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MEMORANDUM

TO: Community Members

FROM: Michael Hartman

DATE: June 10, 2010

Attached is a draft paper by the Substance Abuse and Mental Health Services Administration which addresses their vision on a modern mental health and addiction service system. This is an all encompassing statement by SAMHSA, in collaboration with other agencies and offices of the US Department of Health and Human Services, regarding their future intent for support of these services. SAMHSA welcomes comments on this draft until June 23rd and these may be directed to Steve Randazzo at Steven.Randazzo@SAMHSA.hhs.gov .

There is a very short window for comments, but given the weight decisions on the future services provided via federal funding, it is important that you are both aware of this position paper and that you direct your concerns in this area.

If you are so inclined, I would also be very interested in receiving a copy of your comments, as much of what is addressed in this paper is highly relevant to areas covered in the Challenges for Change efforts now being undertaken. You may forward those comments to me at; Michael.Hartman@ahs.state.vt.us

Thank you.

MH/psp

Enc.

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. The basic services to accomplish these goals have not been present in mainstream healthcare settings such as primary, family or general medicine clinics; or in emergency or trauma care centers. As such, there is a need to articulate 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 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 which 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 be used for a variety of purposes. Short term it can provide clarity to federal agencies that regulate or purchase services for individuals with mental and substance use disorders. It can also provide guidance to agencies that are presently making decisions about services available to these populations (e.g. states currently submitting state plans to expand Medicaid eligibility to individuals below 133% of the FPL) and planning for 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.

Overview of the Affordable Care Act and Implications

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA) which seeks to make health insurance coverage more affordable to individuals, families and the owners of small businesses. When fully implemented, the law will provide access to coverage for an estimated 32 million

Americans who are now uninsured. It reforms insurance markets to make them more competitive and protect consumers' rights by prohibiting such practices as excluding people from coverage due to pre-existing conditions, placing annual or lifetime caps on coverage, banning rescission of coverage, and establishing basic minimum benefit packages. ACA references a variety of service issues that require discussion and recommendations regarding a set of services that should be available for individuals with mental and substance use disorders.

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, 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 circumstances presented with a reasonable waiting period for access to services. SAMHSA believes that a good system is achievable and is a step to developing an “ideal” service system. The interventions that are used in a good system should reflect the knowledge and technology that is available as part of modern medicine and includes evidenced based practice, new medications, recognizes the critical connection between primary and specialty care.

This vision recognizes that the U.S. health system includes publicly and privately funded and managed care components that must work well together to produce desired outcomes. This vision is also predicated on ACA's major tenets to promote access, quality and affordability. The integration of primary care, mental health and addiction services must be an integral part of the vision. Because of the increasingly complex issues federal agencies need to address—such as new reimbursement models, health information technology, privacy and coordinating public and private systems of care -- primary and specialty systems and services need to be aligned through intense collaboration. Health care reform increases the importance of addressing those issues with secure knowledge and skills. It is also important for agencies to foster coordinated integration – looking to ensure accountability for the individual and eliminate inefficiencies, overlapping functions, duplication, and out-of-date paradigms.

Medical homes and primary care integration efforts must have an understanding of if, how and when someone can access the specialty service system. There is not a singular model that works for this coordination and collaboration. 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:

- A benefit package, within available funding, that supports recovery and resilience, including prevention and early intervention services, an emphasis on evidence-based and best practice service approaches and thinking, and special consideration of service delivery to rural and frontier areas.
- Promoting program standards, including common service definitions, utilization management measurements/criteria, quality requirements, system performance expectations, and consumer/family outcomes;
- Creation 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
- Funding strategies that will be sufficiently flexible to promote a more efficient system of services and supports. This includes paying for performance rather than paying just for more services.

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 must be available to address current health disparities and be relevant to, and respond to, the diverse cultures and languages of individuals and families.
- The modern addiction and mental health service system is grounded in a public health model addressing social and other determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, medications, and recovery and other support services to promote social integration, optimal health and productivity.
- A wide range of services should be available based on a range of acuity, disability, engagement levels and consumer preferences. The degree of disability and the need for long-term vs. acute care services, as well as the consumer's goals in their individualized service plan, should dictate the services available and provided.

