

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# BH 2.0 Systems Integration: Next Generation Health Care

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Deputy Director

Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration

U.S. Department of Health & Human Services

**ATTC National Summit on  
Advancing the Integration of  
SUD Services & Health Care  
Baltimore, MD • November 5, 2014**



# BH 2.0 Systems Integration: ATTCs Leading the Way

ATTC | *NIAH* Network of Practice

Home About Implement an EBP Resources Ask the Experts Login

**Connect**

Connect with substance abuse professionals and researchers from across the country

**Learn**

Learn the basics of implementing evidence-based practices

**Implement**

Implement evidence-based practices in your agency

**What is a Network of Practice?**  
The ATTC - NIAH Network of Practice is a group of like-minded people sharing knowledge, learning from each other and moving the field of substance abuse treatment forward. [Learn More](#)

**Latest Discussions**

- Integration with Primary care
- Why is Contingency Management the Least Used Among Proven Substance Abuse Treatments

**Your Doctor Understands Your Addiction**  
create your path to recovery together with MEDICATION-ASSISTED TREATMENT

WHAT IS MAT TRAINING OUTREACH MATERIALS SPECIAL POPULATIONS

**MAT Online Training Program**  
This training, developed for both non-physician treatment providers and physicians, is designed to enhance professionals' knowledge and skills related to reaching and educating the special populations about MAT and increasing the use of MAT among minority populations.

This course is a self-paced curriculum consisting of seven modules (up to 12 contact hours). This course is adaptable

ATTC

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**The National Screening, Brief Intervention and Referral to Treatment Addiction Technology Transfer Center**

**New from Medscape - Substance use in Adults and Adolescents: Screening, Brief Intervention and Referral to Treatment (SBIRT)**

Intended for primary care physicians, pediatricians, psychiatrists, emergency physicians, dentists, chiropractors, nurses, nurse practitioners, and physician assistants, the goal of this course is to address the basic principles of SBIRT as well as coding and reimbursement for implementation of SBIRT in practice. [More information.](#)

imeo Log In Create Watch Upload

Thank you for joining us for this month's training hosted by the ATTC Network Coordinating Office

**Technology Tools for Integrating Substance Use Treatment into Primary Care: Seva**

**Lisa Marsch, PhD**  
Director, Center for Technology and Behavioral Health  
Director, Dartmouth Psychiatric Research Center  
Dartmouth College

**David M. Gustafson, PhD**  
Director, Center for Health Enhancement Systems Studies  
and NIAH  
University of Wisconsin-Madison

We will begin shortly.

**ATTC iTraining for July 2014: Technology Tools for Integrating Substance Use Treatment into Primary Care: Seva**

# BH 2.0 Systems Integration: Focus on SUDs

- Brief Overview
- Workforce 2.0
- SAMHSA Snapshots

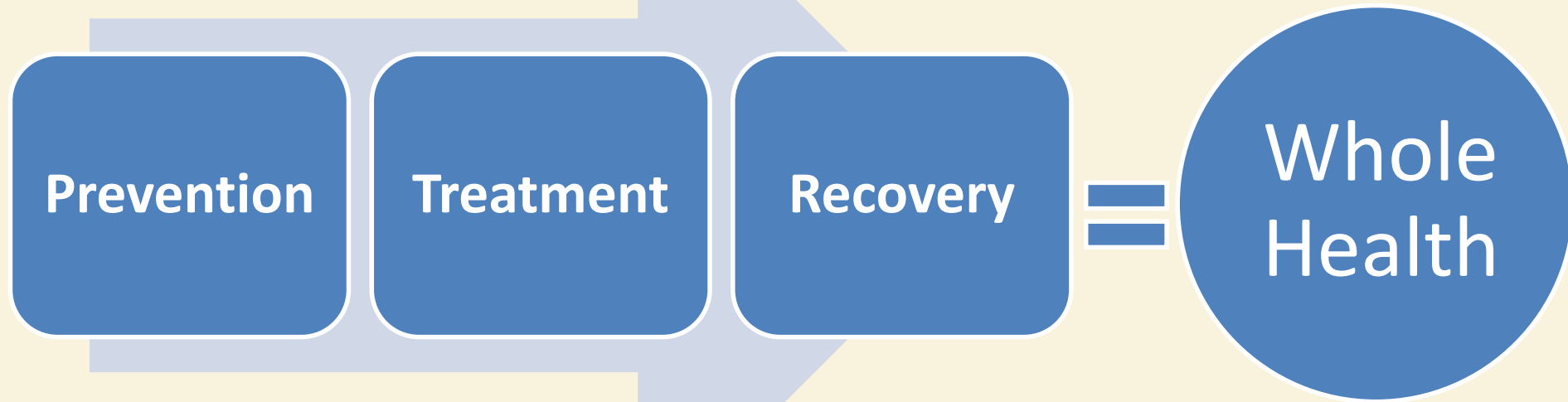


# BH 2.0 Systems Integration: Focus on SUDs

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# Foundational Principle: Whole Health = Behavioral + Physical Health



→ BH & PH are interdependent & whole health depends on comprehensive, collaborative, and integrative care across the entire health care spectrum.

# SUDs and Whole Health

- 
- Research has demonstrated the correlation between SUDs, whole health, and other acute and chronic conditions:
    - Infectious disease exposure/transmission
    - Co-occurring MI (acute/chronic)
    - Other chronic comorbidities, for example:
      - Estimated 9X higher risk for CHF
      - Estimated 12X higher risk for liver cirrhosis

# INTEGRATION WORKS

Community-based addiction treatment can lead to...

