The system must have three levels of prevention practice: Universal, which addresses populations at large; selective , which targets groups or individuals who are

at higher risk of developing a substance abuse problem or mental illness; and indicated , which addresses individuals with early symptoms or behaviors that are precursors for disorder but are not yet diagnosable. Prevention efforts can support safer schools and communities, better health outcomes, and increased productivity. Prevention science tells us that a comprehensive approach to a particular problem or behavior is an effective way to achieve the desired permanent behavioral or normative change. Health reform recognizes that prevention is a critical element in bending the cost curve and in improving the overall health of all Americans. All health-related prevention efforts should recognize and address the interrelated impact of mental health and substance use on overall well-being.

Significantly increased focus should be placed on promoting prevention prepared communities as proposed by the Office of National Drug Control Policy. Prevention programs should be made available to all individuals through appropriate channels including healthcare providers, media, employers, public agencies, communities, and schools. SAMHSA should continue efforts to identify effective prevention services that can be feasibly implemented in community settings, as well as clearly defined, coded and reimbursed.

Screening and Early Intervention. Appropriate screening should be vetted with the USPSTF so that it becomes part of the standard benefit plan and is available without cost to consumers. Screening services must include, at a minimum, services from the A and B list developed by the USPSTF which includes depression screening and Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol use. Services should also include mental and substance use screens available through Early and Periodic Screening Diagnosis and Treatment (EPSDT). Screening may also be used to identify warning signs for suicide to enable early intervention and suicide prevention.

Care Management. Effective care management integrates primary care and specialty health services through approaches that coordinate an individual's medical care and provide assistance in navigating other healthcare providers and systems, including behavioral health. Different designs need to be considered that will include components of specific models (such as intensive case management or community support) since it is not likely that a "one size" fits all care management model exists. Regardless of the approach, individuals performing care management must be well trained and appropriately paid and reimbursement systems/strategies must recognize the importance of collateral contacts.

Self Help and Mutual Support. Self/mutual help support groups have been defined as a network of 12-step and abstinence-based groups for persons recovering from various addictions, as well as groups for family members of people with substance use disorders. In recent years support groups specifically for individuals with serious mental illness have grown significantly, as have 'family to family' and 'youth to youth' efforts. These groups provide a social network offering their members: support in managing their lives, role models and the strong belief that they can recover. These voluntary supports will continue be needed in a good and modern system that creates strong relationships with self-help and mutual supports.

Proposed Continuum of Services. A modern mental health and addiction system should have prevention, treatment and recovery support services available both on a stand-alone and integrated basis with primary care and should be provided by appropriate organizations and in other relevant community settings. SAMHSA's proposed continuum comprises of nine domains, including:

- Health Homes
- Prevention and Wellness Services
- Engagement Services
- Outpatient and Medication Assisted Treatment
- Community Supports and Recovery Services
- Intensive Support Services
- Other Living Supports
- Out of Home Residential Services
- Acute Intensive Services

The last page of this document lists the services that should be considered for a modern mental health and addiction system using the vision and principles referenced earlier in this document. These services are not only for individuals with a mental or substance use disorder, but also support their families who are critical to achieving recovery and resiliency.

Core Structures and Competencies for a Modern System

While appropriate, quality services are a critical piece of constructing a modern behavioral health system, there will need to be capacity and infrastructures to ensure that individuals who seek services can access them successfully. Easy and open access to care for all individuals and families, at all points on the continuum of need for care, and through any service sector, will require further development of core structures and competencies, as described below.

Workforce. The modern system must have experienced and competent organizations with staff that can deliver the services described in the previous section. SAMHSA in conjunction with the Health Resources and Services Administration and provider associations will need to develop strategies for creating learning models to ensure the workforce has the information, supervision, technical assistance, and culturally relevant training to effectively implement improved practices. Recruitment and retention efforts will need to be enhanced, especially to increase the available pool of culturally, ethnically and racially diverse practitioners. Providers will need to embrace team-based care and collaboration with other systems as a way of doing business. Licensure requirements need to evolve and certification requirements need to be strengthened for those professions that do not currently require formal licensure. The workforce must also develop an improved ability to use technology to provide, manage and monitor quality care. In addition, SAMHSA and other federal partners must continue to advance the development and use of peer/family specialists and recovery organization staff to address the demand for mental health and addiction services. Four critical efforts loom large: (1) redeployment of the shrinking professional workforce to positions of consultation and oversight; (2) augmentation of the existing workforce to include trained family, youth and peer supports as part of the paid workforce; (3) a more concerted pre-professional training effort to prepare new frontline and professional providers for the modern delivery system that is consumer- and family-driven, youth-guided, recovery/resiliency-oriented and evidence-based; and (4) a robust continuing training effort to develop, enhance, and sustain providers' capacity to access, interpret, and apply performance data and research findings on an ongoing basis to improve care.

Empowered Health Care Consumers. Health care consumers/families will need information and tools to allow them to promote and reinforce their role as the center of the health care system. At a

minimum, this will include a system that supports health literacy, shared decision making, and strategies for individuals and families to direct their own care. Health literacy is the first building block of self-care and wellness. Shared decision making should become the standard of care for all treatment services. Participant direction of services allows individuals and their caregivers (when appropriate) to choose, supervise and in some instances, purchase the effective supports they need rather than relying on professionals to manage these supports. Health care consumers and families will also need access to user-friendly information on the effectiveness of available services in order that they may truly make informed health care decisions.

