NACBHDD National Association of County Behavioral Health & Developmental Disability Directors
The voice of local authorities in the nation's capital

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NEWSLETTER

MAY 23, 2013

SAMHSA ENROLLMENT COALITION INITIATIVE

[Note: all of the highlighted items in this article are live links to HHS-related websites that can be accessed by a simple click]

Making sure that individuals with mental health and substance use needs have access to health insurance coverage is a critical priority not only for NACBHDD and you, but also for the Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division of the U.S. Department of Health and Human Services. The Affordable Care Act (ACA) offers a major opportunity for each of us to help the people we serve gain access to quality health insurance coverage through the new Health Insurance Marketplace. Open enrollment begins in October 2013 and continues through March 2014 with coverage beginning on January 1, 2014.

Despite the importance of the ACA, many potentially eligible individuals with behavioral health needs are not aware of the new choices coming this fall. That's why we've partnered with SAMHSA, becoming a member of its Enrollment Coalition Initiative. SAMHSA has helped create five enrollment coalitions, composed of trusted national organizations whose local chapters, affiliates and members interact daily with uninsured individuals who have behavioral health needs. We are part of both the provider and criminal justice workgroups.

The SAMHSA Enrollment Coalition Initiative's goal is to provide tools and training to help us let the people we serve know about the new Health Insurance Marketplace, to create an understanding of how health insurance can benefit them, and to generate interest in enrolling and provide enrollment assistance. Between now and October, you will be receiving training toolkits on the ACA and health insurance literacy, on communication strategies, and on enrollment assistance—all of which contain a variety of resources to help you conduct effective outreach and education. As a coalition member, the NACBHDD has contributed to the content of these toolkits to ensure their applicability to our members in the field. The toolkits will be included in an on-demand, interactive training that you can access at your convenience.

The toolkits contain communications and educational materials prepared by the Centers for Medicaid and Medicare Services (CMS), the lead organization for national communication efforts about the Health Insurance Marketplace. CMS conducted extensive marketing communications research to learn what messages will be effective in motivating each type of person to enroll, including uninsured individuals with behavioral health needs. Based on this research, it has created a wealth of materials for us to use in our communities. Brochures, factsheets, videos, social media, digital, power point presentations are all available. As we get closer to October, the focus

ALSO IN THIS ISSUE

Teddi Fine, MA, Editor

MAY IS MENTAL HEALTH MONTH.

CELEBRATE RECOVERY

of the materials will change from education to motivation to action. CMS also has developed presentations and materials for partners like you on how to understand the ACA and how the law will work in more depth. These broader presentations and materials are also included in the toolkits.

Besides the toolkits, SAMSHA will continually provide us with new information about the Health Insurance Marketplace, what's happening by state, and opportunities to participate in other enrollment activities. County behavioral health and developmental disability organizations and our partners all have a vital role to play in helping people with mental and substance use disorders or I/DDs get access to the treatment they need. We look forward to working together and with SAMHSA and other key HHS agencies in this important effort.

For more information, please be in touch with the NACBHDD office.

BITS FROM DC

Dear NACBHDD Colleagues:

I am very pleased to report that the *Mental Health Awareness and Improvement Act* passed the US Senate (95-2) as an amendment, and can now be considered with the Newtown package. Call your two senators and urge them to support this legislation. Earlier this week, I sent a summary of the Bill to each of you. Also, watch for our June 1 *Under the Microscope*, which will provide an update on federal legislation focused on behavioral health and I/DD issues.

At the same time, I am very concerned about the federal budget authorization and appropriation process for FY 2014, which begins on October 1. An authorization bill before the US House would reduce the HHS appropriation by 20%. Needless to say, this would be a disaster for behavioral health and I/DD, e.g., the Mental Health Community Services Block Grant would be reduced by $90 million. We will need very strong advocacy at the appropriate time.

Our cover article for this issue of the *NACBHDD Newsletter* serves as an introduction to a major *Enrollment Initiative* being undertaken by HHS and SAMHSA for the ACA Medicaid Expansion and the ACA State Insurance Marketplaces. We are a partner with HHS in this work; you will be receiving a toolkit and other materials, and we will be hosting one or more webinars on the Initiative. The major focus of the current effort is the enrollment period between October 1, 2013, and March 31, 2014, during which HHS hopes to enroll several million persons with behavioral health and I/DD conditions in health insurance.

I hope that you had a pleasant spring, and that you are looking forward to a great summer.