- 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 as possible.
- Effective care management is key to coordinating health and specialty care. Care management approaches should promote independence and resiliency and not create dependency that has occurred in some of the previous case management programs.
- The health system includes publicly and privately funded and managed care components that must work well together to produce desired outcomes.
- Service delivery must achieve high quality standards and results as well as outcomes must be measurable.
- Technology will be an important tool in delivering services. This includes telehealth and personal digital assistants that assist individuals in their recovery.
- Reimbursement strategies must be implemented to align incentives and control costs. This includes paying for outcomes rather than paying for additional quantities of services.
- Services that are proven effective or show promise of working will be funded; ineffective services and treatments that have not shown promise will not be funded. This principle must be applied on an individual basis and systemically.

The Evidence

The system should be guided by principles and evidence that mental illness and substance abuse prevention, treatment and recovery services work. Over the past 30 years the body of evidence supporting what systems should provide, and for whom, has evolved significantly. The list of evidence is voluminous; however 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 -- Evaluations of child and adolescent systems of care indicate reduced rates of reinstitutionalization after discharge from residential settings, reduced out-of-state placements of children, increased capacity to maintain children with serious emotional disturbances in home and community-based care instead of more costly institutional care. The program has improved individual outcomes, such as reduced behavior problems, less involvement with juvenile justice, improved school performance and improved family satisfaction with services.
- Community Support Program (CSP) -- CSP was initiated in 1977 as a Federal response to the problems of deinstitutionalization and inadequate community treatment and support services for individuals with serious mental illness. The CSP has identified and developed a number of tool-kits for evidenced-based practices.
- Standards of Care for Treatment of Substance Use Disorders—In 2007, National Quality Forum (NQF) identified a set of national standards for treatment of substance use conditions. The standards focus on identification of substance use

disorders, initiation and engagement in treatment therapeutic interventions to treat substance use conditions, and continuing care management.

- The Treatment Improvement Protocols (TIPS)—TIPS are best practice guidelines for the treatment of substance abuse. CSAT's Office of Evaluation, Scientific Analysis, and Synthesis draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPS, which are distributed to a growing number of facilities and individuals across the country. The audience for the TIPS is expanding beyond public and private substance abuse treatment facilities as alcohol and other drug disorders are increasingly recognized as a major problem.
- Institute of Medicine (IOM)—In 2009, the IOM released the report “Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.” The report underscores the importance -- and scientific basis -- not only of preventing or preempting the occurrence of major mental disorders among young people who exhibit pre-clinical symptoms or at risk for mental, emotional or behavioral disorders, but also broad population-based strategies aimed at promoting mental health. In 2006, IOM released a report; “Improving the Quality of Health Care for Mental and Substance Use Conditions”. The report calls attention to the need for improved integration of general health and behavioral health using the same goals described in earlier IOM Quality Chasm reports for the general healthcare system as a whole. In addition, it identifies six problem areas along with a comprehensive outline of actions and recommendations for improving this care. In 1995 the IOM released a report that shaped the reorganization of methadone treatment in the United States.
- In 1994, the IOM issued a report titled Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. This report established operational definitions for universal, selective, and indicated prevention interventions, thereby aligning substance abuse prevention practitioners with science and current research.
- U.S. Preventive Services Task Force (USPSTF) -- The USPSTF is the leading independent panel of private-sector experts in prevention and primary care settings. In 2002 USPSTF recommended screening for children and adults for depression as well as screening and behavioral counseling interventions to reduce alcohol misuse. Most recently it recommended screening for depression in adolescents.
- Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General was released on August 26, 2001—The intent was to draw public attention to existing disparities in mental health for racial and ethnic minorities. The Supplement’s main purposes were to understand and explain the range and degree of mental health disparities, to describe the need for mental health services and how to meet those needs through evidenced-based practices, and to set the course for the elimination of mental health disparities and continued promotion of mental health. The Supplement covered four of the most recognized racial and ethnic minority groups: African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanic

- The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking -- In 2007, the Surgeon General issued this Call to Action to focus national attention on the enduring problem of underage drinking, and on new research which indicates that the developing adolescent brain may be particularly susceptible to long-term negative consequences from alcohol use.

