

Behavioral Health Reform: Into the Future Update

Presented by:

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Signet Health

MENTAL ILLNESS

“No one would ever say that someone with a broken arm or a broken leg
Is less than a whole person , but people say that or imply that
all the time
about people who suffer with mental illness.”

Ellyn R. Saks

Associate Dean and Professor of Law, Psychology and Psychiatry, USC Law School

TOPICS COVERED

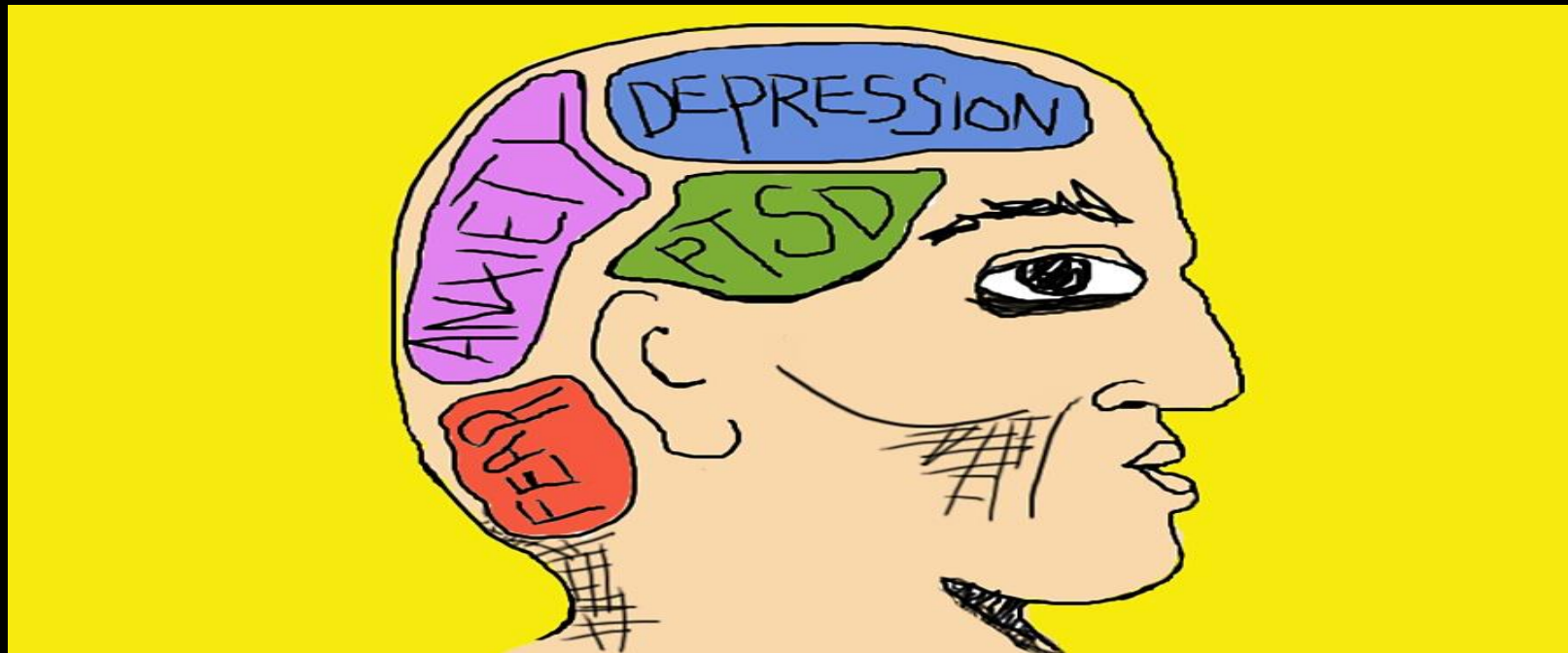
- Overview of Behavioral Health
- Suicide and Behavioral Health
- Behavioral Health Reform Important Legislation
- The hidden costs of not reforming Behavioral Health
- The national picture of Behavioral Health Reform
- Texas Behavioral Health Update

WHAT IS BEHAVIORAL HEALTH

- Behavioral Health encompasses Mental Health and Substance Abuse Problems
 - Both are clearly brain diseases
- **Why should you care about Behavioral Health Reform**
 1. You are just nice people that care.
 2. Strong chance you or someone you know has been touched by a behavioral health issue at some point
 3. The astronomical hidden medical costs for people with behavioral health problems
 4. Behavioral Health is the #1 diagnostic category of spending in health care in the United States, totaling over \$200 billion dollars per year