**35%**

in  
inpatient  
costs

**39%**

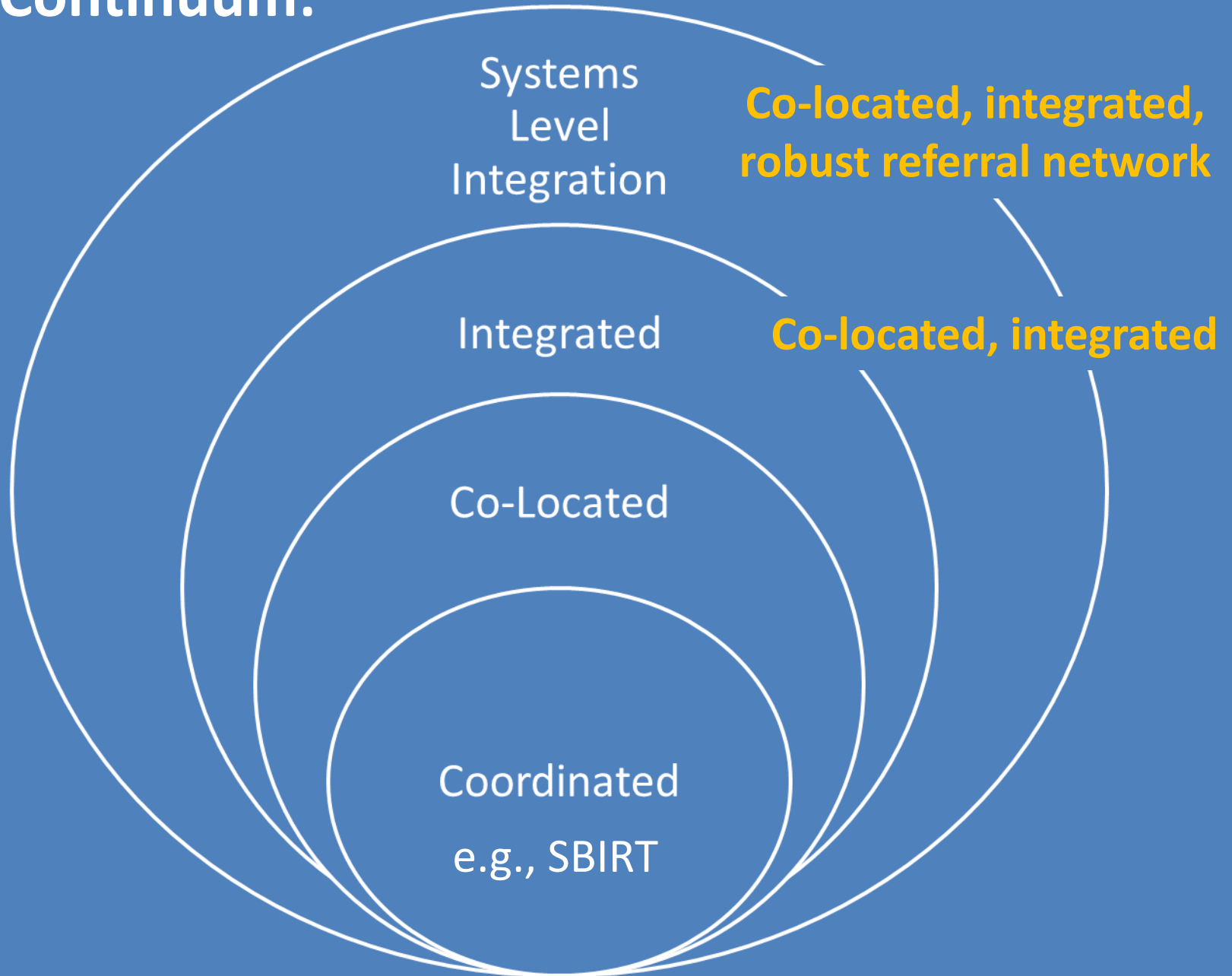
in  
ER  
cost

**26%**

in  
total medical  
cost



# Care Continuum:

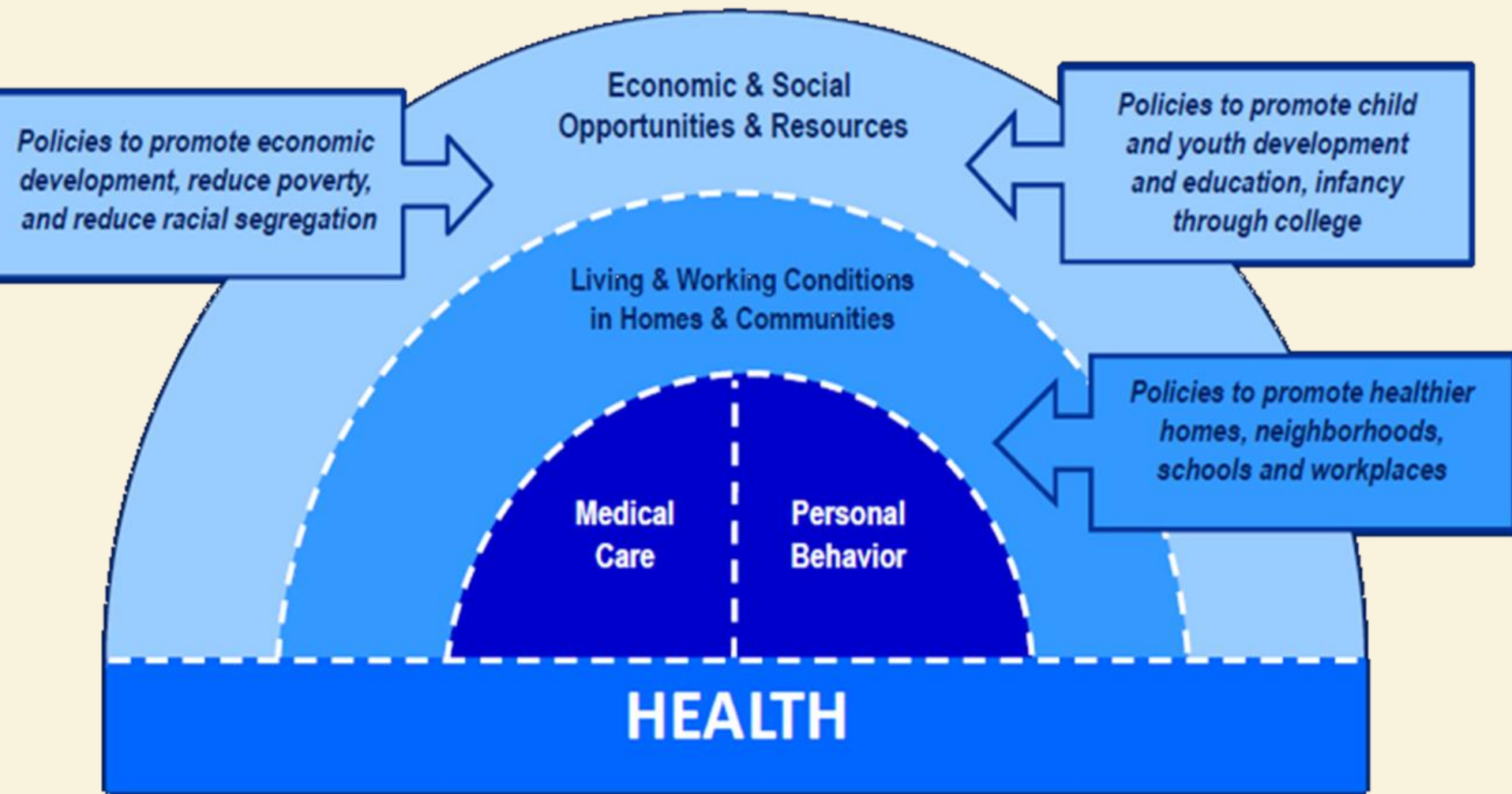


# Beyond PC: Opportunities for Care Integration



- Emergency Departments & Urgent Care Centers
- Nursing homes
- STD & HIV/AIDs testing sites
- Pregnancy clinics
- Acute Care, General Hospitals, & Rehabilitation Centers
- Ambulatory Care & Surgical Centers
- Hospice
- Dental Practices, and more...

# BH Integration Across Health Determinant Fields



# BH Integration and CJ Reform

*“... the problem of addiction is intimately tied to the problem of high recidivism rates in our criminal justice system... as many as 85 percent of people who go through the criminal justice system struggle with drugs and alcohol, and over half meet the medical criteria for substance abuse or addiction...*

*Until we help them break their addiction, reforming their lives and becoming productive members of society will be almost impossible. That means more fathers and mothers who are not in their kids' lives, more broken families, and because families are the heart of any community, more broken communities as well.”*

# SUDs & Health Care Integration 2014



- Early days in the transformation to integrated care on a national level.
- Early implementation efforts *are* identifying best practices, lessons learned, barriers, and successful models.
- One size cannot fit all: Integration must meet the needs of the client, community, and population; & align with the resources of provider practices.
- Important to leverage findings and resources from other disciplines and fields.

# SUDs & PC 2014 Snapshots: How are ACOs Doing?

→ 2014 Health Affairs: *Few ACOs Pursue Innovative Models That Integrate Care for Mental Illness and Substance Abuse With Primary Care*

- Data from respondents to the National Survey of ACOs (sampling)
- Most ACOs hold some responsibility for BH costs & 42% of those surveyed include BH specialists as providers
- However, integration of BH:PC remains low w/most ACOs still employing fragmented approaches & only a minority implementing innovative models

# SUDs & PC 2014 Snapshots: How are PCMHs Doing?

→ 2014 Journal of the American Board of Family Medicine:  
*Mental Health, Substance Abuse, and Health Behavior  
Services in Patient-Centered Medical Homes*

- National Committee for Quality Assurance PCMH primary care practices (sampling)
- 42% of sample had a BH clinician on site (social workers predominated)
- Surveyed practices less likely to have BH referral processes in place vs. other specialty referrals (e.g., BH 50% vs 73% cardiology)
- 62% using electronic, standardized depression screening & monitoring, but less likely to screen for SUDs than for MIs

# SUDs & PC 2014 Snapshots: Client Perspectives?

## → 2014 AIDS Patient Care & STDs: *Patient Perspectives of an Integrated Program of Medical Care and Substance Abuse Treatment*


- Team-based model of integrated care w/in PC setting for HIV-infected substance users (SU) & SU at risk for HIV infection
- Qualitative findings support theory that integrated care can be of “significant value for hard-to-reach populations”
- Clients reported overall high level of satisfaction; reflections included: efficiency of integrated care; support for team-based care; importance of counseling & education; & access to bup/naloxone was a major benefit



# SUDs & PC 2014 Snapshots: Organizational Capacity?

- 2014 American Journal of Public Health: *Organizational Capacity for Service Integration in Community-Based Addiction Health Services*
- Publicly funded addiction health services (AHS) programs in LA County, CA (sampling)
  - Examined AHS factors associated with readiness to coordinate MH, Public Health, & HIV testing
  - Results provide evidence base for importance of motivational readiness, organizational climate, & external regulation and funding to improve capacity of AHS to implement integrated care

# SUDs & PC 2014 Snapshots: Syringe Access Program Case Study

- 
- 2014 Public Health Reports: *Integrating Health and Prevention Services in Syringe Access Programs, A Strategy to Address Unmet Needs in a High-Risk Population*
- Nurse led health promotion, disease prevention initiative in NJ's syringe access programs; originally targeted women to enhance perinatal HIV prevention outcomes
  - Expanded scope as clients sought out and were receptive to other services including wound assessments & hepatitis immunizations

# SUDs & PC 2014 Snapshots: Ongoing Barriers

## → 2014 Substance Abuse Treatment, Prevention, and Policy: *Integration of Substance Use Disorder Services with Primary Care*

- Sampling of FQHCs in 5 CA counties known to be engaged in SUD integration efforts
- Relative to MH services, overall trend for SUD services to be less integrated with PC & SUD services to be rated as significantly less effective: Perceived differences in effectiveness correlated with provider training
- Policy suggestions included expanding SUD WF that can bill for services; allowing same day billing of two services; and facilitating Rx reimbursement

