Advancing the Prevention and Treatment of Mental Health and Substance Use Disorders

Mathematica Policy Research provides a wide array of services to improve the prevention and treatment of mental health and substance use disorders. Our work includes rigorous program evaluations, data collection and analysis, the development and implementation of clinical quality measures, and technical assistance.

EXPANDING ACCESS TO SERVICES AND SUPPORTS

Many of our projects focus on increasing access to services for mental health and substance use disorders. For more than two decades, Mathematica has conducted the National Mental Health Services Survey and the National Survey of Substance Abuse Treatment Services—two annual surveys of every mental health and substance abuse treatment facility in the nation. The data collected feed into the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Online Treatment Locator—a critical resource that connects people to local treatment providers. We also use data from these surveys to inform federal, state, and local policymakers about gaps in services across the nation.

Our evaluation work includes assessing SAMHSA’s State Targeted Response to the Opioid Crisis Grants program. We are identifying the strategies that states and communities use to increase access to opioid treatment and prevention and measuring the impact of those services on outcomes. We also completed a mixed-methods evaluation of SAMHSA’s SOAR initiative, which provides case managers with technical assistance on helping people who are homeless obtain Social Security benefits.

SUPPORTING SYSTEM CHANGE

Mathematica has substantial expertise in the financing and delivery of behavioral health services. We are conducting national evaluations of innovative service delivery models that seek to improve the integration and coordination of care through payment reforms, workforce development, and the use of new health information technologies. Examples of our current projects include a national evaluation of the Certified Community Behavioral Health Clinic Demonstration, the first major Medicaid value-based purchasing arrangement for community mental health centers. We are also evaluating the Primary and Behavioral Health Care Integration Program, a substantial effort sponsored by SAMHSA to increase the capacity of community mental health centers to deliver primary care and wellness services. Our findings yield practical information that policymakers and program administrators use to refine their models and strategies.
BUILDING STATE AND LOCAL CAPACITY TO ADDRESS BEHAVIORAL HEALTH NEEDS

Mathematica provides information, technical assistance tools, and training to improve care delivery. We develop policy briefs and decision support tools that offer guidance on a range of topics, including requirements for mental health parity, the alignment of behavioral health benefits between Medicare and Medicaid, and strategies for coordinating care. We also advise state agencies and health plans on improving their programs and containing costs.

We help provider organizations and communities build their capacity to gather and analyze data that they can use to target interventions and improve service delivery. One example is our work on the Regional Partnership Grants (RPG) project, funded by the Children's Bureau. The project supports partnerships between child welfare agencies, providers who treat substance use disorders, and other relevant systems to meet the needs of children who are in (or at risk of) out-of-home placement because of a parent’s or caretaker’s substance use disorder. Mathematica provides evaluation technical assistance to help RPG grantees increase the rigor of their local evaluations. We provide support not only to strengthen the overall design of the evaluations—from data collection through analysis—but to ensure that they are done in a way that enables grantees to answer critical research questions.

PROMOTING THE DELIVERY OF TRAUMA-INFORMED CARE

Trauma-informed care is an approach to care delivery that recognizes the pervasive impact of traumatic experiences—such as domestic violence, child abuse, military combat, and natural disasters—on physical, mental, and social well-being. Providers tailor their services to empower survivors and avoid retraumatizing them. Mathematica evaluates trauma-informed care across a range of programs designed to promote good health and child welfare. Our research fosters a better understanding of the impact of trauma and how to address it. We also provide technical assistance to grantees that deliver trauma-informed programs.

One example is Trauma-Informed Approaches to Fatherhood Programs for Ex-Offenders, a substudy of the Parents and Children Together evaluation for the Administration for Children and Families. For this project, we are examining trauma-informed approaches used in programs for low-income fathers who have recently left prison. The goal is to describe key elements of a trauma-informed system of care, identify ways that programs can implement trauma-informed principles, and share findings with practitioners. We have also conducted environmental scans and convened technical expert panels to identify trauma-informed models of care for vulnerable populations, including American Indian and Alaska Native youth as well as women and youth living with HIV.

MEASURING WHAT MATTERS

Mathematica has a long history of working with federal and state agencies, health plans, and providers to develop quality improvement strategies and measures that assess the quality of behavioral health care. We help these stakeholders select processes and outcomes of care that are meaningful and feasible to measure, and we rigorously test the measures to ensure their validity and reliability. Many of our measures have been endorsed by the National Quality Forum and are used by national quality-reporting programs, including the Healthcare Effectiveness Data and Information Set and the Inpatient Psychiatric Facility Quality Reporting program.

Much of our work for our federal and state partners involves using Medicaid claims and other administrative data to identify high-risk populations and to examine variation in the quality and costs of care. For example, our recent studies focus on the variation in spending on substance abuse treatment and the delivery of evidence-based practices for serious mental illness across state Medicaid programs. For the U.S. Department of Veterans Affairs, we conducted on-site quality reviews of more than 100 psychiatric facilities that provide residential treatment, and we worked with these facilities to develop quality improvement plans.

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