Information Technology. To achieve optimum individualized care, a modern health system should include a structure in which all holistic outcomes, measures and indicators of health are collected, stored and shared with the individual and all of those providers who are associated with care of the individual. To that end, interoperable, integrated electronic health records will be necessary, as will community-wide indicators of mental health and substance use disorders. This will be challenging given that many behavioral health providers have limited or no modern information technology and need resources to make this transition. Additionally, appropriate security mechanisms and informed consent should drive this system while taking into account protection of individual rights and support to ensure appropriate linkages to services.

Funding and Payment Strategies. In the public sector, individuals/families/youth with complex mental and substance use disorders receive services funded by federal, state, county and local funds. These multiple funding sources often result in a maze of eligibility, program and reporting specifications that create funding silos featuring complicated administrative requirements**.** If services are to be integrated, then dollars must be also intertwined. In the same way that Medicaid will be required to streamline eligibility and enrollment, the good and modern system must either blend or braid funds in support of comprehensive service provision for consumers, youth and families.

Health care payment reform is intended to align quality and cost and reinforce desired client and system outcomes. The ACA envisions a variety of new purchasing strategies, including episode-based payments, risk-based inpatient/outpatient bundled payments, shared savings, and financial consequences for "never events". These changes in methodology and requirements will be restructured to support achievement of the outcomes associated with primary care and specialty care integration.

Quality and Performance Management. Quality improvement through the use of outcomes and performance measures is a cornerstone of the Affordable Care Act. It will be critical that SAMHSA clarify the outcome measures that help define a good system of care; use this information to shape programs and practices; and operationalize SAMHSA's message of "a life in the community for everyone". A renewed focus on quality will also help payers link performance improvement with payment while moving away from the current incentives to provide more care without evidence of improved outcomes.

Sustainable Practice Improvement . Key to a modern behavioral health system will be an ethic of—and standard operating procedures for—continuous practice improvement to incorporate new evidence and to ensure more accountability, with a focus on "practice-based evidence" as well as evidence-based practice. Standards being developed by national organizations can guide providers (agencies, group practices and individual practitioners) in their efforts to reshape their practice and to sustain changes over time.

Continued Partnerships. While the good and modern system focuses on the need for better integration of primary care and behavioral health, this does not supplant the continued need to work with other systems that serve individuals with mental and substance use disorders. Links between the good and modern system and the child welfare, criminal and juvenile justice, education and aging systems will be more critical than ever.

Challenges

There are many challenges to achieving a good and modern mental health and addiction system. While much progress has been made, stigma still exists regarding mental illness and substance use disorders. Policy makers and payers have limited knowledge and to some degree continued skepticism regarding the efficacy of available prevention strategies, treatments and approaches. Payers will continue to rely on risk based approaches to contain costs. It is imperative to ensure that special protections are in place to address issues regarding adverse selection. The workforce is graying and is struggling to develop adult learning models that can train staff on delivering evidenced based and promising practices. There are still significant boundary issues within and among the mental health, addiction, primary care and other social service systems. More permeable boundaries will need to be created.

Conclusion

The elements described in this document should serve as a starting place for discussion among the various policy-makers and stakeholders concerned about services, reimbursement and infrastructure. There will always be differences of what should be included in a modern mental health and addiction system. However, these differences need to be mediated immediately with an understanding that what is modern in 2011 will change in five, ten or twenty years.

Healthcare Home/ Physical Health	Prevention (including Promotion)	Engagement Services	Outpatient Services	Medication Services	Community Support (Rehabilitative)	Other Supports (Habilitative)	Intensive Support Services	Out-of-Home Residential Services	Acute Intensive Services	Recovery Supports
• General and specialized outpatient medical services • Acute primary care • General health screens, tests and immunization • Comprehensive Care management • Care coordination and health promotion • Comprehensive transitional care • Individual and Family Support • Referral to Community Services	• Screening, Brief Intervention and Referral to Treatment • Brief Motivational Interviews • Screening and Brief Intervention for Tobacco Cessation • Parent Training • Facilitated Referrals • Relapse Prevention/ Wellness Recovery Support • Warm line	• Assessment • Specialized Evaluations (psychological, Neurological) • Service planning (including crisis planning) • Consumer/Family education • Outreach	• Individual Evidenced Based Therapies * • Group therapy • Family therapy • Multi-family therapy • Consultation to Caregivers	• Medication management • Pharmacotherapy (including MAT) • Laboratory services	• Parent/Caregiver Support • Skill building (social, daily living, cognitive) • Case Management • Behavioral management • Supported employment • Permanent Supported housing • Recovery housing • Therapeutic mentoring • Traditional healing services	• Personal Care • Homemaker • Respite • Supported Education • Transportation • Assisted Living Services • Recreational Services • Interactive Communication Technology Devices • Trained behavioral health interpreters	• Substance abuse intensive outpatient services • Partial hospital • Assertive community treatment • Intensive home based treatment • Multi-systemic therapy • Intensive case management	• Crisis residential/stabilization • Clinically Managed 24-Hour Care • Clinically Managed Medium Intensity Care • Adult Mental Health Residential • Children's Mental Health Residential Services • Youth Substance Abuse Residential Services • Therapeutic Foster Care	• Mobile crisis services • Medically Monitored Intensive Inpatient • Peer based crisis services • Urgent care services • 23 hour crisis stabilization service • 24/7 Crisis Hotline Services	• Peer Support • Recovery Support Coaching • Recovery Support Center Services • Supports for Self Directed Care • Continuing Care for Substance Use Disorders

* Specific activities or services will need to be further defined in the next several months