Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
BH PROBLEMS COMMON & OFTEN CO-OCCUR w/ PHYSICAL HEALTH PROBLEMS

- ½ of Americans will meet criteria for mental illness at some point in their lives.
- 7 percent of the adult population (34 million people), have co-morbid mental and physical conditions within a given year.
BH CO-MORBIDITIES W/ PHYSICAL HEALTH
(MEDICAID-ONLY BENEFICIARIES W/DISABILITIES)

<table>
<thead>
<tr>
<th>Condition</th>
<th>No Behavioral Health Problem</th>
<th>With 1 or More Behavioral Health Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma and/or COPD</td>
<td>23.8%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>30.1%</td>
<td>69.9%</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>26.3%</td>
<td>73.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>32.1%</td>
<td>67.9%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>31.4%</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

IMPACT OF BH CO-MORBIDITIES ON PER CAPITA COSTS (MEDICAID-ONLY BENEFICIARIES W/DISABILITIES)

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

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)
WHY WORSE PHYSICAL HEALTH FOR PERSONS WITH BH CONDITIONS?

- BH problems are associated with increased rates of smoking and deficits in diet & exercise
- Up to 83 percent of people with SMI are overweight or obese
- People with M/SUD are less likely to receive preventive services (immunizations, cancer screenings, smoking cessation counseling) & receive worse quality of care across a range of services
People with M/SUDs are nearly 2x as likely as general population to die prematurely, (8.2 years younger) often of preventable or treatable causes (95.4 percent medical causes).

BH conditions lead to more deaths than HIV, traffic accidents + breast cancer combined.

More deaths from suicide than from HIV or homicides.

Half the deaths from tobacco use are among persons with M/SUDs.

CDC, National Vital Statistics Report, 2009
### 10 Leading Causes of Death, U.S. 2009, All Races, Both Sexes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>599,413</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>567,628</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Low Respiratory Disease</td>
<td>137,353</td>
</tr>
<tr>
<td>4</td>
<td>Cerebro-vascular</td>
<td>128,842</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Injury</td>
<td>118,021</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer's Disease</td>
<td>79,003</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>68,705</td>
</tr>
<tr>
<td>8</td>
<td>Influenza &amp; Pneumonia</td>
<td>53,692</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis</td>
<td>48,935</td>
</tr>
<tr>
<td>10</td>
<td>Suicide</td>
<td>36,909</td>
</tr>
</tbody>
</table>

**Data Source:** National Center for Health Statistics (NCHS), National Vital Statistics System
~30% of deaths by suicide involved alcohol intoxication – BAC at or above legal limit

4 other substances were identified in ~10% of tested victims – amphetamines, cocaine, opiates (prescription & heroin), marijuana
According to the CDC, more than 2 million Americans report mental/emotional disorders as the primary cause of their disability.

Depression is the most disabling health condition worldwide; & SA is # 10.

Mental disorders: ~ $94 billion in lost U.S. productivity costs per year.
BH CONDITIONS ARE PREVENTABLE

- ¼ of adult mental disorders start by age 14; ½ by age 25

- Adverse Childhood Experiences (ACEs) potentially explain 32.4 percent of M/SUDs in adulthood
  - Six million children (9 percent) live with at least one parent who abuses alcohol or other drugs
  - > 6 in 10 U.S. youth have been exposed to violence within the past year; nearly 1 in 10 injured

- Symptoms start ~ 6 years before diagnosis or treatment
  - Universal screening (SBIRT) exists and works

- Multi-sector approaches to individual and environmental strategies exist and work (IOM 2009)
Prevalence of serious MH conditions among 18 to 25 year olds is almost double that of general population

Suicide is 3rd leading cause of death among all youth 15-24 years old

Adults who begin drinking alcohol before age 21 more likely to have alcohol dependence or abuse than those who had their first drink after age 21

Young people have lowest rate of help-seeking behaviors
SAMHSA – DATA, QUALITY, AND OUTCOMES
SAMHSA COLLECTS AND REPORTS PUBLIC HEALTH DATA RE BEHAVIORAL HEALTH

- General population data
- State level data
- Community level data
- Program level data
- Treatment services data
- Emergency departments and mortality data
SAMHSA’S SURVEYS AND DATA COLLECTION SYSTEMS

- National Survey on Drug Use and Health (NSDUH)
- Drug Abuse Warning Network (DAWN)
- Drug and Alcohol Services Information System (DASIS)
- Treatment Episode Data Set (TEDS)
- National Survey of Substance Abuse Treatment Services (N-SSATS)
- Alcohol and Drug Services Study (ADSS)
- Drug Services Research Survey (DSRS)
- CSAT Substance Abuse Information System (SAIS)
- CMHS TRACS and CSAP Prevention Data System
Integrated approach – single SAMHSA data platform

Common data requirements for states to improve quality and outcomes
- Trauma and military families
- Prevention billing codes
- Recovery measures

Common evaluation and service system research framework
- For SAMHSA programs
- Working with researchers to move findings to practice
- Improvement of National Registry of Evidence-Based Programs & Practices (NREPP) as registry for EBPs
Builds on Affordable Care Act’s National Quality Strategy

Aims:

- **Better Care**: Improve overall quality by making behavioral health care more person-, family-, and community-centered; and reliable, accessible, and safe.

- **Healthy People/Healthy Communities**: Improve U.S. behavioral health by supporting (*and disseminating, added by SAMHSA) interventions to address behavioral, social, environmental determinants of positive behavioral health; and delivering higher quality behavioral health care.

- **Affordable Care**: Increase the value of behavioral health care for individuals, families, employers, and government. *Accessible care for SAMHSA*
NBHQF: GOALS & MEASURES

SIX GOALS

- Effective
- Person/Family Centered
- Coordinated
- Evidence-Based/Best Practices
- Safe
- Affordable/High Value

MEASURES CATEGORIES

- Payer
- Program/Practitioner
- Population
SAMHSA’s BEHAVIORAL HEALTH BAROMETER

Annual snapshot of the state of BH nationally (regionally), and within states:

• Highlights key indicators from population and treatment facility-based data sets

• Provides point-in-time and trend data reflecting status and progress in improving key BH indicators
SAMHSA’S VISION

A nation that acts on the knowledge that:

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

A nation/community free of substance abuse and mental illness and fully capable of addressing behavioral health issues that arise from events or physical conditions