Ron Manderscheid, PhD
Executive Director

COMINGS AND GOINGS

- **OFFICIAL AT LAST**. For the first time since 2006, CMS has a confirmed Administrator. On May 15, by a vote of 91-7, the Senate confirmed President Obama's nominee, **Marilyn Tavenner** to head the Centers for Medicare and Medicaid Services (CMS). Republican Senators Ted Cruz (Texas), Ron Johnson (Wis.), Mike Lee (Utah), Mike Crapo (Idaho), James Risch (Idaho), Mitch McConnell and Rand Paul (Ky.) voted against Tavenner's nominations.
- **Med Officer at SAMHSA.** Former Medical Director of the California Department of Alcohol and Drug Programs, Elinore F. McCance-Katz, MD, PhD, has been named SAMHSA's first chief medical officer, a role in which she will provide medical-scientific expertise to SAMHSA's major behavioral health efforts, spanning prevention, treatment and recovery, ensuring that SAMHSA advances effective, state-of-the-art, evidence-based approaches to promoting the nation's behavioral health services. She comes on board June 3.
- **CMHS DEPUTY RETIRES**. At SAMHSA, **Dr. Anna Marsh**, Deputy Director of CMHS, will retire on May 31, 2013. She has served the agency since its inception, including as Deputy Director of CSAT, Director of the Office of Program Services and Executive Officer of SAMHSA, Acting Director of the Office of Applied Studies, and Acting Director of CSAP. As a true public servant and a key player in improving the lives of the people we serve, Dr. Marsh will be missed. Pending a job search for the post, Dr. Marsh's interim replacement will be **Dr. Elizabeth Lopez**, currently director of CMHS's policy shop.

MID-LIFE CRISIS: MARKEDLY INCREASED RATES OF SUICIDES

Suicide rates are up, particularly among middle-aged Americans, according to a new CDC report. More people now die of suicide than in car accidents. Between 1999 and 2010, the suicide rate among Americans ages 35 to 64 rose by nearly 30%, to 17.6 deaths per 100,000 people, up from 13.7. But far more middle-aged men take their own lives: 27.3 deaths per 100,000, compared to 8.1 per 100,000 among women. The most pronounced increases were seen among men in their 50s, a group in which suicide rates jumped by nearly 50%, to about 30 per 100,000. Read the full report at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s_cid=mm6217a1_w

A TRIBUTE TO PROVIDERS, A CASE FOR SUPPORT

Shauna Moses, Associate Executive Director
New Jersey Association of Mental Health and Addiction Agencies

[We present this OpEd piece penned by Shauna Moses of NJAMHAA as a tribute during Mental Health Month. It was printed originally last year in the Trenton Times.]

Over the past 6 years since I joined the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA), I have been greatly inspired by many stories of how the services our members provide empower individuals to manage mental illnesses and addictions and, as a result, truly transform their lives. I continue to enjoy hearing stories from our providers and directly from some of their clients. More recently, I had the opportunity to observe and experience first hand the amazing work that our members provide.

I didn't go under cover as Gov. Codey has admirably done. I voluntarily went to Carrier Clinic, a short-term inpatient facility, when my depression became so intense that I knew hiding under the covers for a day or two would not work – and that certainly isn't a healthy way of dealing with it, anyway.

At Carrier, I quickly evolved from being reticent and withdrawn to being more open about the various approaches the staff took, as well as being more open with my feelings with the staff and fellow patients. I participated in various individual and group activities that helped me break through the darkness and get started on a path toward depression management and a more enjoyable life. Individual sessions were conducted by a grief therapist, a psychiatrist and a case worker. Group therapy consisted of physical exercise, music and personal expression through art, which, I have to admit, was a pleasant surprise as to its effectiveness. Being much more comfortable with a keyboard or pen rather than clay or markers, I was initially intimidated by these tasks. However, with encouragement from the facilitator, I created a picture and a model that illustrated my goals of achieving a more balanced life and experiencing more fulfillment and happiness. Before I left Carrier, I had connections made with a psychiatrist and a psychologist, and I feel motivated to continue progressing with the supports of medication, therapy and individual endeavors, such as exercising, which I had trouble getting myself to do before, especially when the depression hit me hard.

Also while I was at Carrier, I noticed significant changes in other people. A woman in her 20s talked about her countless returns to drug use, multiple overdoses and the fact that she has never had a job. Before I left, she expressed her determination to get off drugs so she can truly show her family how much she loves them and her plans to earn a GED and open a dog grooming business with her sister. Another striking example is a man in his 40s who barely said two words and seemed to be in his own world for the first couple of days. Then, one day, during our break, he joined my roommate and me for enjoyable conversation as we walked around the courtyard. I have every confidence that my fellow patients and I will continue to become stronger, healthier and happier, thanks to the expert and compassionate services we received at Carrier.

