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ADDRESSING THE HEALTH-RELATED SOCIAL NEEDS OF PEOPLE WITH MENTAL HEALTH AND SUBSTANCE USE CONDITIONS

Mental Health America Policy Statement

There is a growing body of research demonstrating the alarmingly high rates of overall health problems and premature death among individuals with serious mental illnesses. A recent comprehensive review confirmed that people with mental health diagnoses die up to 20 years prior to other individuals with no mental health diagnosis.[1] Comorbid substance abuse exacerbates the effect.[2]

Mental Health America (MHA) calls for dedication of significant state and federal resources to reduce the alarmingly high rates of overall health problems (morbidity) and premature death (mortality) among people with serious mental illnesses, – which must include an array of strategies for addressing health-related social needs. With the addition of effective surveillance and treatment services and a renewed commitment to psycho-social supports through total accountable care, overall societal costs may actually be reduced, both in the near and long-term.

Background

This position statement relies on the updated Background information detailed in Position Statement 13, Integration of Behavioral and General Healthcare, http://www.mentalhealthamerica.net/positions/integrated-care , which shows the infusion of resources that will be needed to realize parity of treatment for behavioral healthcare. We now know that integrated primary behavioral and general healthcare can and should look like.

The Twenty-first Century Cures Act,[3] passed in 2016, showed that the Congress had come to understand the need to significantly expand behavioral healthcare. It follows that medical practice, health policy, public dialogue, and legislative action must continue to shift to reflect the need for increased behavioral health treatment resources.

The promotion of seamless, effective and culturally and linguistically appropriate healthcare services and supports for people with severe mental illnesses and addictions is fundamental to MHA's mission. MHA supports the implementation of the recommendations proposed by mental health officials and advocates including SAMHSA, NASMHPD and MHA for the last twenty years:

1. To prioritize the public health problem of morbidity and mortality among people with behavioral health conditions.

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2. To track and monitor morbidity and mortality in populations served by public mental health and substance use treatment systems.
3. To implement evolving standards of care (i.e. evidence-based and evidence-informed practices) for prevention, screening, assessment, and treatment.
4. To improve access and integration with general medical care services.

As urged in Position Statement 13, Integration of Behavioral and General Healthcare,[4] every person with a mental illness or a substance use disorder should have either a Primary Healthcare Home or a Behavioral Healthcare Home, a place where primary healthcare services are coordinated and integrated with specialty services, especially psychiatric and behavioral health supports.[5] However, total wellness for individuals with mental health and substance use conditions goes beyond the integration of primary care and behavioral health, including interventions to address health-related social needs in addition to traditional health care.

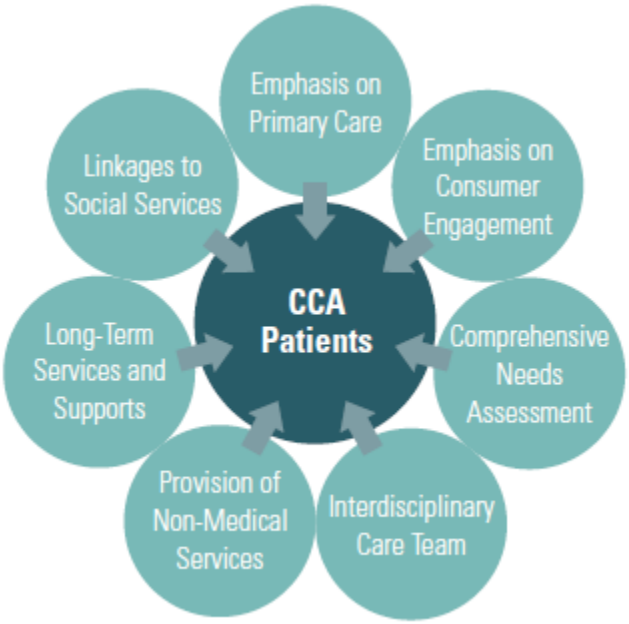
While we know that every individual can play a daily role in maintaining his or her own wellness,[6] social supports are widely appreciated to be crucial to everyone's health care. For example, in 2016, MHA revealed that in its "It's My Life Program" – a self-directed care program for people with serious mental illnesses that focuses on social supports and engagement – there was a reduction in hospitalizations among all pilot group participants from fifteen during the two years prior to enlistment in the program to just one during the nineteen months after enlistment.[7] Health equity and social needs have emerged as major themes of reform efforts. The major remaining question is how to integrate these ideas into existing health care and insurance systems. This will cost money and require flexibility and innovation.

MHA and other advocates have now persuaded most policy makers that, for individual with serious mental illnesses, social supports are as crucial to health as clinical therapies and that health care systems should strive for everyone to achieve recovery and not consign anyone to long-term institutional care. This is also being appreciated broadly across all health care sectors, as new models evolve to meet health-related social needs. Two examples illustrate the emerging models: Social Accountable Care Organizations (ACOs) and Accountable Communities for Health Models (ACHMs).