# BH 2.0 Systems Integration: Focus on SUDs

- ➔ Brief Overview
- ➔ Workforce 2.0
- ➔ SAMHSA Snapshots



**“Addiction Treatment is only as good as the workforce that delivers it.”<sup>1</sup>**

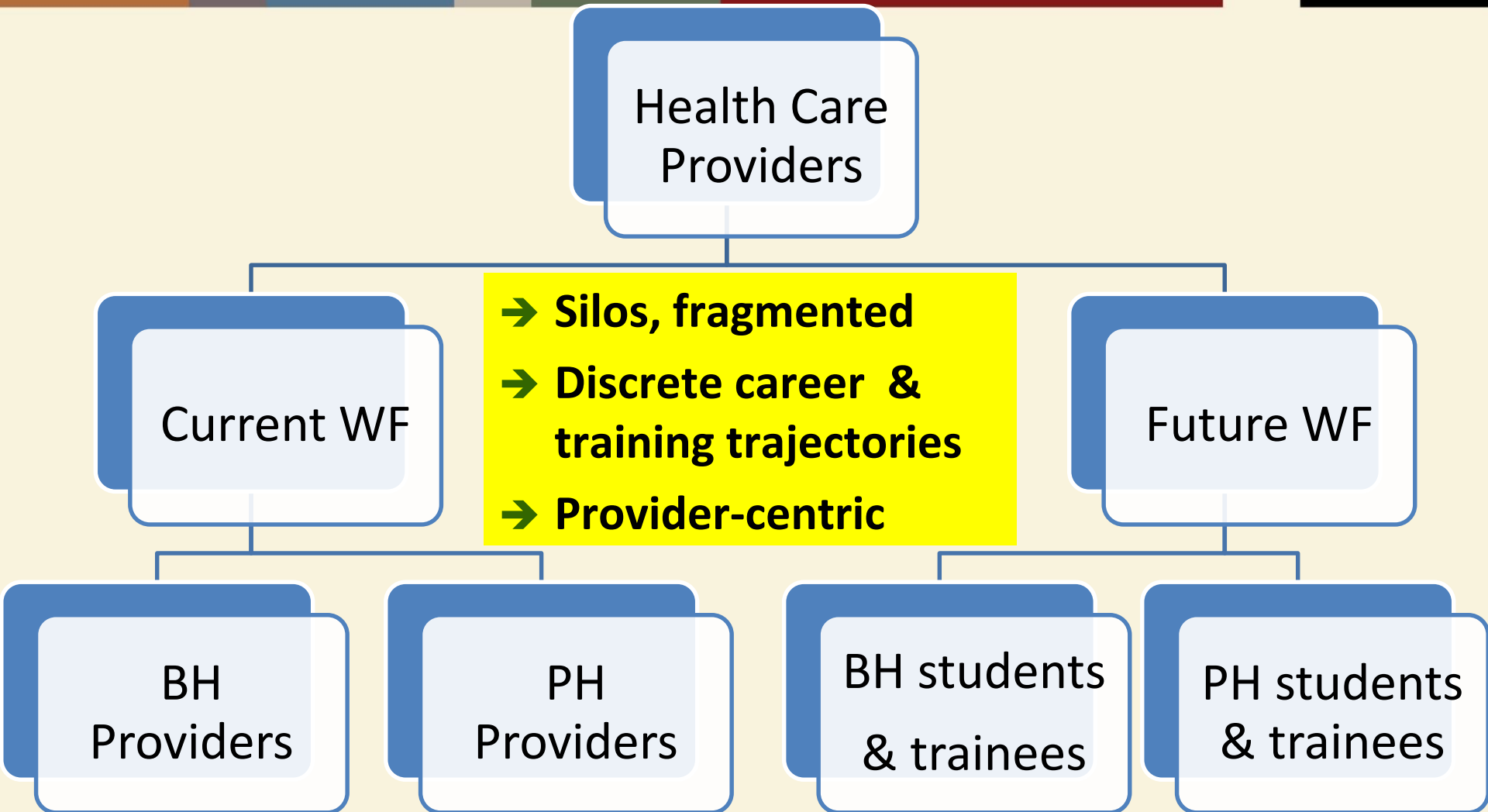


*“Prospective addiction professionals should be willing to acquire a broad knowledge basis, one that reaches across scientific disciplines, for addiction represents the archetypical bio-psycho-social problem.”*

-- Dr. Juan Carlos Negrete,  
Addiction. 2013. 108:1367-1375.

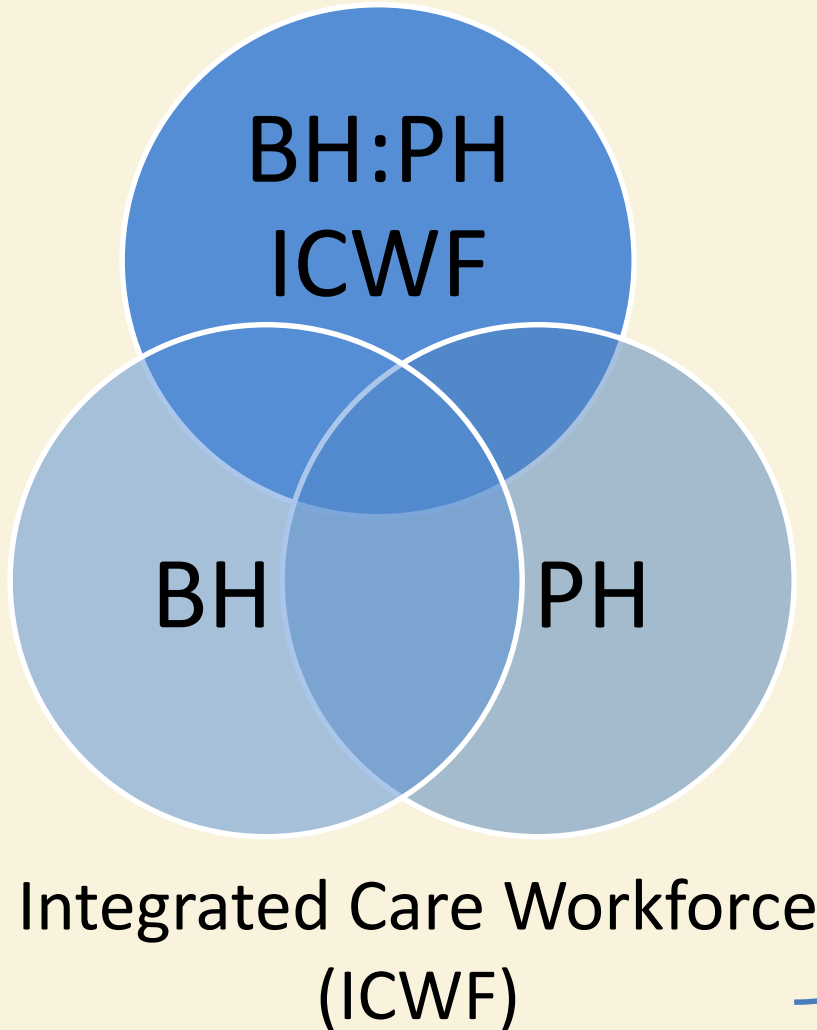
<sup>1</sup> OAS/Executive Secretariat of CICAD; 2008

# Historical Landscape: Health Care Provider Training



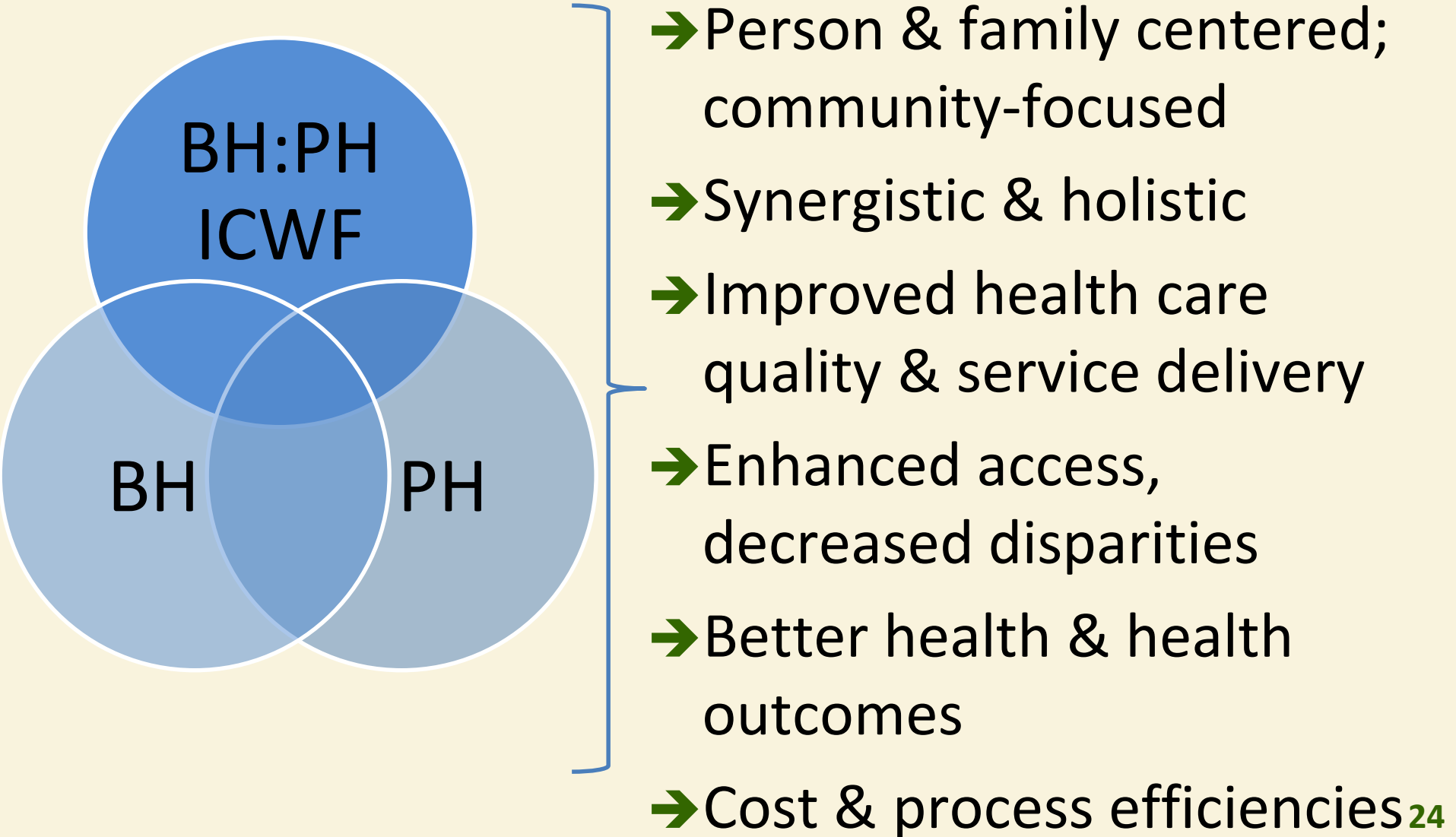
# Emergent Landscape:

## Integrated Care Workforce Education/Training



- Client-centric
- Working, learning, & training together
- Pooling & leveraging resources/infrastructure
- Sharing lessons learned & best practices
- Emergence of new or enhanced collaborative care professions

# ICWF Benefits





# ICWF: Steps for the Current WF

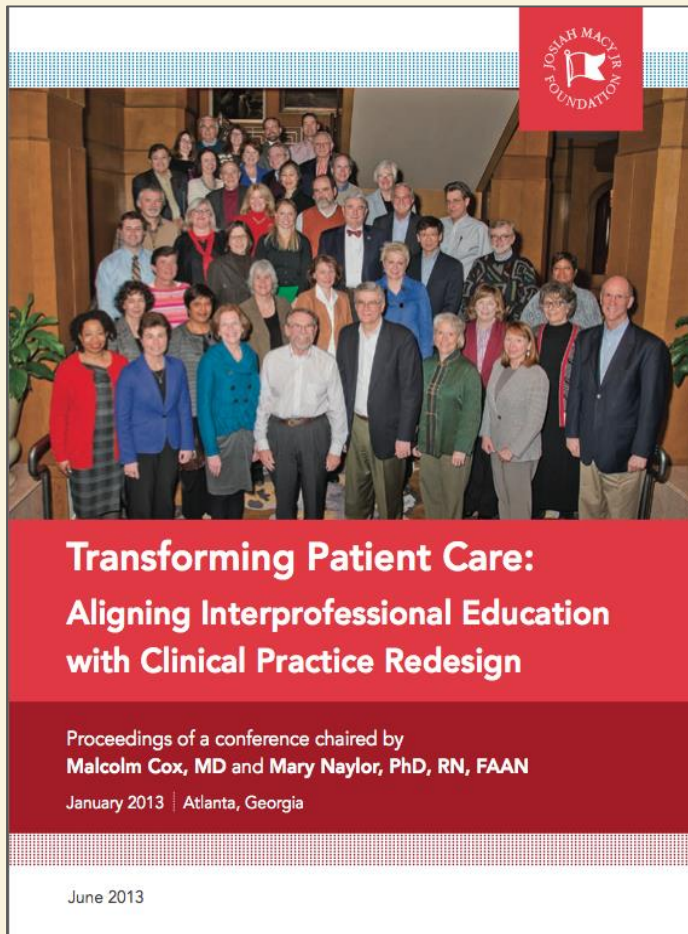
- Support, incentivize, & join interprofessional healthcare teams.
- Engage in continuing education with a team-based, interprofessional focus & new competencies; establish multidisciplinary learning collaboratives.
- Support & incentivize development of interprofessional curricula & training opportunities for current/future students/trainees; and develop & facilitate multi-professional, team-based mentorships.
- Empower individuals, families, & communities to control & direct their healthcare in partnership with integrated provider teams.

