A Bolder Vision: Advancing Health - Improving Lives

Anne M. Herron
Acting Director, Office of Policy, Program and Innovation

West Virginia
Integrated Behavioral Health Conference
Charleston, WV • Sept. 17, 2013
Estimated total societal cost of substance abuse in the U.S. is $510.8 billion per year.

Mental disorders: ~$94 billion in lost productivity costs per year.

Alcohol and drug abuse & dependence: ~$263 billion in lost productivity costs per year.

Economic costs of mental, emotional, and behavioral disorders among youth: ~$247 billion.

THE ECONOMY
BEHAVIORAL HEALTH AFFECTS EVERYONE

- ~Half of Americans will meet criteria for mental illness at some point
- > Half of Americans know someone in recovery from substance use problem
- Positive emotional health helps maintain physical health; engage productively w/ families, employers, friends; & respond to adversity w/ resilience and hope

- 66 percent believe treatment and support can help people with mental illness lead normal lives
- 20 percent feel people with mental illness are dangerous to others
- Two-thirds believe addiction can be prevented
- 75 percent believe recovery from addiction is possible
- 20 percent would think less of a friend/relative in recovery from an addiction
- 30 percent would think less of a person with a current addiction
Disparities in Access to Care

- **Any Mental Illness**: 45.9 million, 39.2% receiving treatment
- **Substance Use Disorder**: 23.1 million, 11.2% receiving treatment
- **Diabetes**: 25.8 million, 84% receiving treatment
- **Heart Disease**: 81.1 million, 74.6% receiving screenings
- **Hypertension**: 74.5 million, 70.4% receiving treatment
Public dialogue about behavioral health is in a social problem context rather than a public health context

- Homelessness
- Crime/jails
- Child welfare problems
- School performance or youth behavior problems
- Provider/system/institutional/government failures
- Public tragedies

Public (and public officials) often misunderstand, blame, discriminate, make moral judgments, exclude

- Ambivalence about worth of individuals affected and about the investment in prevention/treatment/recovery
- Ambivalence about ability to impact “problems”
LEADING TO INSUFFICIENT RESPONSES

- Increased Security & Police Protection
- Tightened Background Checks & Access to Weapons
- Legal Control of Perpetrators & Their Treatment
- More Jail Cells, Shelters, Juvenile Justice Facilities
- Institutional System Provider Oversight
A PUBLIC HEALTH MODEL FOR BEHAVIORAL HEALTH

→ Universal – Focus on Population and Individual Health
  - Health of any affects health of all – social inclusion

→ Prevention First – Aim Is Healthy Individuals; Healthy Communities
  - Preparation and activities to promote emotional health development and wellness, prevent disease/disorder, and react quickly and effectively to conditions that impact health.
A PUBLIC HEALTH MODEL . . .

- **Data & Information Driven** – To Track and Improve Population-Based Health Status and Quality of Care/Life
  - What drives health? What causes disease/disorder?
  - What works to prevent, treat and support recovery – evidence-based approaches?

- **Policies** – Affecting the Environment In Which Health or Disease Occurs
  - Laws, regulations, rules, norms, culture, conditions, expectations re individual and collective behavior for self and toward others
A PUBLIC HEALTH MODEL...

- **Structures** – Creating & Supporting Government and Community Infrastructure and Capacity
  - *Departments, boards, committees, councils, commissions, coalitions, schools, universities*

- **Access** – Assuring availability of right services when individuals, families, community need them
  - *Prevention, treatment and recovery supports*
  - *Adequate, trained, and culturally capable workforce*
Health Reform: Impact of the Affordable Care Act

• Focus on primary care & coordination w/ specialty care

• Emphasis on home & community-based services; less reliance on institutional & residential care (health homes)

• Priority on prevention of diseases & promoting wellness

• Focus on quality rather than quantity of care (HIT, accountable care organizations)

• Behavioral health is included – parity
Health Coverage In 2014

Coverage Options for Adults without Medicare or Employer-Based Coverage

Income as a percent of the federal poverty level

0% 133% 400+% -

Medicaid Exchange with Tax Credits Exchange or Private Plan

A Continuum of Coverage – Everyone Fits Somewhere!
How To Get State Specific Info

How to get state specific information

- **https://www.healthcare.gov/**
  - To find the application or find local, in-person assistance for ANY state, visit healthcare.gov or call 1-800-318-2596.

- **http://www.hhs.gov/healthcare/facts/by state/statebystate.html**
  - Health Reform & the Health Insurance Marketplace activity by State
A new 30-minute, interactive training resource toolkit, *Getting Ready for the Health Insurance Marketplace*, is now available.

Link: http://tiny.cc/GettingReady

http://tiny.cc/CommunityPrevention

http://tiny.cc/ConsumerPeerFamily

http://tiny.cc/HomelessServices

http://tiny.cc/CriminalJustice

http://tiny.cc/TreatmentProviders
Availability of Assistance for Consumers With Special Needs

- Must be available in a culturally and linguistically appropriate fashion
- Must be accessible to persons with disabilities including psychiatric disabilities
- On the ground assistance thru various roles and organizations
- Marketplace Call Center approx 150 plus languages
- Healthcare.gov in English & Spanish
For those of us who seek to prevent and treat substance use disorders, and treat and support mental illness, key areas need our best thinking:

- Widespread inclusion of Health & Wellness/Prevention
- Aggressive Eligibility and Enrollment strategies
- Improving System Capacity
- Workable Consent/Confidentiality protocols
- Improving Coordination of Care
- Quality Indicators, Evaluation & Accountability
West Virginia is leading

• WV has expanded its use of telepsychiatry services to provide behavioral services to rural populations which lack adequate transportation.
• Twenty-seven clinics in 12 rural West Virginia counties now treat the full life span, including pregnant women.
• Ten of the 28 Federally Qualified Health Centers (FQHCs) in WV have integrated primary and behavioral health care.
• West Virginia has School Based Health Centers which ensure primary and preventive care for school children; One-third of these offer behavioral health services.
• WV has decided to expand Medicaid under the ACA which is estimated to decrease their uninsured population from 246,000 to 76,000.
West Virginia is leading

- Physician engagement/support opportunities have been expanded.
- Through the Strategic Prevention Enhancement Initiative, WV has developed Regional Data and Planning Teams with cross systems membership that includes mental health, education, law enforcement, physical health including a focus on youth.
- West Virginia’s prevention providers are improving health outcomes for special populations by partnering with a wide variety of organizations.
- This conference is an excellent example of Behavioral Health Integration---nearly 30 partners coming together to provide participants with the opportunity to engage with other members of the behavioral health community and other disciplines to network.
A BOLDER VISION?

• Can we imagine:
  • A generation without one new case of trauma-related mental or substance use disorder?
  • A generation without a death by suicide?
  • A generation without one person being jailed or homeless because they have an addiction or mental illness?
  • A generation without one youth being bullied or rejected because they are LGBT?
  • A generation in which no one in recovery struggles to find a job?
A Nation That Acts On the Knowledge That:

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover

A Nation/Community Free of Substance Abuse and Mental Illness and Fully Capable of Addressing Behavioral Health Issues That Arise