Growing evidence indicates that addressing social needs can help reverse their damaging health effects, but screening for social needs is not yet standard clinical practice. The Centers for Medicare & Medicaid Services (CMS) Accountable Health Communities Model, tested by the Center for Medicare and Medicaid Innovation, addresses this critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries impacts their total health care costs and improves health. Thus, CMS has developed a 10-item screening tool to identify social needs in 5 different domains that can be addressed through community services (housing instability, food insecurity, transportation difficulties, utility assistance needs, and interpersonal safety).[8]

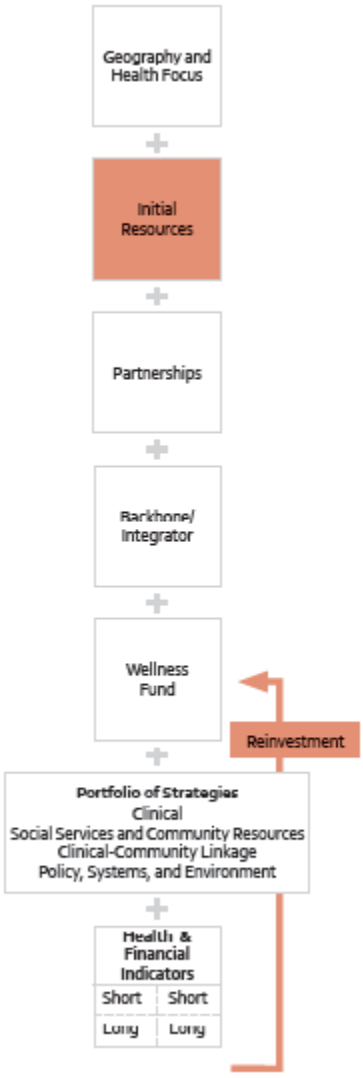
Social Accountable Care Organizationss build on the logic of a standard ACO – allowing providers to share savings when they reduce health care costs while meeting quality goals – to also address health-related social needs. For example, the Commonwealth Care Alliance integrates social need management into its care teams, achieving better outcomes at lower costs through linkages to community services and flexible funds that pay for everything from pet care while someone is in the

hospital to transportation to community events.[9] The following infographic from the JSI Research & Training Institute illustrates the approach:



http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=16450&lid=3

Accountable Communities for Health Models (ACHMs), on the other hand, pay for separate "integrator" or "backbone" organizations to align health care and the community to address the health and health-related social needs of a population. The Centers for Medicare and Medicaid Services has piloted one version of this model,[10] while communities innovate to find new ways to work together collectively to meet the needs of individuals.[11] Maryland is even piloting a model where primary care health homes contract with backbone organization, creating a mixed model.[12] Another infographic from the JSI Research & Training Institute illustrates the ACHM approach:



http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=15660&lid=3

Emerging health care payment and delivery models such as Social ACOs and AHCMs offer promising new ways to meet the health-related social needs of individuals with mental health and substance use conditions through comprehensive community-based strategies.

References

[1] Chesney, E., Goodwin, G.M. & Fazel, S., "Risk of All-Cause and Suicide Mortality in Mental Disorders: A Meta-Review," World Psychiatry 13(2):153-60 (2014). doi: 10.1002/wps.20128. https://www.ncbi.nlm.nih.gov/pubmed/24890068

[2] For example, a 2001 study showed that while Medicaid beneficiaries with severe mental illness had a significantly higher age- and gender-adjusted risk of the medical disorders considered in the study. Those with a comorbid substance use disorder had the highest risk for five of the disorders. Dickey, B., Normand, S.T., Weiss, R.D., Drake, R.E. & Azeni, H., "Medical Morbidity, Mental Illness, and Substance Use Disorders," Psychiatric Services 53:7 (2002), https://www.ncbi.nlm.nih.gov/pubmed/12096170 https://www.researchgate.net/profile/Barbara_Dickey/publication/11280072_Medical_Morbidity_Mental_Illness_and_Substance_Use_Disorders/links/56979fba08aec79ee32b3b6a.pdf

[3] USC-5-1204(e)(2), https://en.wikipedia.org/wiki/21st_Century_Cures_Act

[4] /positions/integrated-care

[5] Gerrity, M., "Evolving Models of Behavioral Health Integration: Evidence Update 2010-2015," Milbank Memorial Fund, 2016 https://www.milbank.org/wp-content/uploads/2016/05/Evolving-Models-of-BHI.pdf services (new note 5) /center-peer-support

[6] /31-tips-boost-your-mental-health

[7] /sites/default/files/SSDC%20Webinar%204.pdf

[8] Center for Medicare and Medicaid Services, Accountable Health Communities Screening Tool, Discussion Paper (2017),https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf