SAMHSA Releases *Behavioral Health, United States, 2012*

Every two years since 1980 the federal government (the Substance Abuse and Mental Health Services Administration since 1992) has published *Mental Health, United States*. By adding data on substance abuse and its treatment, the latest volume—*Behavioral Health, United States, 2012*—increases the scope of the report and strengthens its utility as a resource for decision making in a changing health care landscape. The report's extensive data on service utilization provides a baseline for assessing the impact of health care reform in the coming years. The latest volume also addresses some data gaps identified in previous reports by including improved data on children; military personnel, veterans, and military families; Medicaid beneficiaries; and the behavioral health treatment workforce.

The 388-page publication, which includes 172 tables, begins by highlighting current estimates based on data compiled from dozens of sources. In 2011, more than 41 million U.S. adults (18%) had any mental illness, and nearly 20 million (8%) had a substance use disorder. Nearly 9 million U.S. adults (4%) had a mental illness that greatly affected day-to-day living or caused serious functional impairment. More than one in eight U.S. adults received some type of mental health treatment in the past year, and two-thirds of adults with serious functional impairment received treatment. Almost half of U.S. children aged four to 11 with emotional or behavioral difficulties used mental health services at least once during the past year.

The Affordable Care Act (ACA) will greatly expand the number of insured Americans. Estimates in the report are intended to help policy makers and others assess the nation's treatment capacity and make decisions about how best to expand it. For example, for every 100,000 persons in the U.S. population in 2011, the report estimates that there were 11.0 psychiatrists, 30.7 psychologists, 62 clinical social workers, 4.5 psychiatric nurses, 46.4 counselors, and 20.0 marriage and family therapists. The report estimates that there were 15.4 substance abuse counselors per 100,0000 population in 2011 and notes that national data are available for only a small number of the many types of staff providing substance abuse services. A total of 10,374 specialty mental health treatment facilities were operating in the United States in 2010 and 13,339 specialty substance abuse treatment facilities. Between 1998 and 2007, the number of community health centers—an extensive network of clinics in underserved areas—increased by almost 50%. By 2007, nearly 80% of these clinics had some specialty mental health services on site, and more than 50% had specialty substance abuse services on site.

The report also provides estimates on payers and payment mechanisms. Although expenditures on mental health care have increased in the past two decades (from $75 billion in 1990 to $155 billion in 2009), they have fallen as a share of all health expenditures. In 2009, prescription medication accounted for 29% of mental health spending but less than 4% of substance abuse spending. Publicly funded sources account for approximately 60% of mental health spending and 69% of substance abuse spending. Medicaid's share of spending on mental health represents 30% of all spending in this area—a far higher share than that accounted for by Medicaid spending on all health in general (about 16%).

The new report provides expanded data on behavioral health disorders among children, while acknowledging notable gaps in information about children younger than age six. No national study of behavioral health problems among young children has been conducted. Gathering accurate data on children require a large number of interviewers who are highly trained, the report notes, and the difficulty and expense of such surveys may explain the data gap. Similarly, the new data compiled and reported for vulnerable populations, such as people with behavioral health disorders in nursing homes, homeless shelters, and jails, reveal critical gaps in our knowledge of these populations.

Behavioral Health, United States, 2012, is available at www.samhsa.gov/data/2012BehavioralHealthUS/2012-BHUS.pdf.

NEWS BRIEFS

PCPCC primer for physicians and practices: As primary care physicians and other providers struggle to create patient-centered medical home (PCMH) practices, learn about medical neighborhoods, and become adept at using electronic health records, they may appreciate a new report that illustrates how those three activities work together to benefit patients. *Managing Populations, Maximizing Technology: Population Health Management in the Medical Neighborhood*, which was released in October by the Patient-Centered Primary Care Collaborative (PCPCC), was written for providers who may be suffering from "initiative fatigue." The report is designed as a primer "on what can be done now, what can be done in the future and what they can build toward." A population health approach—where stakeholders calculate the health outcomes of a group of individuals—requires collaboration among patients, physicians, insurance companies, the government, the private sector and local communities. The PCMH sits at the center of the model and is surrounded by the larger and more inclusive medical neighborhood. And health information technology (IT) is the foundation of it all. The report recommends ten specific health IT tools and strategies that can help achieve population health management in the medical neighborhood. The ten tools are electronic health records, patient registries, health information exchange, risk stratification, automated outreach, referral tracking, patient portals, telemedicine, remote patient monitoring, and advanced population analytics. The report includes three case studies in population management,

including a group of pediatric practices in Winston-Salem, North Carolina; a community health center in New York City; and a multispecialty group practice in Richmond, Virginia. The 23-page report is available on the PCPCC Web site at www.pcpcc.org/resource/managing-populations-maximizing-technology.

AHRQ atlas of integrated care quality measures: Primary care teams are becoming increasingly aware of the need to address patients' behavioral health problems. As these teams implement interventions and strategies to provide more integrated care, there is a growing need for quality measures. The Agency for Healthcare Research and Quality (AHRQ) has published the *Integrated Behavioral Health Care Measures Atlas*. The atlas provides measures that will be of interest to individuals in clinical, administrative, accounting, policy, or patient advocacy roles. Researchers can use the atlas to identify existing measures for integration research and may find the atlas useful in identifying gaps where new or improved measures are needed. On the atlas Web site, a quick-start guide allows users to search for measures in three ways: by measure, by functional domain, and by measurement goal. Nine core measures and eight additional measures are presented, along with descriptive data about them and references citing studies in which the measures were developed and used. Downloadable PDFs of the measures are available. To help users understand the importance of the measures and use them effectively, the atlas Web site presents a detailed framework with which to approach the measurement of integrated behavioral health and primary care. The atlas is available on the HRQ Web site at integrationacademy.ahrq.gov/atlas#prepared.

New KFF analyses examine insurance marketplace tax credits and the coverage gap: Key provisions of the ACA provide tax credits to help people with low or moderate incomes afford premiums for insurance bought through the new state marketplaces. Under the law, people with incomes between 100% and 400% of the federal poverty level may be eligible for tax credits. A state-by-state analysis conducted by the Kaiser Family Foundation (KFF) estimates that out of approximately 29 million people who might look to the new marketplaces for coverage next year, 17 million will be eligible for the tax credits, including 2 million in Texas, 1.9 million in California, and 1.6 million in Florida—the states with the largest number of eligible residents. The six-page issue brief, *State-by-State Estimates of the Number of People Eligible for Premium Tax Credits Under the Affordable Care Act,* is available on the KFF Web site at kff.org/health-reform. Another KFF issue brief looks at the five million people who are living in the 25 states that are not moving forward with Medicaid expansion and who will fall into a coverage gap in which they earn too much to qualify for Medicaid but not enough to qualify for tax credits. Most of these people have very limited coverage options and are likely to remain uninsured. According to the 9-page brief, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid,* more than a fifth of those in the coverage gap live in Texas, 16% live in Florida, 8% in Georgia, 7% in North Carolina, and 6% in Pennsylvania. "Notably, there is no deadline for state decisions about implementing the Medicaid expansion," the report concludes.

Providers and patients address mental health issues on CFYM blog: As health care reform raises questions and concerns, Care for Your Mind (CFYM), a blog launched in May, helps ensure that the voices of people with mental illness and the clinicians who treat them are being heard—particularly by each other. The online forum for people with mood disorders—along with their families and psychiatrists—is a joint venture of the Depression and Bipolar Support Alliance (DBSA) and Families for Depression Awareness. One goal of CFYM participants is to speak with one voice in providing insight to key stakeholders and lawmakers to help ensure that the needs of individuals living with psychiatric disorders are met. The blog has had more than 5,500 visitors, including 1,500 who arrived at the site via Facebook or Twitter referrals. "We wanted the CFYM blog to be accessible on as many platforms as possible," said DBSA President Allen Doederlein. He explained that the voices of people with mood disorders as well as the people who care for them need to be front and center in this transition period for the health care system. Access the blog at careforyourmind.org.

APA, AADPRT offer course on professionalism on the Internet: A new course designed to help psychiatrists proactively navigate the Internet and use social media without worry—"Professionalism and the Internet"—is now available on APA's online learning management system (www.apaeducation.org/ihtml/application/student/interface.apa/index.htm). The course was developed by a task force of the American Association of Directors of Psychiatric Residency Training (AADPRT). Revenue from the course, which costs $19, will be shared by AADPRT and APA. In one vignette used in the course, an early career psychiatrist discovers a highly negative review of himself on a physician-rating site. Worried about its effects on his reputation, he considers whether to fabricate several more positive reviews using pseudonyms. The course had its origins in a workshop on digital technology at the 2010 AADPRT annual meeting at which audience members—residents, training directors, and program coordinators—related story after story about the legal, ethical, and clinical perils associated with online technology in psychiatric practice.