



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

Mental Health & Substance Use Care: Leadership in 2008

The American College of Mental Health
Administration

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Today...talk about

- Come so far, so far to go
- The 2008 healthcare debate
- Challenges and opportunities
- Taking the future into our own hands –
public policy; quality; messaging and
marketing; political engagement

The National Council

- Not for profit association of 1400 + mental health and addictions treatment and rehabilitation organizations
- Member organizations – state, county, not-for-profit and private - employ 250,000 staff and provide services to millions of adults and children in communities across the country

The National Council

We envision a nation where **everyone** will have access to early detection and the effective treatment and supports essential to live, work, learn and participate fully in their communities.

Come a long way

- Generation long effort moved hundreds of thousands of people warehoused in institutions to care
- Creation of case management, assertive community treatment, peer support, club houses, supported employment, housing, jail diversion initiatives.....
- Centralized state hospitals to decentralized pluralistic, market oriented system
- Passage of Medicaid and Medicare, expanding Social Security Disability Insurance and Supplemental Security Income

Come a long way

**PORT Recommendations, Surgeon
Generals Report, President's New
Freedom Commission, and Institute of
Medicine reports all agree that:**

- **mental health and freedom from addictions
are vital to overall health**
- **effective treatments exist and recovery is
possible**

Come a long way

- Up to 90% of people with a mental illness that are treated with a combination of medication and therapy experience substantially reduced symptoms, enhanced quality of life & increased productivity
- Science has revolutionized our understanding of addictions – treatment has been shown to cut drug use in half, reduce crime by 80% & reduce arrests up to 64%.

Come a long way, but...

- Many people with mental illnesses and addictions are poor, stigmatized and dependent upon publicly financed – Medicaid - services.

Mental illnesses and addictions are widespread

- Up to two-thirds of homeless adults chronic alcoholism, drug addiction, mental illness or some combination of the three.
- 25% of hospital admissions have accompanying mental illness or addiction.
- A quarter of all social security payments are for individuals with mental illnesses.
- Mental illness drains our economy of more than \$80 billion every year.

The 2008 healthcare debate – the numbers

- Insurance premiums doubled since 2000
- 64% of insurance costs are marketing, sales, and underwriting risk
- 16% of GDP on healthcare, no other country spends more than 10%
- US 31st in life expectancy, 40th in child mortality
- 75% of healthcare costs are attributed to 4-5% of individuals who have multiple, chronic illnesses
- 47 million without health insurance

High Cost - Causes

- We pay hospitals and doctors more
- Rely more on specialists using high technology diagnostics & interventions
- Weak to non-existent comparative effectiveness efforts
- Our fragmented array of insurers and providers drive high administrative costs

High Cost – Does it Matter?

- Extremely wealthy country; most like their insurance and providers
- Advanced treatments improve an individuals improve quality of life; end of life treatment
- But in several decades all of GDP for healthcare
- Govt. budgets crisis sooner – Medicare and Medicaid – raise taxes or cut programs

High Cost - Solutions

- Expenditures vary from region to region with no difference in outcomes – if entire nation cut costs to match lower spending regions save 20% to 30%
- Less than half of all care supported by good evidence – take decades to conduct comparative effectiveness studies, modify laws and change practitioner behavior
- Managed care kept costs down but practitioners and consumers hated it – live with it

High Cost - Solutions

- IT behind other sectors & foreign medicine, computerization in long term reduce paperwork burden, errors and repeated tests
- Everyone hopes prevention will cut costs, not clear if or when savings would show up
- 75% of costs by 4-5% with chronic illnesses, disease management was answer, data unclear
- High drug costs – allow Medicare to negotiate, importation of medications?

High cost – Who Pays

- Pay hospitals, nursing homes, pharma and providers less
- Skin in the game – 1974 to 1982 Rand study: 30% saving when people had to pay most of costs with no difference in outcomes, exception low income people in poor health
- Single payer???? – private insurance adopts uniform billing and payment procedures

The Candidates

- Clinton and Obama some difference magnified to differentiate themselves within their party – focus on universal coverage
- Clinton and Obama cost cut through EMR, prevention and disease management
- McCain not focused on universal coverage uses tax policy to cut costs - eliminating employer tax deduction, offering individual deduction – and allows policies across state lines by groups like churches, unions and associations

Healthcare reform?

- Universal coverage –110 billion dollars; 9 out of 10 voters are insured
- Competing issues: AMT.....
- Universal coverage without cost containment = increased cost
- Special interests groups – wall street, hospitals, insurance, doctors, small businesses, research, pharmas, associations
- Gridlock – political polarization, little time governing

Gridlock: Lobbying first half 2006

<i>Company/Association</i>	<i>Amount</i>
U.S. Chamber of Commerce	\$31,440,000
U.S. Chamber Institute for Legal Reform	17,780,000
AT&T and its predecessors	13,545,451
AARP	11,040,000
American Medical Association	10,740,000
Pharmaceutical Research and Manufacturers of America	8,840,000
American Hospital Association	8,280,000
Exxon Mobil	8,200,000
General Electric	8,020,000
American International Group	7,995,189

Challenges and Opportunities

- Ambivalence about “healthcare”: doctors, chronic illnesses and recovery, objective measures
- Focus on individuals with most serious mental illness
- Late detection – complex U.S. healthcare system
- Complexity of illnesses – early mortality and increased morbidity