I also have no doubt that many more individuals will benefit tremendously from services not only from Carrier, but also NJAMHAA's 170-plus other member organizations, which include hospital-based and freestanding agencies that provide a full continuum of services. These services include clinical treatment for mental illnesses and addictions, and a broad array of equally vital nonclinical services, such as supported employment and housing. I know of the potential for

those who are just beginning services or who may need the behavioral health system in the future, based on the success stories I have heard and the strong belief I have in our members and their programs.

While I am fortunate to know about the services available and to have insurance, this is currently not the case for many people. NJAMHAA will continually strive to build awareness and acceptance of mental illness, addictions and the available services. Regarding insurance, although we anticipate this to change with the implementation of healthcare reform in 2014, other challenges may persist. For example, the addition of thousands more Medicaid enrollees, many of whom have mental illnesses and/or addictions, will naturally create significantly larger caseloads for our provider organizations, which already struggle with small staffs and budgets. Our providers are mission driven, dedicated to serving as many people as possible. In order to serve everyone, they need better funding, particularly through higher Medicaid reimbursement rates, and other changes, such as reduction of regulatory burdens. These are challenges that NJAMHAA continues to address every day through advocacy to state and federal leaders.

While May is Mental Health Month, this message is relevant and critical throughout the year. There is, and probably always will be, a need for mental health care, addictions treatment and support services, and the value of these services could never be overstated. Take it from me; I know from personal experience.

HILL HAPPENINGS: THE GOOD, THE BAD, AND THE UGLY

- **SAME ACTIVITY; SAME RESULT**. For the 37th time since Republicans gained control of the House, that body has voted to repeal all or part of the Affordable Care Act. In the party-line 229-195 vote, only two Democrats (Jim Matheson UT; Mike McIntyre NC) joined all House Republicans to press for repeal. As before, the measure is DOA in the Senate. Ironically, the vote came after a Congressional Budget Office report found that ACA repeal actually would *increase* the deficit by as much as $109 billion over 10 years.
- **MOVING MENTAL HEALTH.** When the gun control package was withdrawn from the Senate floor last month, the mental health provisions wrapped into it were pulled, too. Now, the authors of those mental health provisions, among them Senators Harkin (D-IA), Alexander (R-TN) and Begich (D-AK), want to bring the mental health measures to the floor on their own, particularly given the bipartisan support for the provisions that were amended to the gun bill by a vote of 95-2. Senator Stabenow wants to move her measure creating a system of federally qualified community mental health centers to the floor as well, even though it was not part of the gun control package and was opposed in an April 18 letter by the National Association of Medicaid Directors.
- **SAMHSA TESIFYING**. On May 22, the SAMHSA Administrator testified before the House Energy and Commerce Oversight and Investigations Subcommittee at a hearing, "Examining SAMHSA's Role in Delivering Services to the Severely Mentally Ill," the third on mental health issues this year. Also testifying were E. Fuller Torrey (Treatment Advocacy Center), Sally Satel (American Enterprise Institute), the medical officer of the Missouri state mental health department, and the parent of a child with severe mental illness.
- **ONWARD FY 2014 APPROPRIATIONS**. Notwithstanding House and Senate disagreement on discretionary funding totals, House and Senate appropriations committees hope to complete hearings on FY 2014 funding and move the measures to the House and Senate floors to avoid yet another continuing resolution for the coming fiscal year. While the Senate is working from the President's FY 2014 budget request, the House apparently is considering funding levels that impose a 20% cut on top of the cuts made in the March 1 sequestration order. The issue will be reconciling the two measures, should they pass their respective bodies.
- **SECLUSION/RESTRAINT PROTECTION**. The Keeping All Students Safe Act (HR 1893) has been introduced by Reps. George Miller (D-CA) and Gregg Harper (R-MS). NACBHDD was among the signatories of a letter urging introduction of the measure designed to protect all students nationwide from restraint and seclusion.
- **ACA NIT PICKING CONTINUES.** On the theory of safeguarding individual privacy, House Republicans are pursuing yet another ACA-related investigation. This time, in a pointed letter to HHS Secretary Sebelius, they're questioning the program's health navigators who help people make sense of their choices under the ACA. Stay tuned.

CDC: Child Mental Problems Large in Scope and Cost

As many as 1 in 5 children ages 3 to 17 has a mental illness, with attention deficit hyperactivity disorder (ADHD) as the most prevalent diagnosis. The rate of children hospitalized for mood disorders rose 80% from 1997 to 2010. Mental illness in children costs $247 billion annually, a figure increasing along with the number of kids hospitalized for mood disorders, substance abuse and other psychiatric disorders. These are among the findings of the CDC's new report, *Mental Health Surveillance among Children in the United States, 2005-2011*. In this first-ever comprehensive report on children's mental health in the United States, released as a supplement to the weekly Morbidity and Mortality Weekly Report (MMWR), the CDC's National Center on Birth Defects and Developmental Disabilities describes federal efforts to monitor childhood mental disorders, and presents estimates of the number of children ages 3 to 17 years who have specific mental disorders. The report was developed in collaboration with SAMHSA, HRSA and the NIMH. More information and resources are available at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6201a1_w

Prisoner Reentry – New Network of Care Program Launched in Philadelphia

Ron Manderscheid, PhD

As you may recall, at our Legislative and Policy Conference, I asked Bruce Bronzan from Trilogy to tell us about their new Network of Care for Prisoner Reentry program. Since then, many of you have asked about this timely addition to their services. I have closely followed this new work with them. It clearly is of great interest to all of us, and I was quite pleased when the program was finally launched in Pennsylvania last week.

We have long had a valued partnership with Trilogy through the extremely successful Network of Care for Behavioral Health. This logical jump into the criminal-justice system came thanks to Judge Ramy Djerassi of Philadelphia's Court of Common Pleas, with the strong support of one of our members – Arthur Evans in Philadelphia. The goal is to assist in better managing persons with behavioral-health issues as they return to society by more effectively connecting them to needed community resources. To do this, Trilogy simply reconfigured and recombined their existing tools in a new and creative way.

Specifically, they integrated an online referral platform with the Service Directory of the Network of Care for Behavioral Health, so that a judge, probation officer, or other provider can, in seconds, find the right service in the right location. This system can notify the agency that the person is coming and even has the capacity to enable referral agencies to notify the court as individuals begin or complete programs. All of this information is stored and retrievable via reports. Additionally, all referral information and more can be stored automatically in a secure Personal Health Record, which can be used for enhanced care management when more than one agency or care worker is involved.

"The Network of Care for Prisoner Reentry will be another valuable resource for bridging the gaps between the judicial and behavioral health systems," said Arthur C. Evans Jr., commissioner of the Philadelphia Department of Behavioral Health and Intellectual disAbility Services.

"This is a dream come true," Djerassi said. "In seconds, I can help Probation find the right place to send my defendants. Press some keys, and hundreds of names and links pop up on my computer. They are in categories like housing, behavioral health, drug treatment, education and job placement. No promises, but I'm hoping for fewer parole violations"

William DiMascio, executive director of the Pennsylvania Prison Society, added, "This Network of Care for Prisoner Reentry represents a major breakthrough in the way people in need and service providers can access critical services in a timely fashion. We are delighted to join the Philadelphia Department of Behavioral Health and Intellectual disAbility Services and Trilogy to be a part of such an important innovation!"

Now that the Network of Care for Prisoner Reentry has been launched in Philadelphia, it is available to every county and state nationwide. For more information about the program and how to acquire it for your own area, please contact Bruce Bronzan at bruce@trilogyir.com or (415) 458-5900.

HHS and Other Agency News and Notes

- **Get Your New Innovation Awards.** In announcing a second round of Health Care Innovation Awards, CMS will make $1 billion in grants to build on work to transform the health care system by delivering better care and lowering costs. This new funding round will support applicants with a high likelihood of driving health care system transformation and delivering better outcomes. Last year, CMS awarded 107 Health Care Innovation Awards from among nearly 3,000 applications. In this new award round *CMS is specifically seeking innovations in four areas*: (1) rapidly reducing Medicare/Medicaid costs for patients in outpatient hospital and other settings; (2) improving care for populations with specialized needs; (3) testing improved financial and clinical models for specialists and other kinds of providers; and (4) linking clinical care to prevention and public health. Like the first round, these awards will emphasize results and ensure program integrity. Non-binding letters of intent are due **June 1-28, 2013**; applications **June 14 -August 15, 2013.** For the funding opportunity announcement, go to: http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.
- **Simplifying Insurance Applications.** HHS has simplified and shortened the application for health coverage under the ACA. The application for individuals without insurance has been cut from 21 pages to 3; the application for families has been reduced by two-thirds. Forms are much shorter than current insurance application industry standards. Consumers will be able to fill out a simple application—online, by paper or by phone—and see their entire range of health insurance options, including in the Health Insurance Marketplace, Medicaid, CHIP and tax credits to help pay for premiums. Enrollment will be eased for millions; administrative burdens will be reduced for states, individuals and health plans. The applications can be found at: http://cciio.cms.gov/resources/other/index.html#hie
- **Putting Hospital Cost Variations in the Hands of Consumers.** HHS has announced an initiative that gives consumers information on what hospitals charge. Data show significant variation in what hospitals charge for common inpatient services that may be provided during the 100 most common Medicare inpatient stays. These amounts can vary widely, even within the same geographic area. Businesses and consumers alike can use these data to drive decision-making and reward cost-effective provision of services. To view the new hospital dataset, please go to: http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/index.html.
- **ACA To Cover Ex-felons.** While not necessarily a popular element of the ACA, extending health insurance benefits is seen as significant, particularly given high rates of behavioral illnesses in the offender population. In fact, overall, ex-felons generally are in worse health than the overall population, with higher rates of chronic and infectious disease, such as asthma, hypertension, tuberculosis, diabetes, hepatitis and HIV/AIDS, in addition to behavioral illnesses.
- **HIPAA and National Instant Criminal Background Check System (NICS).** Among those disqualified from buying or having firearms under Federal law are people "adjudicated to be mentally defective, or who have been committed to a mental institution." Recent concerns have been raised that the Health Insurance Portability and Accountability Act (HIPAA) may act as a barrier to reports to NICS about these very individuals. HHS wants input on proposals to establish "express permission" for reporting relevant information and on best methods of disseminating HIPAA-related information to state reporting entities. Input is also sought on unintended consequences affecting people seeking mental health services. Responses should consider the effect of the proposed HIPAA change on "temporary hold" cases. Comments are due June 7, 2013. Read the rule; submit comments at: http://www.regulations.gov/ -!documentDetail;D=HHS_FRDOC_0001-0494
- **Underage Drinking PSA.** SAMHSA has launched *Talk. They Hear You*, a new national PSA campaign designed to empower parents to talk with children as young as 9 years old about the dangers of underage drinking. Kickoff occurred in conjunction with SAMHSA's 2013 National Prevention Week—an annual observance to increase awareness and action on substance abuse and mental health issues. For more, go to: http://www.samhsa.gov/underagedrinking/

COACHELLA, CA, MENTAL HEALTH SUMMIT

For the third time since March 2012, the Riverside County (CA) Department of Mental Health and the Coachella Valley Health Collaborative at Cal State, San Bernardino/Palm Desert have hosted a mental health summit. The aim of each has been to bring community members and health professionals across the Coachella Valley to work together on the often-ignored topic of mental health, to get ahead of the curve on implementing behavioral health services within the context of the Affordable Care Act. Participants included community-based behavioral health care consumers and providers, other health service and supportive care organizations, community policymakers and administrators, and concerned citizens from across the multi-racial, multi-ethnic community.

Planned long before the Administration urged greater attention to behavioral health issues in the wake of the Newtown, Aurora and Tucson shootings, among the key issues discussed at the Coachella summit were ways to break through the stigma that remains associated with mental disorders and seeking treatment for them. The discussion and presentations ranged widely, including a focus on often hard-to-reach populations, from non-English speakers (including, but not limited to Latinos) to the gay/lesbian community, and from youth to older adults.

NACBHDD Executive Director Ron Manderscheid, PhD, set the tone, highlighting the importance of reducing the barriers to care, including the stigma of mental illnesses. He observed, "We have got to do this through education and networking so people know that they're not alone in their depression or particular illness they're struggling with, and we need to help people get services and help earlier." He went on to provide an overview of the role of the Affordable Care Act in broadening access to behavioral health care as an integral part of overall health care. As many as 40% of Californians who will gain coverage under the ACA's Medicaid expansion have a serious mental illness. Not only will they gain access to care and treatment as never before, the ACA also will provide a medical home, a concept, not a place, that ensures that a person's full range of care and treatment, including mental health care and supports, is available in a single place.

The Riverside County Department of Mental Health's Alfredo Huerta discussed the challenges of working to engage the Latino community and means Department staff has found of overcoming them. To gain trust and diminish fear of seeking mental health care, for example, Department staff went to the predominantly non-English speaking Latino community both directly and obliquely. They established an outreach booth at a farmworkers' service center and spoke one-on-one at health fairs and in health clinic waiting rooms.

Representatives of both the LGBT Community Center of the Desert and the Desert Healthcare District addressed the need to survey the health needs of Coachella Valley's lesbian, gay, bisexual and transgender as a means of identifying behavioral health needs in this often isolated group that may experience higher than average rates of depression, substance abuse, chronic physical illness, and suicide.