# ICWF: Training the Future WF

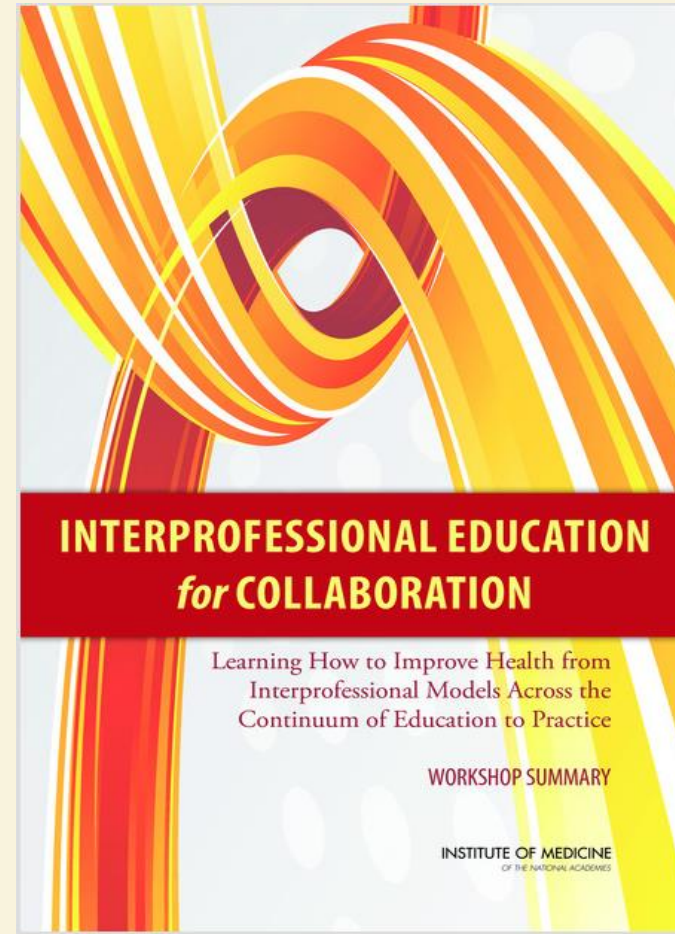


- Incorporate cross-training with a strong, interprofessional, team-based component.
- Develop new competencies including skill sets required to: successfully collaborate and work effectively in team-based environments; identify & effectively implement EBPs; adopt & adapt HIT critical for person-centered, team-based healthcare.
- Cultivate interprofessional, team-based mentorships & learning collaboratives.
- Prepare for new professional categories, career opportunities, & trajectories.

# Embrace & Facilitate Interprofessional Education

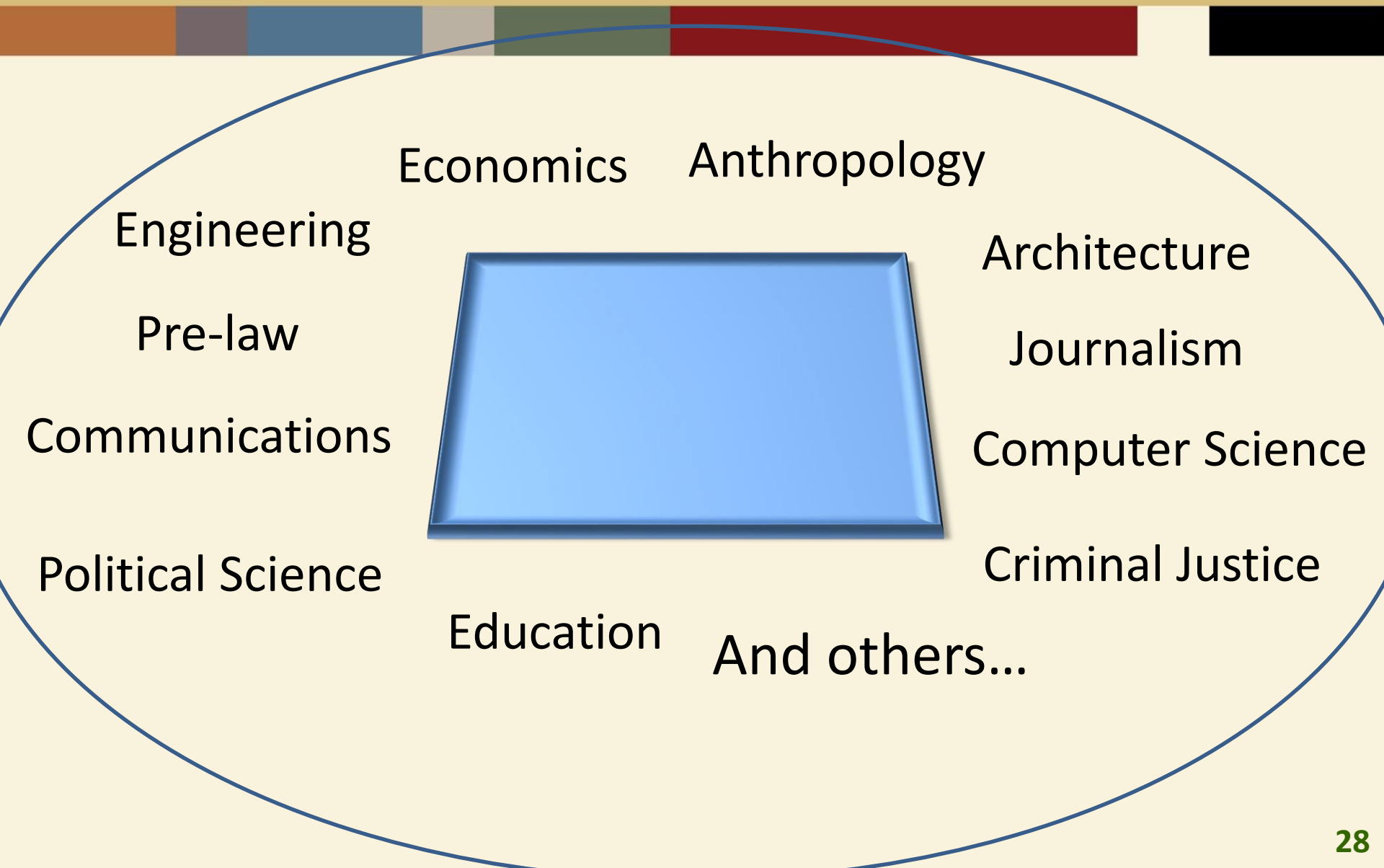


<http://www.macyfoundation.org>



<http://www.iom.edu/Reports/2013/Interprofessional-Education-for-Collaboration.aspx>

# Interprofessional Education: Consider *All* the Players & Think Outside the Box



# Building the Workforce: Start Early *and* Start Late

- Support and facilitate outreach to students of all ages and in any field
  - Pre College
  - Community Colleges
  - Early Career
  - Mid-Career
  - Retirees

# Building the Workforce: Think Big & Go to Where the People Are

- Utilize and leverage online forums like MOOCs to educate AND to recruit students to the field.
- Keep leveraging social media: Highlight job opportunities, and their social importance (e.g., be a hero, save a life).
- Sponsor/Participate in community events, job fairs, and job trainings – spotlight peer to peer interactions.
- Focus on at risk, high risk, and underserved communities: let them know jobs are waiting for them and that BH – and their communities – need them.
- Partner with orgs with WF missions (e.g., ED, DOL, VA, HRSA) & solidify linkages (e.g., Americorps, NIH, NSF).

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# SAMHSA's Leading Change 2.0, Strategic Initiatives: 2015-2018

1. Prevention of SA and MI

**2. Health Care & Systems  
Integration**

3. Trauma & Justice

4. Recovery Support

5. Health Information  
Technology

**6. Workforce Development**

**Leading Change 2.0:**  
Advancing the Behavioral Health of the Nation  
2015–2018





# STRATEGIC INITIATIVE:

## Health Care and Health Systems Integration



- Focus on integration in health care and across service delivery systems:
- Support coordinated & integrated care
  - Increase access and availability to high quality prevention, treatment, recovery, & wellness services and supports
  - Reduce disparities between BH and PH services

# Health Care and Health Systems Integration: Goals and Objectives

- Foster integration between behavioral health care and health care systems.
- Assess the cost effectiveness and health outcomes of these and other integration program efforts & propose more effective strategies.
- Help remove financial barriers and incentivize effective care coordination and integrated treatment delivery.
- Provide targeted training and technical assistance to provider organizations.
- And more...

<http://www.samhsa.gov/about-us/strategic-initiatives>

# STRATEGIC INITIATIVE:

## Workforce Development



- Support active strategies to strengthen and expand the BH WF, including those health care workers not considered behavioral health specialists.
- Provide technical assistance, training, partnerships, and outreach through traditional and social media to promote an integrated, aligned, competent workforce that enhances the availability of prevention and treatment for substance abuse and mental illness, and strengthens the capabilities of BH professionals.

# Workforce Development: Goals and Objectives

- Develop and support deployment of peer practitioners in all public health & health care delivery settings.
- Enhance the current SAMHSA workforce technical assistance (TA) infrastructure through increased collaboration and coordination across appropriate TA Centers.
- Leverage established standard core competencies, to develop a compendium of EBP for cross training of BH, PC, & specialty care and peer practitioners.
- Develop ways to track behavioral health workforce needs
- And more...