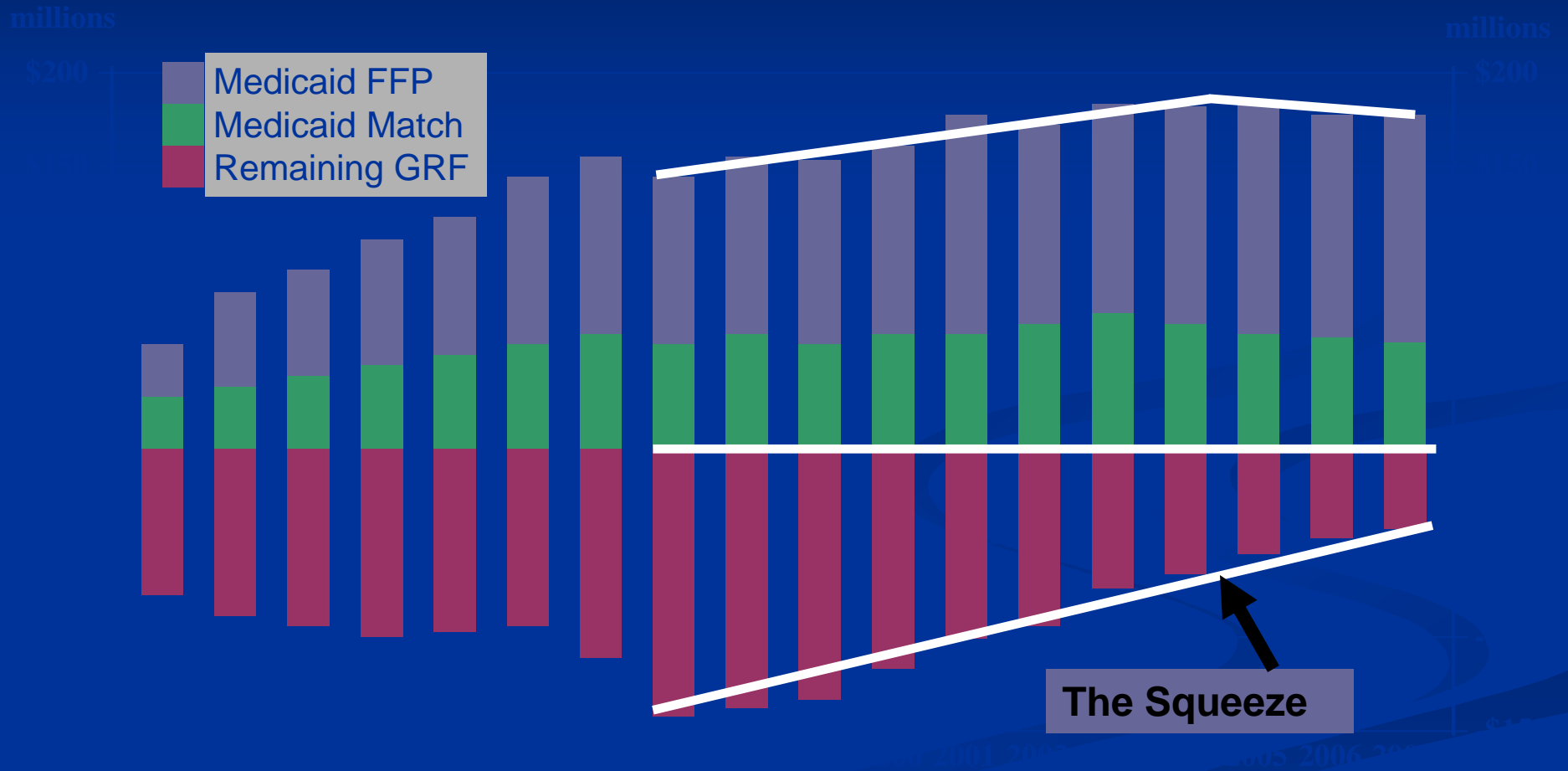
Challenges and Opportunities

- Protecting individuals with mental illness from harm v. protecting society from dangers associated with mental illnesses
- Low rates of treatment retention & adherence
- Staffing crisis - low prestige and salaries / high turnover
- Limited use of evidence based practices – low impact of workshops and training events – limited use of technology

Challenges and Opportunities

- Lack of understanding of business operations/ financial investment in new services
- No uniform standards of care and multiple layers of regulation and oversight
- Multiple hospital and community providers with fierce competition for Medicaid
- Limited access

Illustrative Medicaid Dynamics; Ohio Department of Mental Health Community GRF (502+508+408) and Medicaid FY 1990 – FY 2007 (est) Deflated 3% per year



What we must do...

- Focused policy agenda.
- Nurture strategic relationships.
- Reputation for quality – measure, measure, measure.
- Effective communications with media, advocates, policymakers & public.
- Be engaged and politically active.

Public Policy

- Parity/ Medicare
- Understanding and Defending Medicaid:
Rehab Option and case management
- Veterans
- Criminal Justice: Mentally Ill Offender
Treatment and Crime Reduction
Act/Second Chance Act
- Community Mental Health Services
Improvement Act

Community Mental Health Services Improvement Act

- Primary care in behavioral sites
- Co-occurring disorders funding demo
- Workforce improvements, salary study
- Paperwork reduction - elimination of regulatory redundancy
- Advancing tech. & electronic health record

What we must do politically...

- Understand and influence the national dialogue: mental health and freedom from addictions are vital to overall health and effective treatments exist
- *Tell our story*
- Measure, measure, measure
- Be essential communities problem solvers
- Partner – bridge the divide between health, mental health, addictions treatment communities
- Commit to using our influence: Congress doesn't know us very well and CMS doesn't always like us

Build relationships with policy-makers

- Be informed, www.thenationalcouncil.org
- Meet them in Washington or the District
- Get to know staff —
- Help them — contribute to their campaign, attend a fundraiser, put up yard signs, block walk, etc.
- Maintain contact

24.7.365



“Political action
is the highest
responsibility
of a citizen.”

John F. Kennedy