

Interconnecting Behavioral and Public Health

Background

Effectively preventing behavioral health problems such as suicide, substance misuse, and adverse childhood experiences requires interconnecting behavioral health and public health. In 2019, ASTHO hosted four learning community states with relative experience and knowledge to explore increasing behavioral and public health interconnections through the following systems-level approaches based on an [expert panel meeting](#).

Complementary Sectors and Partnerships

Working upstream to improve behavioral health systems requires collaboration between public health, behavioral health, and Medicaid, which can improve access to preventive services across a continuum of care. Key considerations for cross-agency collaboration, an [experience-based](#) approach, include:

- Identifying barriers to cross-sector collaboration, including funding structures, state policies and regulations, processes and procedures, and technological gaps.
- Creating common definitions and shared language across agencies.
- Developing a step-by-step process for collaboration through thoughtful planning, communication, commitment, and sustained engagement.

Key Cross-Agency Partners

- State public health agency
- State behavioral health agency
- Medicaid
- State epidemiologists
- Agency chief financial officers
- Legislators
- Governor's office

Finance and Structure

State health leadership seek financing approaches that permit increased flexibility to address their priorities. Two experience-based practices that promote interconnecting public and behavioral health are braided funding and Medicaid 1115 waivers.

Braided Funding

[Braided funding](#) coordinates funding from discrete sources to support initiatives while maintaining accountability by tracking each activity to individual funding sources. This financing mechanism effectively coordinates cross-agency funding to address behavioral health because it allows jurisdictions to leverage funding from diverse federal, state, and philanthropic grants. For example, through the [Health Equity Zone](#) innovative, place-based approach, the Rhode Island Department of Health and other state agencies [created a pool of funding](#) from multiple sources, including federal funds and state general revenue.

Medicaid 1115 Waivers

[Section 1115 Demonstration waivers](#) allow states to waive certain Medicaid rules to test new approaches to delivering mental health and substance use services. [Current and pending](#) behavioral health waivers address four main areas: substance use disorder treatment services, expanding community-based behavioral health benefits, expanding Medicaid eligibility, and financing delivery system reforms. A sub-category of 1115 demonstration waivers includes Delivery System Reform Incentive Program (DSRIP) initiatives, which provide hospitals and other healthcare delivery systems with incentive funding tied to certain population health improvement performance goals. [Washington](#)

[state's 1115 DSRIP waiver](#) developed nine regional [accountable communities of health](#) through a collaboration between healthcare providers, payers, public health, and social and community services.

Data-Driven Action

Sharing key data with partners to visualize trends in behavioral health and better identify appropriate programs and policies can help facilitate interconnecting behavioral and public health.

Data Sharing Agreements

Effective [data partnerships](#) can include data sharing agreements, memoranda of understanding, and contractual agreements that outline shared language and vision, identify sustainable funding, and establish a neutral data governance structure. Data agreements can be supported through statutory authority at a state health agency or through legislation.

Linking Data

[Linking data sources](#) involves working across silos to bring together information from multiple agencies and organizations to inform data-driven change. Innovative ways to link data sources include leveraging [health information exchanges](#), working across healthcare systems to link [electronic health records](#), and developing [interoperability](#) interfaces.

Massachusetts' Data Driven Opioid Response

In 2015, Massachusetts Gov. Charlie Baker signed [Chapter 55](#) into law, which mandates sharing opioid-related data from more than 20 government agencies to link, analyze, and visualize data that would guide policy decisions for responding to the opioid epidemic. Massachusetts Department of Public Health developed a data warehouse by linking data sources using an [all-payer claims database](#) spine and [data visualization](#) strategies. Resulting data-driven actions include medication-assisted treatment [administration](#) in the prison system, [new residential beds](#) to treat individuals with co-occurring substance use disorder and mental illness, enhanced support programs for postpartum women, and an opioid addition [working group](#).

Policy Change

States can leverage policy solutions to build strong cross-sector relationships using provider licensing and certifications, billing requirements, and other specific health regulations. When crafting a policy, state health leadership should consider (1) how the policy addresses barriers to cross-agency collaboration, (2) if the policy will cause unintended consequences for any of the agencies across sectors, and (3) whether or not the policy is rooted in [evidence-based solutions](#). One behavioral health policy solution that ATSHO recommends is promoting [mental health parity](#), as [legislative trends](#) indicate that states are focused on complying with mental health parity and establishing cross-agency workgroups.

Conclusion

Effective behavioral and public health interconnection requires a systems-level approach. Through partnerships with state behavioral health agencies and Medicaid, state health leadership can work to address upstream factors for behavioral health.

This brief was developed in collaboration with [National Council for Behavioral Health](#).