# SAMHSA Website Hubs: Integration & WF

The screenshot displays the SAMHSA website's navigation bar with links for Home, Newsroom, Site Map, and Contact Us. Below the navigation is a search bar and social media icons for Facebook, Twitter, YouTube, and RSS. The main menu includes Find Help, Topics, Programs & Campaigns, Grants, Data, Priorities, About Us, and Publications. The current page is titled 'Topics > Health Care and Health Systems Integration'. The main content area features a sidebar with 'Health Care and Health Systems Integration' and 'SAMHSA's Efforts' sections, including 'Screening and Referral in Integrated Health Systems' and 'Grants'. The main text area is titled 'Health Care and Health Systems Integration' and includes an 'Overview' section. The overview text states: 'Health care and health systems integration aims to ensure that behavioral health care services are more accessible and connected to the broader health care system. SAMHSA works to ensure that behavioral health is consistently viewed and incorporated within the context of health promotion and health care delivery and financing. Through its grants, programs, data analysis, and policy activities, SAMHSA leads efforts to advance the recognition of behavioral health as essential to health, improve access to services, develop financing mechanisms to support positive client outcomes, and address costs. The term "behavioral health" refers to the promotion of mental health, resilience, and well-being; the prevention and treatment of mental and substance use disorders; and the support of those who are in recovery from these conditions, along with their families and communities.'

<http://www.samhsa.gov/health-care-health-systems-integration>


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<http://www.samhsa.gov/workforce>

# SAMHSA's Approach Has Always Been Holistic and Integrative: Sample Programs

Substance Abuse Prevention & Treatment Block Grant	Addiction Technology Transfer Centers (ATTCs)
Screening, Brief Intervention, and Referral to Treatment	Safe Schools/Healthy Students
SAMHSA-HRSA CIHS	Recovery Community Services Program & Recovery Oriented Systems of Care
Targeted Capacity Expansion	Opioid Treatment Programs
Pregnant and Post Partum Women	Treatment Systems for Homeless
Children and Families	Criminal Justice Activities
Minority AIDS	Health Information Technology

# SAMHSA's WF Efforts Have Always Been a Core Activity: Sample Programs

- 
- ATTCs
  - Clinical support systems & training (e.g., PCSS-Opioids)
  - In person and online provider trainings, for example:
    - Opioid prescribing, SBIRT, and others
  - Fellowships and special populations, for example:
    - Behavioral Health Workforce Education and Training for Professionals (SAMHSA-HRSA, \$26.7 million in FY 2014)
    - Behavioral Health Workforce Education and Training for Paraprofessionals (SAMHSA-HRSA, \$3.4 million in FY 2014)
    - HBCU, MFP, & Minority AIDS grant programs

# WF Development Grants Targeting High Risk, Underserved Populations

The screenshot shows the SAMHSA website interface. At the top left is the SAMHSA logo with the text "Substance Abuse and Mental Health Services Administration". To the right are navigation links: Home, Newsroom, Site Map, Contact Us, and a search bar. Below the logo is a horizontal menu with items: Find Help, Topics, Programs & Campaigns, Grants, Data, Priorities, About Us, and Publications. The main content area displays a grant announcement titled "Minority AIDS Initiative Continuum of Care Pilot - Integration of HIV Prevention and Medical Care into Mental Health and Substance Abuse Treatment Programs for Racial/Ethnic Minority Populations at High Risk for Behavioral Health Disorders and HIV". A sidebar on the left lists navigation options: Grants, Grant Announcements, Applying, Review, and Grants Management. Social media icons for Facebook, Twitter, YouTube, and a blog icon are visible. A "SHARE+" button is also present.

Substance Abuse and Mental Health Services Administration

**SAMHSA**

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Grants » Grant Announcements » Minority AIDS Initiative Continuum of Care Pilot - Integration of HIV Prevention and Medical Care into Mental Health and Substance Abuse Treatment Programs for Racial/Ethnic Minority Populations at High Risk for Behavioral Health Disorders and HIV

Print Email RSS SHARE+

**Grants**

Grant Announcements

Applying

Review

Grants Management

**Minority AIDS Initiative Continuum of Care Pilot - Integration of HIV Prevention and Medical Care into Mental Health and Substance Abuse Treatment Programs for Racial/Ethnic Minority Populations at High Risk for Behavioral Health Disorders and HIV**

**Short Title:** MAI CoC Pilot: Integration of HIV Medical Care into BH Programs



# New Funding for BH WF Development: October 2014

The screenshot shows the SAMHSA website's newsroom page. At the top left is the SAMHSA logo with the text "Substance Abuse and Mental Health Services Administration". To the right are navigation links: Home, Newsroom, Site Map, Contact Us, and a search box. Below the logo is a horizontal menu with links: Find Help, Topics, Programs & Campaigns, Grants, Data, Priorities, About Us, and Publications. The main content area features a breadcrumb trail: "Newsroom » Press Announcements » SAMHSA provides up to \$41 million to help build the capacity of the behavioral healthcare workforce". To the right of the breadcrumb are social media icons for Facebook, Twitter, YouTube, and a "BLOG" button, along with a "SHARE" button. The main headline is "SAMHSA provides up to \$41 million to help build the capacity of the behavioral healthcare workforce". Below the headline is the date "Thursday, October 9, 2014" and a paragraph of text: "The Substance Abuse and Mental Health Services Administration (SAMHSA) today awarded up to \$41 million in funding for programs to increase the capacity of the nation's behavioral healthcare workforce. These programs will help provide the healthcare workforce the behavioral health training needed to meet the needs of communities across the nation, including underserved populations and those with specialized needs." On the left side of the page is a sidebar with a "Newsroom" header and four menu items: "Media Guidelines for Bullying Prevention", "Press Announcements", "SAMHSA in the News", and "Speeches and Presentations".

Home Newsroom Site Map Contact Us

Substance Abuse and Mental Health Services Administration  
**SAMHSA**

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Newsroom » Press Announcements » SAMHSA provides up to \$41 million to help build the capacity of the behavioral healthcare workforce

SHARE

**SAMHSA provides up to \$41 million to help build the capacity of the behavioral healthcare workforce**

Thursday, October 9, 2014

The Substance Abuse and Mental Health Services Administration (SAMHSA) today awarded up to \$41 million in funding for programs to increase the capacity of the nation's behavioral healthcare workforce. These programs will help provide the healthcare workforce the behavioral health training needed to meet the needs of communities across the nation, including underserved populations and those with specialized needs.

Newsroom

Media Guidelines for Bullying Prevention


Press Announcements

SAMHSA in the News

Speeches and Presentations

<http://www.samhsa.gov/newsroom/press-announcements/201410091230>

# SAMHSA'S PROPOSED MAJOR NEW INITIATIVES FOR STRENGTHENING & INTEGRATING CARE

- 
- Primary Care and Addiction Services Integration (PCASI)
    - Allow addiction treatment providers to offer an array of physical health and addiction treatment services
    - Modeled after Primary/Behavioral Health Care Integration (PBHCI) program
  - HIV/AIDS Continuum of Care
    - \$24 M of existing resources
    - Links Minority Aids Initiative, PBHCI, and PCASI
    - Builds on FY 2014 pilot

# Snapshot: SAMHSA-HRSA Center for Integrated Health Solutions

## *SAMHSA-HRSA Center for Integrated Health Solutions*

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Primary Care in Behavioral Health

Behavioral Health in Primary Care

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From the Field

### INTEGRATED CARE MODELS

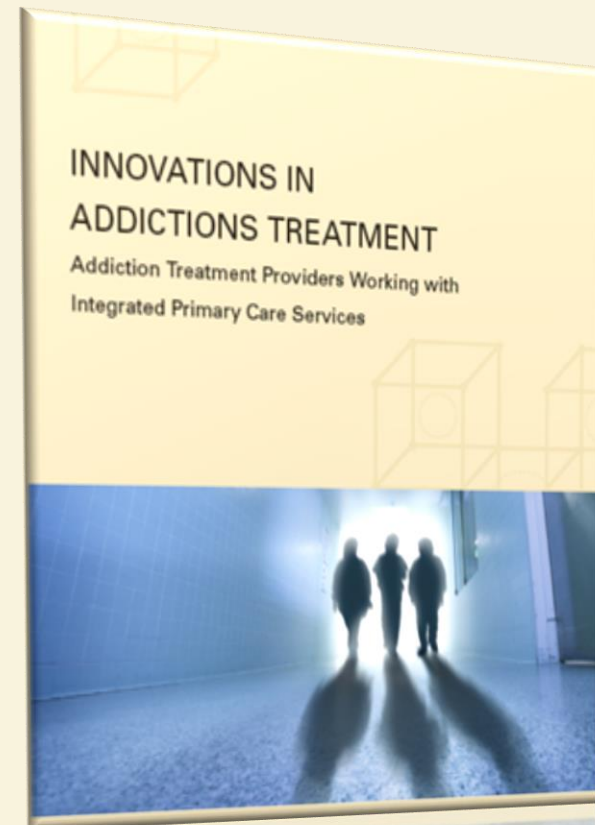
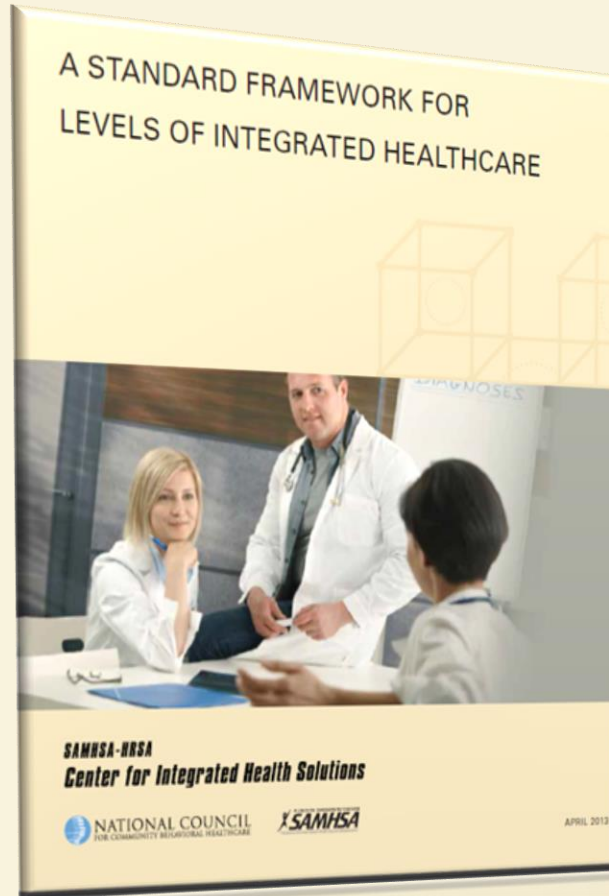
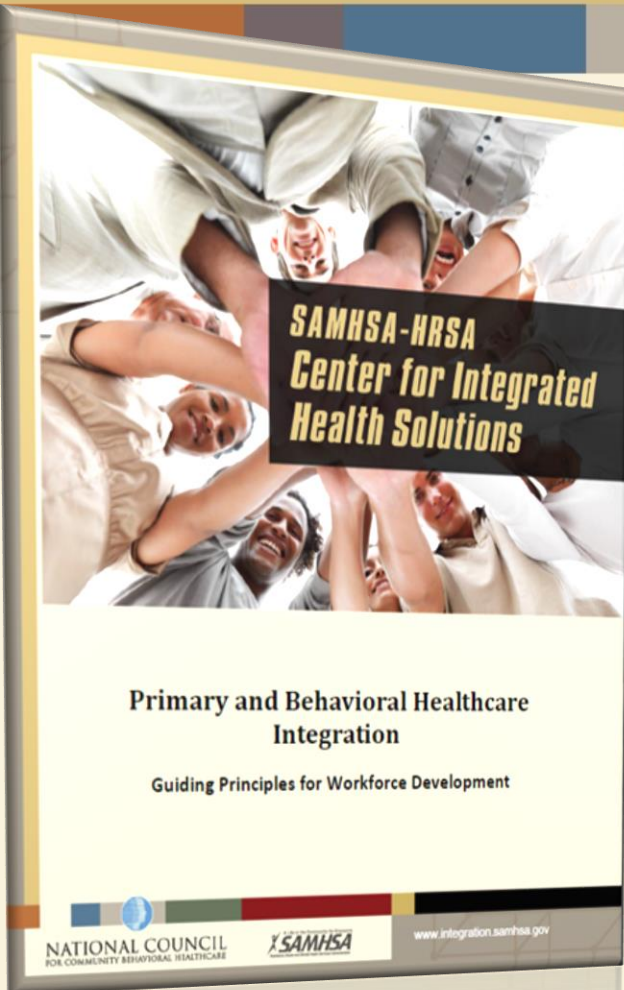


#### Integrated Care Models:

Evidence, examples, and models supporting primary and behavioral healthcare integration

- SAMHSA:HRSA integrated care partnership.
- Promotes the development of integrated primary and behavioral health services.
- Provides training and technical assistance.

# CIHS Integrated Care Toolkits



# Building Blocks: PBHCI Grants have served >52,000 Clients



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## Health Reform

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[Prevention Under Health Reform](#)

[SAMHSA Health Reform Efforts](#)

[Financing Research and Data](#)

[Financing Focus Newsletter](#)

[Health Care Integration](#)

## Integration Grant Program

Primary and Behavioral Health Care Integration grants seek to improve the physical health status of adults with serious mental illnesses (SMI) who have or are at risk for co-occurring primary care conditions and chronic diseases, with the objective of supporting the triple aim of improving the health of those with SMI; enhancing the consumer's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

## Primary and Behavioral Health Care Integration Program

SAMHSA developed the Primary and Behavioral Health Care Integration (PBHCI) Program to help communities coordinate and integrate primary care services into publicly funded, community-based behavioral health settings.

## Related Publication

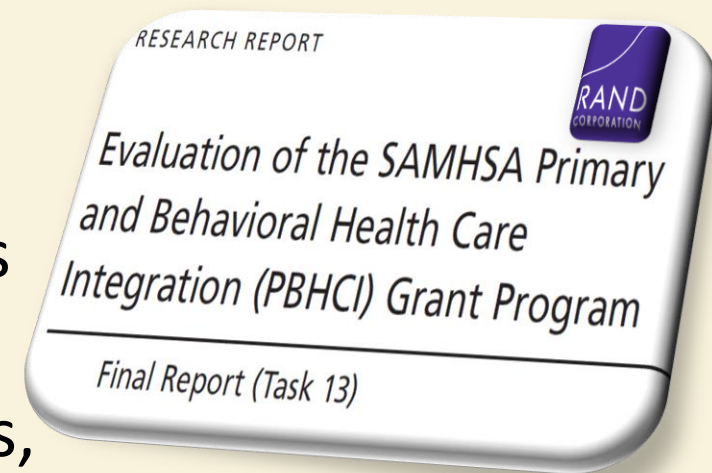


[Access to Recovery \(ATR\) Approaches to Recovery-Oriented Systems of Care - Three Case Studies](#)

# Building Blocks: PBHCI Evaluation

→ RAND comparative effectiveness pilot study: 3 PBHCIs and 3 matched control sites/year

- PBHCI clients showed greater reductions in select risk indicators including indicators for metabolic syndrome, hypertension, diabetes, & hypertension
- PBHCI clients reported greater reduction in overall substance abuse relative to matched controls



RAND 2014

# PBHCI Barriers: People and Places

Barrier	PBHCI Reporting Barrier
Hiring/staffing	96%
Space	89%
Consumer no show rates	96%
Engaging consumers (wellness, prevention, or PC follow-up)	91%
Recruiting clients	85%
Transportation for clients	93%

# PBHCI Barriers: Culture

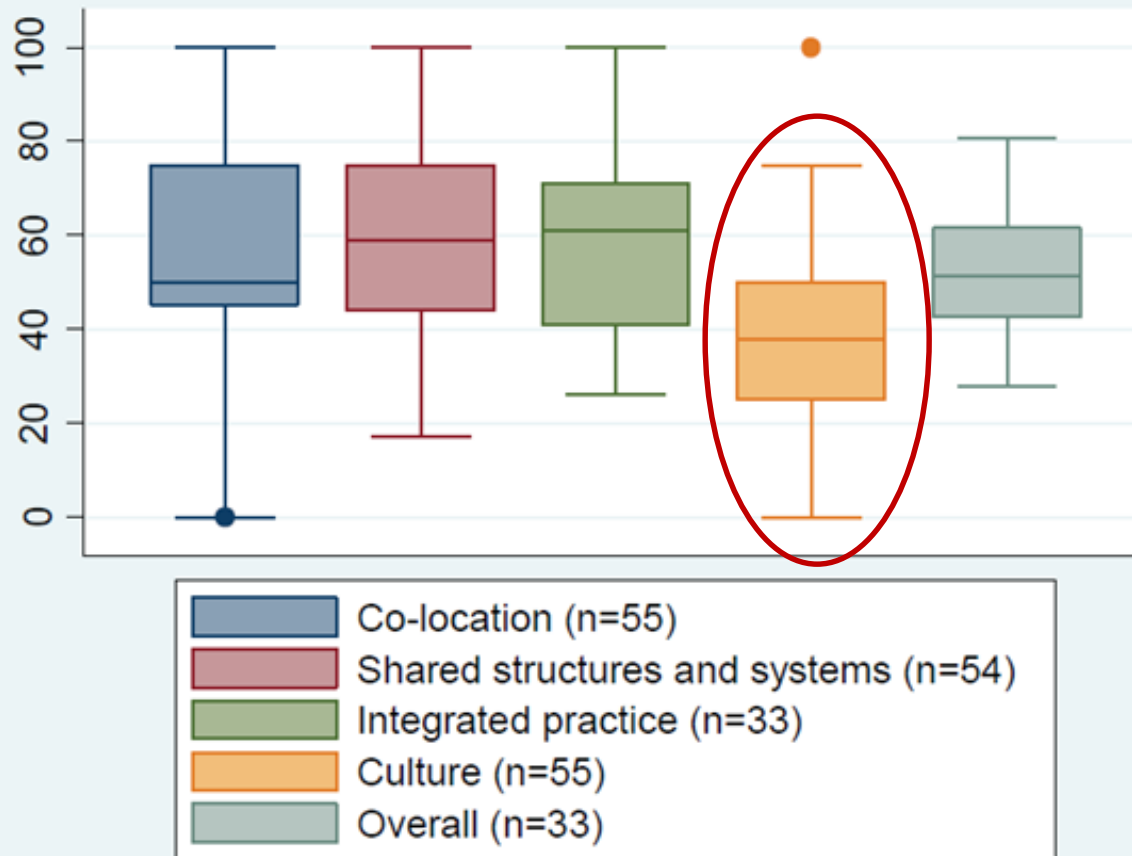
Barrier	PBHCI Reporting Barrier
Shared PC-BH Provider Decision Making	82%
Shared PC-BH Leadership Decision Making	78%

RAND 2014



# Culture of Collaboration, Shared Decision Making, and Team Work is Key for Successful Integration

Figure 3.1  
Grantee Scores on Four Dimensions of Integration and Overall



# Team Health: Culture, Process, Outcomes & Improvement

## ESSENTIAL ELEMENTS OF EFFECTIVE INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH TEAMS



**SAMHSA-HRSA**  
*Center for Integrated Health Solutions*

**NATIONAL COUNCIL**  
FOR BEHAVIORAL HEALTH  
BEHAVIORAL HEALTHY PEOPLE AND  
MINDS MATTER

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

MARCH 2014

# PBHCI Lessons Learned



- Conduct systematic needs assessment(s)
- Improve performance & outcomes through data-driven, continuous quality improvement (CQI)
- Employ EBPs & assess fidelity & effectiveness
- Invest in strategies that facilitate consumer access
- Provide ongoing education & training
- Build partnerships with community, state, & federal organizations

# PBHCI: Applying Lessons Learned to Other BH/PH Care Integration Models

- Build consensus about performance expectations & measures
- Develop national quality improvement indicators for integrated care
- Establish core performance measurements and monitoring requirements
- Expand technical assistance
- Improve national, state, and local infrastructure
  - Enhance interoperability
  - Optimize capacities to leverage common resources

# Snapshot: SBIRT

- Embedding SBIRT for SUDs within primary care settings identifies people who need treatment, but are unaware that they do; provides them with effective strategies to reduce/eliminate SA; and gives them timely referrals to appropriate services.
- Starting Jan 1, 2014, CA offers SBIRT(alcohol-specific) to adult Medi-Cal beneficiaries: SBIRT offered annually to all Medi-Cal beneficiaries, 18 years and older, in primary care settings.

