Plowing New Ground in Whole-Person Integrated Care

Paolo del Vecchio, M.S.W.
Director, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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National Survey on Drug Use and Health

- 249.3 Million People (92.5%) with No Past Year Substance Use Disorder
- 20.1 Million People (7.5%) with Past Year Substance Use Disorder

- Alcohol: 15.1 Million
- Illicit Drugs: 7.4 Million
- Marijuana: 4.0 Million
- Misuse of Prescription Pain Relievers: 1.8 Million
- Cocaine: 0.9 Million
- Methamphetamine: 0.7 Million
- Heroin: 0.6 Million
- Misuse of Prescription Stimulants: 0.5 Million

AMI
- Excluding SMI: 34.3 Million (14.0% of All Adults and 76.8% of Adults with AMI)

SMI:
- 10.4 Million (4.2% of All Adults and 23.2% of Adults with AMI)

44.7 Million Adults with AMI in the Past Year (18.3% of All Adults)
Opioid Misuse and Serious Mental Illness in the Past Year Among Adults Aged 18 and Older: 2015 NSDUH

- 9.8 Million Adults with SMI in the Past Year (4.0% of All Adults)
- 1.5 Million Adults Misused Opioids in the Past Year and had SMI in the Past Year (0.6% of Adults; 13.0% of Adults who Misused Opioids; and 15.6% of Adults with SMI in the Past Year)
- 11.7 Million Adults Misused Opioids in the Past Year (4.8% of All Adults)
“Change is the law of life. Those who look only to the past or present are certain to miss the future.”
--John F. Kennedy
A Whole-Person Approach

- Health Care Integration
- Housing Stability
- Economic Security
- Social Inclusion
Health Care Integration

- Equal access to care
- Metabolic syndrome
- Tobacco cessation
- Managing weight
- Preventative screening
- Integrated SUD services
- Integrated IDD services
Certified Community Behavioral Health Clinics

CCBHC

Section 223 Demonstration Program for Certified Community Behavioral Health Clinics

- Providing community-based mental and substance use disorder services
- Advancing integration of behavioral health with physical health care
- Assimilating and utilizing evidence-based practices on a more consistent basis
- Promoting improved access to high quality care
Social Determinant: Housing Stability

“PSH provides an ideal service platform for reducing health disparities because it represents a critical point of services for many people with SMI and chronic medical conditions, helps bring existing health care and health promotion interventions closer into the community, and fits within a mission to improve wellness and recovery among this population.”

My disability is one part of who I am.

At work, it’s what people can do that matters.

National Disability Employment Awareness Month — Celebrating 70 Years!
Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:

- Increased sense of self-esteem and confidence (Davidson, et al., 1999; Salzer, 2002)
- Increased sense of control and ability to bring about changes in their lives (Davidson, et al., 2012)
- Increased sense of hope and inspiration (Davidson, et al., 2008; Kaziu, McDermid, Marty, & Rapo, 2006)
- Increased empathy and acceptance (camaraderie) (Castsword-Puspokey, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999)
- Reduced hospital admission rates and longer community tenure (Chirman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chai, & Jensen, 2005; Min, Whitecraft, Rothschild, & Salzer, 2007)
- Increased social support and social functioning (Kurtz, 1999; Nelson, Ochacka, Jansen, & Trainer, 2006; Ochacka et al., 2006; Trainer, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)

- Increased engagement in self-care and wellness (Davidson, et al., 2012)
- Decreased psychotic symptoms (Davidson, et al., 2012)
- Decreased substance use and depression (Davidson, et al., 2012)

- Raised empowerment scores (Davidson, et al., 1999; Dumont & Jones, 2002; Ochacka, Naicon, Jansen, & Trainer, 2006; Resnick & Rosenthal, 2008)
Whole Health Action Management

“The primary goal of this training and participant guide is to teach skills to better self-manage chronic physical health conditions, and mental illnesses and addictions to achieve whole health.”
One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:

- 86 spent fewer nights homeless
- There were 50 fewer hospitalizations for mental health reasons
- 17 fewer nights in detox
- 17 fewer ER visits

This is $213,000 of savings per month.

That’s $2,500,000 in savings over the year.

Integration works. It improves lives. It saves lives. And it reduces healthcare costs.
CIHS Innovation Communities Program

2018 TOPICS

• Building Integration in Pediatric Care Settings
• Implementing Pain Management Guidelines in Integrated Care Settings
• Implementing Team Based Care
• Preparing for Value-Based Payment in Behavioral Health and Primary Care
• Adopting Trauma-Informed Approaches in Health Care Settings
BHBusiness Plus

https://www.samhsa.gov/health-financing/bhbusiness-plus-project
21st Century Cures Act

An Unprecedented Federal Commitment to Those We Serve
Interdepartmental SMI Coordinating Committee (ISMICC)

- Center for Medicare and Medicaid Services
- Department of Housing and Urban Development
- Department of Labor
- Families
- Private Sector Partners
- Communities
- Department of Defense
- Department of Education
- SAMHSA
- Attorney General
- Health and Human Services
- Veterans Affairs
- Social Security Administration
- States
New and Expanded Initiatives (FY 2018)

• MHBG (+$305.9 M)
• 10% MHBG set aside for FEP
• Youth and Children (+$41 M)
• CCBHCs (+$100 M)
• ACT: (+$5 M)
Opportunities for Success

• Assertive Community Treatment (ACT)
• Community Support Team (CST)
• Critical Time Intervention (CTI)
• Integrated Dual Disorder Treatment (IDDT)
• Transition Management Services (TMS)
• Behavioral Health Urgent Care
• Crisis Solutions NC
• Crisis Intervention Teams (CITs)
Cultivating Integrated Care
For More Information

SAMHSA
5600 Fishers Lane • Rockville, MD • 20852
Phone: 1-877-SAMHSA-7 (1-877-726-4727)
TTY: 1-800-487-4889
Fax: 240-221-4292
http://www.samhsa.gov

CMHS
Phone: 240-276-1310
Fax: 240-276-1320