With a growing number of older adults as the baby boom generation reaches retirement age, the emotional health of seniors, has become a growing concern. Geri Crippen-Richardson with the Riverside County Department of Mental Health led a panel discussion focused on older adults in the population. Older white men remain a group at particularly high risk for suicide. Further, with multiple prescribed medications and potential confusion about how and when to take them, prescription drug misuse has become a growing problem that can land seniors in hospital with conditions that may mimic dementia or other mental problems. Adding to the issue, growing numbers of people with even the most serious mental disorders are living longer and need continued health attention. She also pointed out that people at risk for or experiencing late-life mental problems are particularly vulnerable to online and phone-based scams and other types of fraud. To help reduce that problem, she urged summit participants, including private therapists and nonprofit professionals in the area, to get involved.

At the other end of the age-spectrum, the summit's discussion of behavioral health and youth focused primarily on substance abuse and the need to identify less costly treatment options for teenagers whose families can't afford to send them to often-expensive recovery and rehabilitation services. With full implementation of the ACA in 2014 that includes substance abuse services as part of the essential benefit package, the problem should abate somewhat. In the meantime, however, a representative of the Desert Chapter of the California Association of Marriage and Family Therapists described the need for clinicians to identify and share alternative service providers. Often, families in need of services simply are unaware of available

resources to meet their needs. Thus, for example, she was able to identify specific nonprofit programs providing outpatient recovery services on a reduced-cost or scholarship basis.

Each of the discussions highlighted the important role Medi-Cal plays in securing care across the lifespan for behavioral problems. Each of the discussions amplified how the ACA already has and will continue to make critically needed services – from prevention through recovery support—available as never before to millions of low-income Californians with behavioral health problems. And each of the discussions demonstrated precisely why a whole-person approach to health care and services, rather than a disease-specific approach, is in everyone's best interest and demands everyone's involvement.

ACCESS TO CARE

Ron Manderscheid, PhD

Reprinted from Care for Your Mind
Access at: http://careforyourmind.org/access-to-care/

NACBHDD recently joined join with the Depression and Bipolar Support Alliance (DBSA) and Families for Depression Awareness (FFDA) to launch Care for Your Mind—an online site where consumers can learn from experts and peers in mental health, voice opinions on proposed changes, and share challenges and experiences. Each week, an expert on mental health reform has been posting a blog on a particular challenge facing the mental health care system. The aim: to give voice to those who use behavioral health care in ways that can help policymakers understands the realities of the mental health care system, as well as needed changes. On May 1, Dr. Manderscheid helped launch the website in a blog that reviewed some of the essential steps to getting access to high quality mental health care. He urged consumers to engage as a way of "promoting practical conversations about critical issues in behavioral health care to help build a much-improved care system." We present that blog here.

If you or a family member needed care today for a mental health or substance use condition, would you be able to get it? Mental health and substance use conditions, like depression or inappropriate use of alcohol, are real, treatable health problems. As with other health problems (like diabetes, high blood pressure, or heart disease), people with mental or substance use conditions can lead healthy, productive lives when the health problem is diagnosed and treated. When identified and treated early, the severity and impact of these health issues, including damaging consequences to both the person being treated and her or his family, can be reduced. That's why the process of getting care—what we refer to as gaining access—is critically important.

Access to care can help prevent, delay, and treat mood disorders, other mental health conditions, and co-occurring illnesses, such as substance use. Having access to mental health care services can be the factor that determines whether a person is able to achieve wellness or succumb to despair, restore a healthy relationship or divide a family, keep a job or become dependent on family or government subsidy. Having access to mental health care services affects most if not all of us at some point in our lives and that's what makes this topic worthy of being the inaugural blog post on Care for Your Mind.

Over the past few years, a growing number of lawmakers have recognized that mental health is part of overall health. They decided it was time for both public and private health plans to

- End annual and lifetime limits on behavioral health coverage
- Make out-of-pocket costs for mental health and substance use care no more expensive than for medical care
- Stop penalizing people with existing mental or substance use conditions and stop restricting them from getting health coverage in the first place.

Recognition became reality when Congress enacted the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to assure that people with mental health or substance use problems are not denied health care based solely on that diagnosis. In this realm, parity means assuring access to health care services for mental health conditions on par with physical health conditions. This commitment to parity for mental health and substance use conditions is being implemented across the nation as the preventive and integrated care provisions of the Affordable Care Act (ACA) take effect.