# SAMHSA Website SBIRT HUB

 Search

- Find Help
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- Screening, Brief Intervention, and Referral to Treatment
- About SBIRT
- Coding for Reimbursement
- Grantees
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- Speak Up. We're Listening.**  
Let us know how we are doing. What can we do to serve you better? [Give your feedback today.](#)



## About Screening, Brief Intervention, And Referral To Treatment (SBIRT)

SAMHSA offers early intervention and treatment services for persons with substance use disorders, and those who are at risk of developing these disorders, through its Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach.

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

### Contact

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<http://www.samhsa.gov/sbirt/about>

Payer	Code	Description
Commercial Insurer	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
Commercial Insurer	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicaid	H0049	Alcohol and/or drug screening
Medicaid	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes

# SAMHSA's SBIRT ATTC: Assistance, Training, Resources

The screenshot shows the SAMHSA's SBIRT ATTC website. At the top left is the ATTC logo. A blue navigation bar contains links for About, Education, Communications, Projects, Resources, and Find an ATTC. A search box is located on the right side of the navigation bar. Below the navigation bar is a banner image of a diverse group of people. The main heading reads "National Screening, Brief Intervention & Referral to Treatment" followed by "ATTC" and "Addiction Technology Transfer Center Network". Below this, it states "Funded by National Alcohol and Mental Health Services Administration". A sidebar on the left lists: Home, Trainings & Events, Products & Resources, Special Topics, SBIRT Trainers Registry, SBIRT Suite of Services, and More SBIRT Resources. The main content area features a Medscape logo and a course titled "New from Medscape - Substance use in Adults and Adolescents: Screening, Brief Intervention and Referral to Treatment (SBIRT)". The course is intended for primary care physicians, pediatricians, psychiatrists, emergency physicians, dentists, chiropractors, nurses, nurse practitioners, and physician assistants. The goal is to address the basic principles of SBIRT as well as coding and reimbursement for implementation of SBIRT in practice. A "More information" link is provided.

**SBIRT Reimbursement - Select your state**


The ability to bill for SBIRT varies from state to state. This digital tool is designed to help you determine whether billing codes are listed on a state's fee schedule, and, if listed, whether or not they are open for reimbursement (i.e. a billing amount has been assigned to the codes). Click on the state to see the information.

The Institute for Research, Education and Training in Addictions (IRETA) administers the [National SBIRT ATTC](#), a federally funded program.

Special thanks to Rita Adkins, MPA, Joseph G. Graier, MFA, Mandy R. Lay, BA, and Barbara E. Keehn, BSN, RN from the Missouri Institute of Mental Health for the development of this information.



# SAMHSA Supported SBIRT Trainings include a new Medscape Module

- 
- Medscape Public Health & Prevention Activity
  - *Substance Use in Adults and Adolescents: SBIRT*
    - Intended for primary care physicians, pediatricians, psychiatrists, emergency physicians, dentists, chiropractors, nurses, nurse practitioners, and physician assistants.
    - Goal is to address the basic principles of SBIRT as well as coding and reimbursement for the implementation of SBIRT in practice.

# SAMHSA and CMS Partnerships

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services




## Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

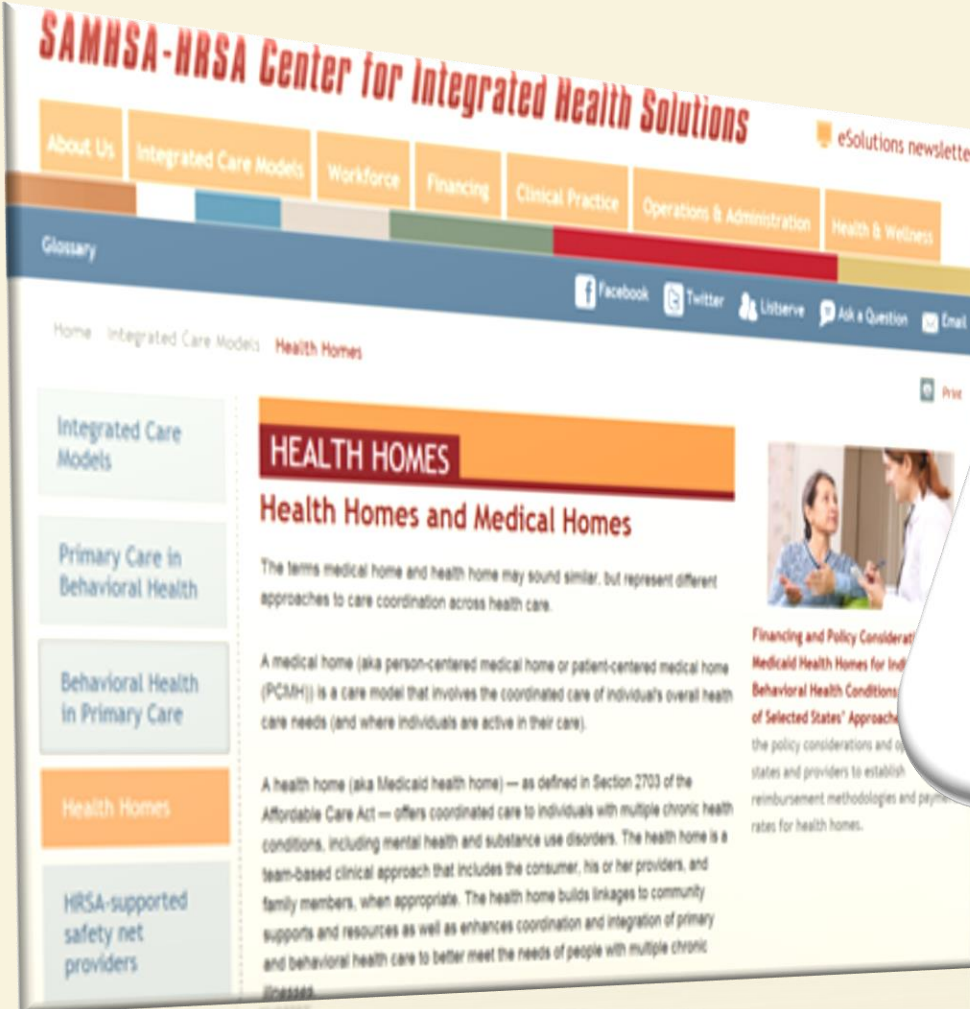
Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are an evidence-based practice designed to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model calls for community-based screening for health risk behaviors. SBIRT offers an opportunity to identify problem drinking and substance abuse, and trigger intervention.

**Please note:** The information in this publication applies to the Medicare Fee-For-Service Program (also known as Original Medicare) and Medicaid. Unique requirements apply to each of these programs.

# Snapshot: ACA Medicaid Health Homes (MHH)

- 
- Section 2703 of the ACA: *“State Option to Provide Health Homes for Enrollees with Chronic Conditions.”*
    - Important opportunity for States to receive additional Federal support for the enhanced integration and coordination of primary, acute, behavioral health (mental health and substance use), and long-term services and supports for persons across the lifespan with chronic illness.
  - SAMHSA is federal advisor.

# SAMHSA & CMS Resources



**SAMHSA-HRSA Center for Integrated Health Solutions**

eSolutions newsletter

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## HEALTH HOMES

### Health Homes and Medical Homes

The terms medical home and health home may sound similar, but represent different approaches to care coordination across health care.

A medical home (aka person-centered medical home or patient-centered medical home (PCMH)) is a care model that involves the coordinated care of individual's overall health care needs (and where individuals are active in their care).

A health home (aka Medicaid health home) — as defined in Section 2703 of the Affordable Care Act — offers coordinated care to individuals with multiple chronic health conditions, including mental health and substance use disorders. The health home is a team-based clinical approach that includes the consumer, his or her providers, and family members, when appropriate. The health home builds linkages to community supports and resources as well as enhances coordination and integration of primary and behavioral health care to better meet the needs of people with multiple chronic illnesses.

Integrated Care Models

Primary Care in Behavioral Health

Behavioral Health in Primary Care

Health Homes

HRSA-supported safety net providers



**Medicaid.gov**  
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Medicaid > By Topic > Long-Term Services and Supports > Integrating Care > Health Homes

## Health Homes

By Topic

The Affordable Care Act of 2010, Section 2703, created an optional Medicaid State Plan benefit for states to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions by adding Section 1945 of the Social Security Act. CMS expects states health home providers to operate under a "whole-person" philosophy. Health Homes providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person.

### Who is Eligible for a Health Home?

Health Homes are for people with Medicaid who:

- Have 2 or more chronic conditions
- Have one chronic condition and are at risk for a second
- Have one serious and persistent mental health condition

Chronic conditions listed in the statute include mental health, substance abuse, asthma, diabetes, heart disease and being overweight. Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval.

