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Integrating Publicly Funded Physical and Behavioral Health Services: A Description of Selected Initiatives

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Research Brief

INTEGRATION AMONG SUBSTANCE-USE DISORDER TREATMENT AND PRIMARY HEALTH CARE IS RECOMMENDED AS A WAY TO MORE EFFECTIVELY TREAT THE HEALTH CARE NEEDS OF INDIVIDUALS. POLICY-MAKERS CAN EXAMINE PROGRAMS THAT ARE SUCCESFFULY ACCOMPLISHING THIS GOAL AND USE LESSONS FROM THESE PROGRAMS TO IMPROVE THE WAY THAT CARE FOR MENTAL HEALTH AND SUBSTANCE-USE DISORDERS IS DELIVERED.

The Issue

Each year more than 33 million Americans use health care services for mental health issues resulting from alcohol or other drug use.[1] In 2003, about 28 million Americans over the age of 18 had received mental health treatment in inpatient or outpatient settings and more than 3 million Americans over the age of 12 received some sort of alcohol or drug-related treatment.[2] It is no surprise that these conditions are related to primary health care visits. While the Institute of Medicine's report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions* recommends coordination among services, there is no standard definition of what integrated services means.

In their report entitled *Integrating Publicly Funded Physical and Behavioral Health Services: A Description of Selected Initiatives*,[3] Health Management Associates, a national research and consulting firm, sought to identify and describe models of publicly funded integrated service programs. The researchers use qualitative methodology to accentuate commonalities and differences of approaches of 16 programs that they identified. Programs selected were currently operational or recently concluded. These programs represented a variety of geographical areas and target populations and delivered substance abuse, mental health and primary care services across a variety of settings and implementation strategies. Lastly, all of the programs selected have either outcome or evaluation results.

The researchers conducted a 55-question phone interview with 16 programs. The interview included questions on goals, service location and scope, clinical approach, organizational structure, populations served, funding sources, technology, communication methods, outcome measures, barriers, lessons learned and future plans. The report contains information on 13 of the 16 programs. Interviews with three programs were not included as they reflect an overrepresentation of geography and/or approach. (For specific information about any of the programs, please click here to see the report.)

Findings[4]

Although the programs examined are diverse, commonalities were found across program approaches. Each of the initiatives was designed around a particular set of local or statewide problems to be solved. Also, programs included the use of communication tools to promote collaboration among individuals, screening tools to determine presence of behavioral health disorders, a clinical approach aligned with treatment models and case managers to facilitate communication. In addition, programs typically received funding to begin service integration and were either designed to be sustainable or are addressing financial issues to insure sustainability.

While the programs that were examined in the study are integrating substance-use treatment and health care, these programs varied in terms of how they achieve the goal of integration. Programs differed in terms of stakeholders that were involved. That is, programs were run by individual providers or clinics, community agencies, managed care plans and public agencies. While programs were designed to solve a local or statewide problem, they differed in terms of the exact problem that they were combating. Programs also differed in how they sought to achieve integration, basing the integration method on things such as the problem, target population, provider capacity, funding and regulatory restrictions.

The report outlines approaches that might be useful to consider when trying to integrate substance-use treatment and health care. Integrating substance-abuse treatment into mainstream health care is possible and can be accomplished with highly complex or relatively straightforward initiatives, even given existing regulatory and financial constraints. Initiatives can be designed around the unique goals of health care organizations (e.g., physician practices, federally qualified health centers, managed care organizations, substance-use treatment agencies and mental health agencies). It is possible for programs to demonstrate cost savings by using integration approaches. The involvement of payers in funding and planning will help with sustainability goals.

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1 Institute of Medicine Committee on Quality Health Care in America. *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. Washington: The National Academies Press, 2005. *http://www.rwjf.org/programareas/resources/product.jsp?id=17990&pid=1144&gsa=1*

2 Substance Abuse and Mental Health Services Administration. *Results from the 2003 National Survey on Drug Use and Health: National Findings*. DHHS Publication Number SMA 04-3964. NSDUH Series H-25. Rockville, MD: SAMHSA, 2004. *http://www.oas.samhsa.gov/nhsda/2k3nsduh/2k3Results.htm*

3 Health Management Associates. "Integrating Publicly Funded Physical and Behavioral health Services: A Description of Selected Initiatives." Lansing, MI: Health Management Associates, February 2007. *http://www.oregon.gov/DHS/ph/hsp/docs/rwjfreport.pdf*

4 The findings of this report need to be interpreted with caution, given the nature of this small sample qualitative study.