At last, mental and addictive health are beginning to be treated as part of overall health. And it's about time! After all, these conditions are among the top causes of disability in the US and worldwide. They take a toll on families, communities, the education system, the workplace, and the economy to a startling degree.

Facts, Just the Facts The numbers tell the story.

- *Mental disorders affect 1 in 4 US adults (45.6 million) and children/youth (15.6 million).*
- *Mood disorders affect 20.9 million American adults age 18 and older (that's 9.5% of the population), and are more prevalent in women than in men, affecting girls age 12 to 15 at triple the rate as in women (15.2% for girls and 5.1% for women).*
- *As many as 8 million adults age 18 and over have both a mental and a substance use condition: rates of substance use disorders among people with mood disorders are double those of other adults.*

These data point out a cold, hard truth: access to care is critical for millions of people of all ages. Both health and life can be affected for better or for worse by the ready availability of care. However, the realities of access are that fewer than 40% of adults and youth with mental health conditions ever get any mental health services; fewer than 7% of adults with co-occurring mental and substance use disorders get treatment for both; 32.5% receive only mental health care and 4% get only substance use treatment.

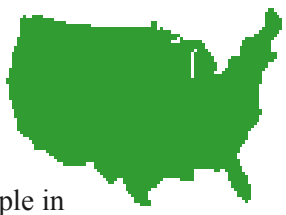
The Importance of Access to Care When access to care for any chronic health problem, including mental health conditions and substance use disorders—or care for any other chronic health problem—is denied or otherwise unavailable, prevention and early intervention are all but impossible. Symptoms go unmanaged and get worse. Without diagnosis and treatment, people get sicker faster. For many people with treatable mental or substance use problems, the result can be a downward spiral of increasing disability. Many experience additional physical or behavioral health problems that also may go untreated. Without diagnosis and treatment, the lives of people with mental or substance use conditions may be cut short by as many as 25 years. That's a lot of living to lose! But the toll doesn't stop there: this downward spiral often includes lost education, lost employment, broken families, and, too often, lives lost to suicide.

In contrast, available and accessible care is based on the recognition that care for mental health and substance use problems is part of overall health care, and that these conditions are real and treatable. Addressing them as treatable medical conditions can reduce the negative perceptions — or stigma — associated with mental health and substance abuse conditions, much like the change in how the public looks at cancer. That's good public health policy.

Accessible mental health and substance use care is also good personal health policy. Access to evaluation and diagnosis can help prevent or delay the onset of these conditions. Access to early intervention can move people with diagnosed mood disorders and other mental health conditions toward health and recovery. Related health problems, such as substance use or alcoholism, heart disease, and HIV, also can be delayed or prevented altogether. That's not only for medical reasons, but also because access to mental health and substance use care as part of overall health care involves creating links to all kinds of helpful services and supports that encourage community engagement and integration. And those services and supports can help boost protective factors that promote ongoing mental and physical health and reduce risk factors for the recurrence of mental or other health problems.

Ongoing access yields an opportunity for patients and health care professionals to examine how well care and treatment are going and to make collaborative decisions about needed changes. Ultimately, ongoing access makes the promise of recovery a reality.

AROUND THE STATES: AN UPDATE



- **COLORADO.** In the wake of the Aurora shootings, the State has enacted increased mental health services, including walk-in crisis centers, mobile units that travel to rural areas where mental health services are limited, more short-term residential care, and a 24-hour hotline. Governor Hickenlooper (D) has signed the $20 million measure into law. Lawmakers budgeted nearly $20 million for the expansion. At the same time, it has launched an ad campaign to promote the ACA's health insurance marketplace in the State.
- **KENTUCKY.** Governor Steve Beshear has the distinction of being the final Democratic governor to sign on to the ACA's Medicaid expansion. The expansion will cover roughly half of the people in Kentucky who currently are uninsured.
- **MARYLAND.** The State Medicaid agency and mental health authority have clarified a number of issues regarding jailed individuals with mental disorders. Medicaid will not be suspended for individuals on pre-trial detention.

Clinicians (including private practitioners, out-patient clinics, ACT providers, psychiatric rehabilitation counselors, and case managers) can see and bill for their patients in jail on pre-trial detention. Further, the mental health authority is promoting *Data* Link, through which nightly booking files are cross matched every night with the State ASO's authorization files, following which both the jail and the county mental health authority will be notified. This effort will help ensure that medication needs of newly jailed individuals are known by jail personnel. The State is among those leading efforts to improve the health status of people with mental illnesses within the justice system.