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 provisions of ACA and that many individuals have co-morbid health and mental and substance use disorders.

The good and modern system must account for 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 and other mental health services agencies, 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 recognizes these different roles and will push the specialty system to coordinate care among providers of different levels and modalities of care and the mainstream health care delivery system. For children and youth, many of the services are provided outside of the specialty mental health and addiction treatment delivery system. In some circumstances children’s behavioral services are provided in the child welfare or juvenile justice system—which may use different mental health and addiction providers.

The system should develop improved strategies for individuals who consume significant resources, an indication of being underserved or poorly served in the current system. A small percentage of adults with serious mental illness and children with serious emotional disturbances consume a majority of resources. Many of these individuals have co-morbid health and behavioral health disorders. For instance, in FY 2008 approximately \$307 billion was spent on 8.1 million individuals enrolled in Medicare and Medicaid. Over half of these individuals had a cognitive or mental impairment. The system must take into account the behavioral health needs of these individuals and design the appropriate service strategies and recovery supports. 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.

The system must focus on health promotion and prevention and include activities and services that teach caregivers to identify precursor behaviors that may be signs of impending problems (e.g., missing school, problem drinking) or early signs of suicide.

The system must offer paid and unpaid community supports that promote healthy living, school achievement, stable housing, and employment. Discussed below are the service elements that should comprise a mental health and substance use system.

Community Integration

An array of services must be designed to incorporate the concept of community integration and social inclusion for individuals. 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 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. These services should be available and used only in the appropriate limited amount and duration. The services should also be developmentally and culturally appropriate.

Health Promotion

Health promotion is a significant component of a comprehensive prevention plan, and much has been written regarding the importance of it in efforts to prevent substance abuse and mental illness. Such efforts have been shown to be effective and increased awareness helps to promote substance abuse and mental illness as real issues that affect the lives of millions of Americans. 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.

Prevention

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. 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 behavior or normative change. Health reform recognizes that prevention is a critical element in bending the cost curve and in improving the overall health of people in the U.S. These prevention activities must be well integrated and coordinated within a comprehensive health care system

Although there are a significant number of effective prevention programs and strategies across the Nation, they have not been coordinated to work together nor fully integrated within our overall health care system. All health-related prevention efforts should recognize and address the interrelated impact of mental health and substance use on overall well-being.

Health reform recognizes that prevention is a critical element in reducing the costs in the health care system and in improving the health of people in the U.S. These prevention activities must be well articulated in a modern system. Significantly increased focus

should be placed on promoting prevention prepared communities as proposed by the Office of National Drug Strategy. Prevention programs should be made available to all individuals through appropriate channels including healthcare providers, media, employers, public agencies, communities, and schools. Prevention services should also include educational sessions on mental and substance use for students and their parents, brief motivational interview sessions in schools and communities, immunization for hepatitis and other communicable diseases, and smoking cessation programs for individuals with substance abuse and mental health disorders. SAMHSA should continue efforts to identify prevention services that can be 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. 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). Additional steps should be taken to ensure that screening and early intervention can be paid for when performed in appropriate settings. Early intervention refers to those activities that address emerging needs and account for differences in children and adolescents. These should be considered to be appropriate treatment services and should be available at locations in the community including health care settings such as pediatric practices.

Care Management

Several different approaches to care management need to be considered that will include specific care management models (e.g. targeted case management, community support). Effective models that integrate primary care and specialty health services include approaches that address an individual's medical care and provide assistance in navigating other healthcare providers and systems. This will require purchasers to consider how collateral contracts are included in definitions and reimbursement strategies. Regardless of the approach, individuals performing care management must be well trained and appropriately paid. These individuals will provide the strong foundation for effective integration between primary care and the specialty behavioral health system. In some instances, case management is specifically targeted to a group of individuals (e.g. adults with serious mental health issues) for a more concentrated period of time. Other approaches offer more active case management models to teach the individual to navigate the services and supports more expeditiously than other case management models. These models are built upon an individual's recovery. The individual has greater responsibility to implement their service plan. It is not likely that a "one size" fits all care management model exists or will be found for Medicaid programs or for other insurers whether in the public or private sector.