- States can target health home services geographically

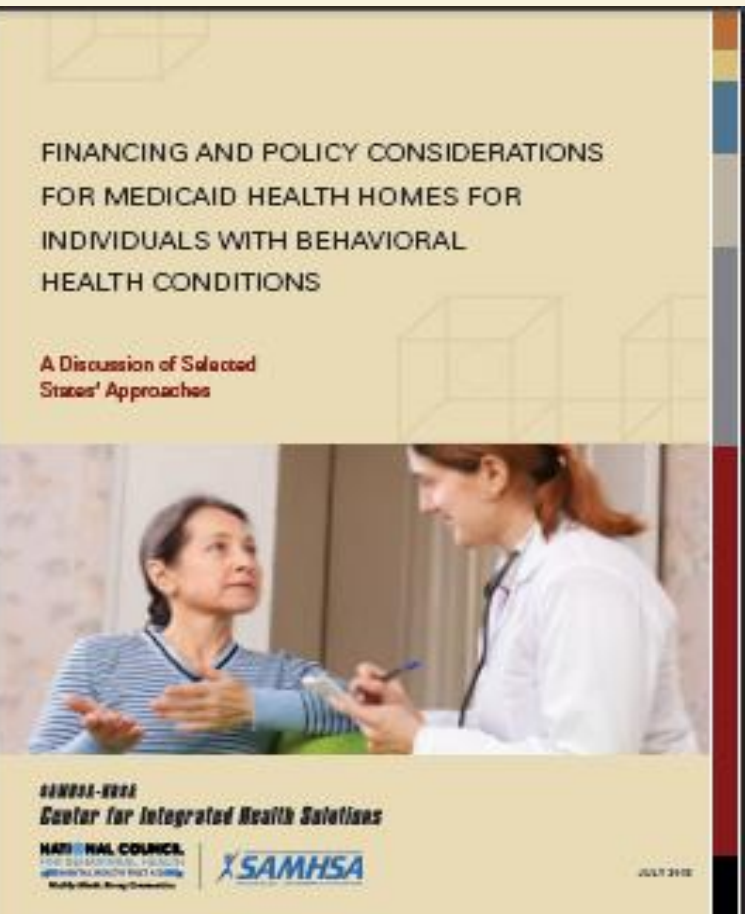
### Related Resources

- Policy Guidance: Health Homes - 11/2010
- SPA Template & Informational Bulletin - 12/2010
- Social Security Sec. 1945
- Submit a Health Home State Plan Amendment
- Health Homes: Interim Report to Congress

### Technical Assistance

- Health Home Information Resource Center

# FINANCING AND POLICY CONSIDERATIONS FOR MEDICAID HEALTH HOMES



→ Outlines key areas of ACA that permits Medicaid coverage of health homes.

- Describes overarching policy considerations
- Discusses quality measurement and HIT
- Explores options for reimbursement

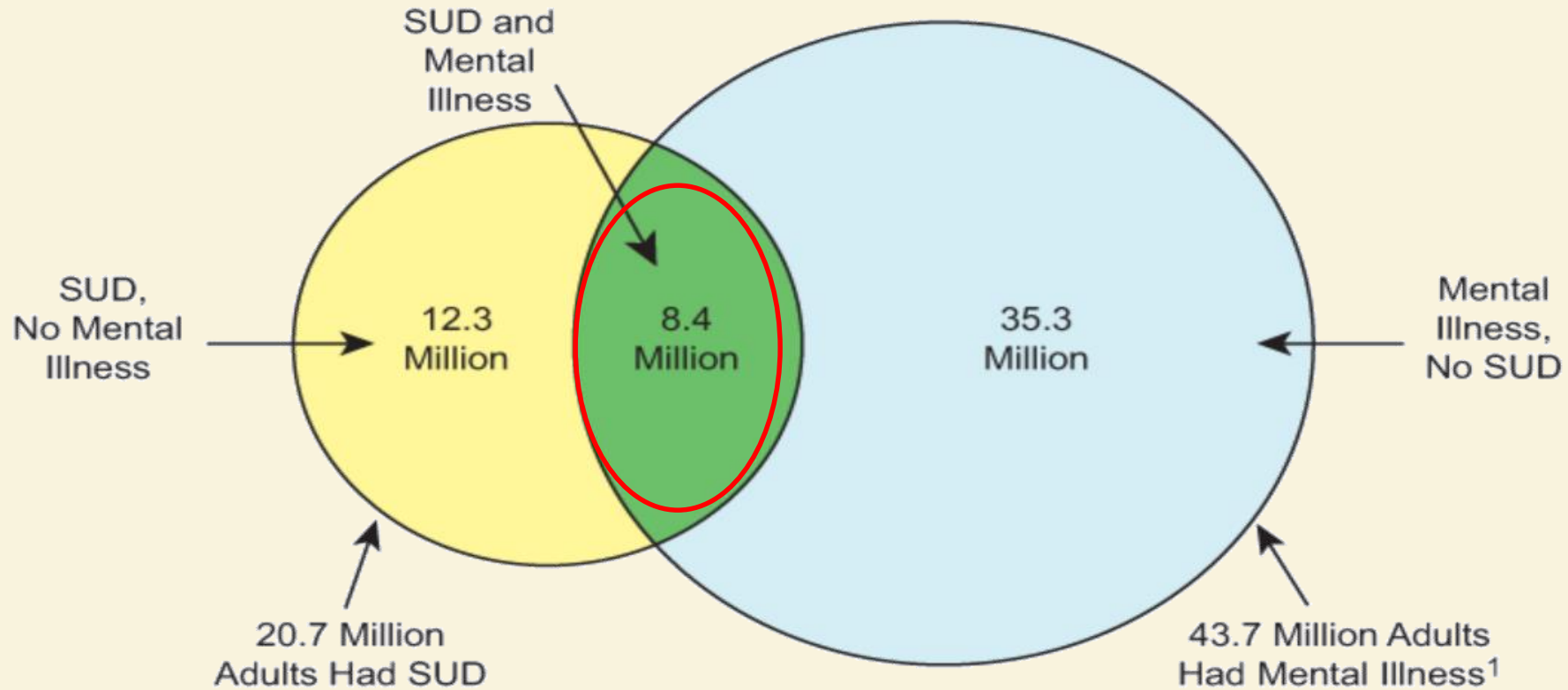
# MHH Early Efforts by States

## Medicaid HH Enrollment (CMS Fact Sheet, July 2014)

State	Focus Area	Enrollees	Providers
MD	SUD & SMI	2,516	58
RI	SUD (opioids)	2,340	5 providers, 11 statewide locations
VT	SUD	2,949	5 hub providers & 57 spoke providers

# Co-Occurring MI and SUD: Intertwined Health Emergencies

8.4 million Adults had Co-Occurring MI/SUD  
≥ 18 years old, 2012



# Co-occurring MI/SUDs: Meeting the Challenge

**SAMHSA** beta  
Substance Abuse and Mental Health Services Administration

Find Help Health Topics Programs & Campaigns Grants Data Health Reform

Programs & Campaigns » Co-Occurring Disorders

## CO-OCCURRING DISORDERS

**Co-Occurring Disorders**

Mental and substance use conditions often co-occur. In other words, individuals with substance use conditions often have a mental health condition at the same time, and vice versa.

**About Co-Occurring Disorders**

SAMHSA supports integrated treatment for [co-occurring disorders](#). With integrated treatment, you can address mental and substance use conditions at the same time, often lowering costs and creating better outcomes.

**Integration**

[Integrated treatment](#) produces better outcomes for individuals with co-occurring mental and substance use disorders. Without integrated treatment, one or both disorders may not be addressed properly.

**Screening and Assessment**

Effectively serving individuals with co-occurring mental and substance use disorders requires [integrated screening and assessment processes](#).

**Building the Workforce**

The effective treatment of co-occurring mental and substance use disorders requires [collaboration across disciplines](#).

**Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices KIT**

SAMHSA is committed to closing the gap that persists between research and practice. To achieve this, SAMHSA has developed a series of KITs to help states, communities, and organizations interested in moving best practices into the field.

[Learn More](#)

**Levels of Program Capacity for Co-Occurring Disorders**

Beginning Intermediate Advanced

SA Only COD Capable COD Enhanced Fully Integrated COD Programs COD Enhanced COD Capable MH Only

More Treatment for Mental Disorders

More Treatment for Substance Abuse Disorders

**Dual Diagnosis Capability in Addiction and Mental Health Treatment Measures**

SAMHSA has sponsored the development of a website to help States and community-based agencies put into practice two practical measures of program-level capacity to address co-occurring substance use and mental health disorders.

[Learn More](#)

**Spotlight: Navajo Regional Behavioral Health Center**

Navajo Regional Behavioral Health Center is serving as demonstration site for integrated co-occurring disorders treatment in Indian Country. [Learn more](#)

**About Co-Occurring**

- » [News and Features](#)
- » [Co-Occurring Webinars](#)
- » [Promoting Recovery](#)

<http://samhsa.gov/co-occurring>



# BHbusiness Network: Free Training & Technical Assistance

→ First 2 years: provided TA to over 1,000 provider groups, helping them ready their organizations for health care change.

→ Application deadline for next cohort is December 15, 2014.

**BHbusiness PLUS**  
Where Business Change Happens

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Are you ready to **TRANSFORM** your organization's business operations and **TAKE ADVANTAGE** of the new healthcare marketplace?

**BHbusiness Plus** offers customized, virtual technical assistance and training to behavioral health executives **at no cost** to help you identify and implement change projects that expand service capacity, **utilize** new payer sources, and **thrive** in the changing healthcare environment! [Apply Now!](#)

Already know which systems and practices within your organization would benefit from change? [Choose from the wide range of topic areas](#) offered by BHbusiness Plus, including billing, new business, and mergers/acquisitions.

Not sure yet which business area to focus on? [Dive into a Strategic Business Decision Making learning network](#), where you will explore the current healthcare environment and identify the business practices and systems in need of change.

Applications Are Open for Round 1, October 2014 Learning Networks\*  
**APPLY NOW!**  
Deadline: August 15, 2014

<http://bhbusiness.org/>

# SAMHSA's BHbusiness Initiative: Reach & Flexibility



- Last year, nearly 900 organizations from 44 states participated in BHbusiness Learning Networks.
- Many networks included a diverse group of organizations from the same geographic area.
  - But in at least one instance, BHbusiness made it possible for staff from 28 local affiliates of a nationwide organization to join together in the Strategic Planning Learning Network.

<http://bhbusiness.org>

# SAMHSA's BHbusiness Initiative Courses

→ Courses have included:

- Development of business models aligned w/new reimbursement options
- Eligibility and Enrollment Learning Network
- Third-party Contract Negotiations Learning Network
- Meaningful Use of HIT

<http://bhbusiness.org>

# SAMHSA STAKEHOLDERS LEADING THE WAY

- SAMHSA depends on your input to inform our public health policies, programs, and services.
- Please let us know what we can do to better support your work as we strive together to meet the needs of individuals, families, and communities.



# *SAMHSA: People Helping People*



Thank you for all *you do*  
everyday to save lives and to  
improve lives!

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