- **TEXAS.** The State House has approved a measure (Senate bill 1185) that **CONNECTS** mentally ill inmates with social, clinical, housing and welfare services during the first weeks after the person's release from jail. If it passes a final House procedural hurdle, the bill, previously approved by the State Senate, will head to Gov. Rick Perry's desk for signature and enactment into law. At the same time, however, the House and Senate remain at odds over the future of Medicaid expansion in the State, with the House favoring a ban on such expansion.

ON THE BOOKSHELF: RECENT PUBLICATIONS OF NOTE

- **ROBERT WOOD JOHNSON FOUNDATION.** *Health Policy Brief: Essential Health Benefits* explains how, under the ACA, states are allowed to customize their own health insurance plans to meet a required 10 categories of "essential health benefits." While states like the flexible approach, patient advocates prefer a national standard. The issue brief, published online in the May 2, 2013 *Health Affairs,* explores the background of the debate and the policy implications surrounding essential health benefits, For more, go to: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf405809

- **BROOKINGS INSTITUTION.** *Bending the Curve: Person-Centered Health Care Reform* explores what can be done to close "major gaps in the quality and efficiency of health care," suggesting reforms to Medicare, Medicaid and private health coverage that could save an estimated $300 billion or more in federal dollars over the next decade. Its authors include former senator Tom Daschle, former governor and HHS Secretary Michael Leavitt, and former CMS director Mark McClellan, among others. To read the report, go to: http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf405732
- **URBAN INSTITUTE.** *Limiting the Tax Exclusion of Employer-Sponsored Health Insurance Premiums: Revenue Potential and Distributional Consequences* describes how eliminating the tax exclusion on employer-sponsored health insurance at the 75th percentile would raise $264 billion in new revenues from 2014 through 2023. For more go to: http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/05/limiting-the-tax-exclusion-of-employer-sponsored-health-insuranc.html
- **NATIONAL CENTER FOR LEARNING DISABILITIES.** *Diplomas at Risk: A Critical Look at the Graduation Rate of Students with Learning Disabilities* not only presents the startling findings regarding the low graduation rates among students with specific learning disabilities in states across the nation, but also helps parents, educators, and policymakers understand what they can do to improve the graduation rates of students with LD. To read the report, go to: http://www.ncld.org/disability-advocacy/where-we-stand-policies/diplomas-at-risk
- **ROBERT WOOD JOHNSON FOUNDATION.** *The Oregon Experiment: Effects of Medicaid on Clinical Outcomes* quantifies the effects of Medicaid coverage in Oregon. Based on data from the population added by lottery to Medicaid in 2008, the study found that Medicaid enrollees in the Oregon get more preventive care and access to treatment, how rates of depression are reduced, and how Medicaid virtually eliminates catastrophic out-of-pocket-costs. For more on the RWJF-funded study, results of which appear in the New England Journal of Medicine, go to: http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/05/the-oregon-experiment-effects-on-clinical-outcomes.html?cid=XEM_A7129
- **SAMHSA.** *Promoting Recovery and Independence for Older Adolescents and Young Adults who Experience Serious Mental Health Challenges* indicates that young adults (ages 18–25) taking part in community-based treatment programs achieve positive outcomes in behavioral and emotional health, daily life skills, employment, enrollment in school, and reduced homelessness. The benefits are potentially significant with 20% of young adults experiencing a mental condition in the last year, of which over 1.3 million have a disorder so serious that it compromises daily functioning. Download a copy at: http://www.samhsa.gov/children.

MARK YOUR CALENDAR

- **MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS.** Improving Outcomes Finance & Quality through Integrated Information, June 6-7, 2013 at Crystal Mountain Resort and Spa, Thompsonville, MI. Go to: http://www.macmhb.org
- **NATIONAL RURAL INSTITUTE ON ALCOHOL AND DRUG ABUSE.** June 9-13, University of Wisconsin-Stout, Menomonie, WI. Go to: http://www.uwstout.edu/profed/nri/index.cfm.
- **NATIONAL ASSOCIATION OF RURAL MENTAL HEALTH.** The NARMH annual conference. *Lassoing Rural Solutions for Rural Challenges* is slated for July 31-August 3, 2013 in San Antonio, Texas. A preconference will focus on veterans; a special peer track is being featured as part of the conference proper. To register and for more information, go to: www.narmh.org.
- **AMERICAN PUBLIC HEALTH ASSOCIATION.** *141 Annual Meeting*, November 2-6, Boston, MA. Go to: http://www.apha.org/meetings/AnnualMeeting
- **AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE.** *2013 National Conference*, November 9-13, Philadelphia, PA. Go to: http://www.aatod.org/national-conference/2013-aatod-conference-philadelphia/conference-at-a-glance/

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