Role of Self Help and Mutual Support Groups

Self/mutual help support groups have often defined as a network of 12-step and abstinence-based group 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. These groups provide a social network offering their members: support in managing their lives, role models and the strong belief that they can recover. More than ever these supports will be needed in a good and modern system. There should be a strong relationship between paid and self-help and mutual supports.

Proposed Continuum of Services

A modern mental health and addiction system should have 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 is comprised of seven domains, including:

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

The services that are set forth here 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.

Medications

The system must include the use of FDA approved medications for various mental and substance use disorders. Many psychotropic medications are covered by public and private payers. Over the past 20 years, the increase in the use (and misuse) of these medications has increased exponentially. In contrast many formularies do not cover new medications for substance use disorders that have been proven to be effective in clinical trials. While guidelines exist for the use of medications in treatment of mental and substance use disorders, the use of medications needs to be reviewed to determine if they are being used according to guidelines and to ensure that medications are not being used without concomitant clinical services as part of a comprehensive treatment plan.

The last page of this document sets forth the services that should be considered for a modern mental health and addiction system using the vision and principles referenced earlier in this document.

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.

Workforce

The modern system must have experienced and competent organizations and 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, technical assistance and training to effectively implement practices. Recruitment and retention efforts will need to be increased. Providers will need to get additional training and embrace collaboration with other systems as a way of doing business. Over time independent practitioners will be required to work in teams. Licensure requirements need to evolve and re-licensure may be required. Certification requirements will be strengthened for those professions that do not require formal licensure. In addition, SAMHSA and other federal partners must continue to advance the development and use of peer specialists and recovery organization staff to address the demand for mental health and addiction services. Three critical efforts: (1) redeployment of the shrinking professional workforce to positions of consultation and oversight; (2) augmentation of the existing workforce to include trained family and peer supports as part of the paid workforce; and (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, recovery-oriented and evidence-based.

Empowered Health Care Consumers

More emphasis needs to be placed on models that meet consumers' needs. Health care consumers 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 to direct their own care.

Health literacy is an individual's ability to read, understand and use healthcare information to make decisions and follow instructions for treatment. Shared decision making is a principle articulated in the law and should be incorporated as a standard of care for all treatment services. Shared decision making is the collaboration between individuals and families and their healthcare providers to come to an agreement on healthcare decisions. During this process the caregiver offers the patient information that will help them understand the likely outcomes of various options, think about what is personally important about the risks and benefits of each option, and actively participate in decisions about medical care.

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. They can direct medical, home and community-based services that will allow them to maintain their independence and play a role in determining what mix of treatment, supports, and services works best for them. The concept of participant-directed services goes well beyond the intent of person-centered planning and active participation in service planning.

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 that care of the individual. To that end, interoperable, integrated electronic health records will be necessary. This will be challenging given that many behavioral health providers have limited or no modern information technology. Additionally, appropriate security mechanisms and informed consent should drive this system while taking into account appropriate protection and advocacy of the individual's rights and support to ensure appropriate linkages to services. Strengthening, developing, and improving new and existing infrastructure will be the shared responsibility of individuals, state and local governments, and employers. The role of the federal government will be to convene stakeholders and to work with them to develop appropriate guidelines, requirements, technical assistance, and structures to support this vision.

Blending and Braiding Funding

In the public sector, individuals with complex mental and substance use disorders receive services funded by federal, state, county and local funds. These multiple funding sources often create a maze of eligibility, administrative, program and reporting requirements due to different goals, target populations and service coverage. Over the past decade, federal and state funds for mental health and substance abuse services have become ever more categorical. This has created funding silos that are narrow, have restricted eligibility and feature complicated administrative requirements. These funding "silos" have made it difficult for state and local authorities to coordinate funding for mental health and substance abuse services to produce good outcomes. It has become more difficult, if not almost impossible, for providers to find and "knit" together disparate funding streams for individuals with complex needs that require interrelated services.

Therefore, a good and modern system needs to blend or braid funding. Blended funding combines funds into a single pool from which they can be allocated to providers and keeps funds from different sources separate. Alternatively, systems will braid funding whereby funds from these various sources are used to pay for a service package but tracking and accountability for each funding source is maintained at the administrative level. The funds remain in separate strands but are joined or "braided" for the individual child and family. ACA increases the need for blending or braiding funding. The addition

of prevention interventions under Medicaid and more options for accessing primary and specialty care services under Medicaid and the exchanges will require states and providers to continue their efforts to blend or braid funding streams.

Payment Methodology Changes

It is envisioned that changes in payment methodology will cause changes in how provider organizations are structured and perform. Changes in payment methodology will include expectations concerning service delivery methods to be used, performance measurement, and contracting under the new system. Expectations and indicators will need to be developed that are holistic, rather than behavioral-health centric. They also will drive requirements concerning documentation on outcomes and performance metrics. SAMHSA envisions that 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 are a cornerstone of ACA. There are dozens of provisions and activities that will affect how local, state, and federal programs obtain, track and utilize outcome data, client satisfaction, and best practice information. It will be critical that SAMHSA clarify the outcome measures that help define a good system of care and use this information to shape programs and practices. We need to develop quality strategies and outcomes that reflect SAMHSA's message: a life in the community for everyone. This will include that many individuals with significant mental and substance abuse disorders participate in meaningful activities, have safe and stable housing and have strong social relationships. It will be imperative that other payers use these outcome measures in evaluating the efficiency of services. The law will also help payers to "rethink" how payment strategies link performance improvement and payment while moving away from the current incentives to provide more care without evidence of improved outcomes under fee-for-service models.

Sustainable Practice Changes

Key to a modern behavioral health system will be changes in practice to reflect the evidence and to ensure more accountability. The efforts by national organizations to describe the standards for substance use treatment are focusing on similar standards for mental health. These standards can guide providers (organizations, group practices and individual staff) in their efforts to reshape their practice and to sustain changes over time.

Continued Partnerships

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. The link between

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the good and modern system and the criminal and juvenile justice system will be more critical than ever given 40% (and in some instances 70%) of individuals in these systems have a substance use disorder. The same holds true for child welfare, education, aging and other systems.

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 that what is modern in 2011 may change in five, ten or twenty years.

PROPOSED CONTINUUM

Healthcare Home/ Physical Health	Prevention and Wellness	Engagement Services	Outpatient and Medication Services	Community and Recovery Support (Rehabilitative)	Other Supports (Habilitative)	Intensive Support Services	Out-of-Home Residential Services	Acute Intensive Services
<ul style="list-style-type: none"> • Screening, brief intervention and referral • Acute primary care • General health screens, tests and immunization • Care management 	<ul style="list-style-type: none"> • Prevention Programs* • Wellness Programs* • Smoking Cessation • Education Session on MI/SUD • Health Promotion • Brief Motivational Interviews 	<ul style="list-style-type: none"> • Assessment • Specialized Evaluations (psychological, Neurological) • Service planning (including crisis planning) • Consumer/Family education • Outreach 	<ul style="list-style-type: none"> • Individual Evidenced Based Therapies * • Group therapy • Family therapy • Multi-family counseling • Medication management • Pharmacotherapy (including OMT) • Laboratory services • Specialized consultation 	<ul style="list-style-type: none"> • Peer supports • Recovery Support Services* • Family Training and Support • Skill building (social, daily living, cognitive) • Case Management • Behavioral management • Supported employment • Permanent Supportive housing • Recovery housing • Therapeutic mentoring • Traditional healing services 	<ul style="list-style-type: none"> • Personal Care • Homemaker • Respite • Educational Services • Transportation • Assisted Living Services • Recreational Services • Other Goods and Services* • Trained behavioral health interpreters 	<ul style="list-style-type: none"> • Substance abuse intensive outpatient services • Partial hospital • Assertive community treatment • Intensive home based treatment/ • Multi-systemic therapy 	<ul style="list-style-type: none"> • Crisis residential/stabilization • Residential services* • Supports for children in foster care 	<ul style="list-style-type: none"> • Mobile crisis services • Urgent care Services • 23 hour crisis stabilization service • Psychiatric inpatient and medical detoxification services

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