MENTAL ILLNESS

- 1 in 5 people live with a mental illness
- 47 million people (2017) up from 45,000 in 2016
- Approximately 18% of all adults in the US
- Women higher than men
- Ages: young adults the highest prevalence



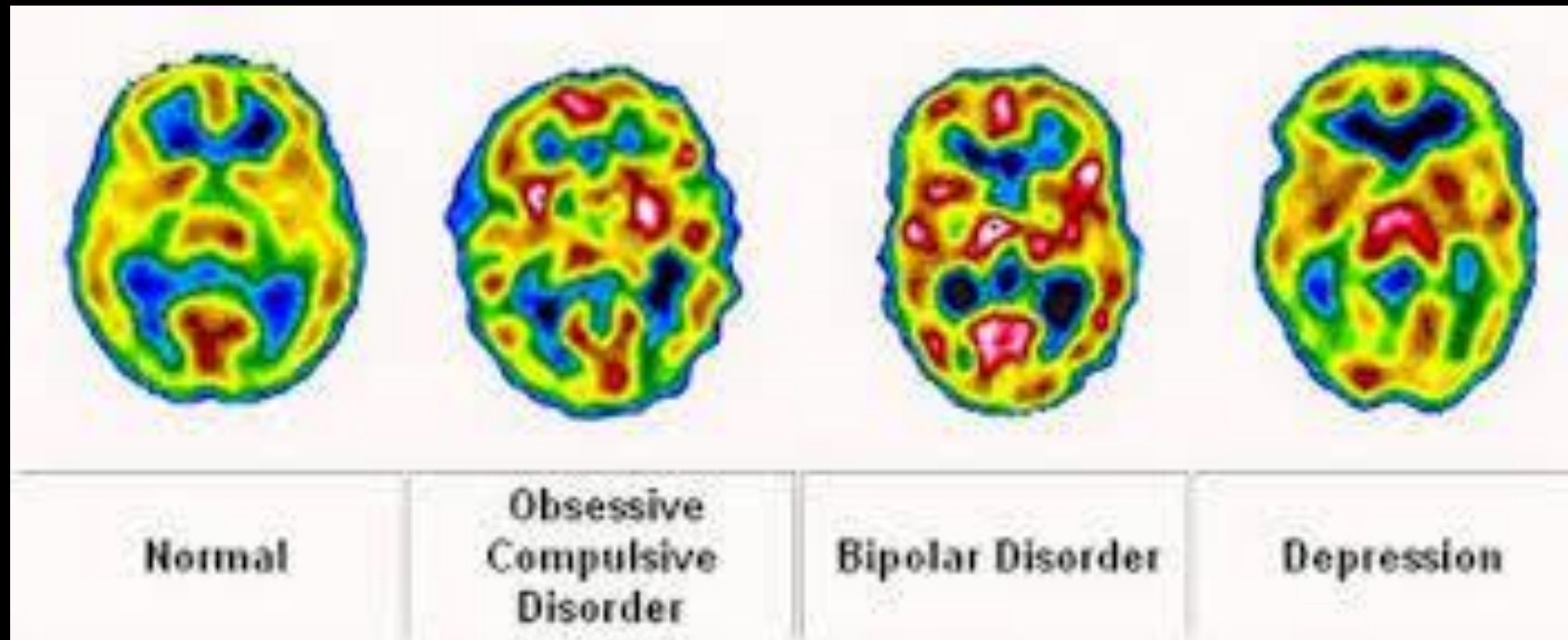
MENTAL ILLNESS

- Youth Mental Health is worsening: From 2012 to 2017 the prevalence of past year Major Depressive Episode increased from 8.66% to 13.01% of youth ages 12-17. As of 2017 over two million youth have a major depressive episode with major functional impairment.
- Suicidal ideation is increasing among adults from 3.77% in 2012 to 4.20% in 2017, that equals over 10.3 million adults.
- Class Action Lawsuit: Deedee Tillitt's , 21 year old son Max died in 2016 of a drug overdose , he was in inpatient treatment for 3 weeks and then his insurer denied continued care in spite of his doctors documenting it was needed, 10 weeks after discharge he died. March 2019 his insurer was found liable in court for breaching their fiduciary responsibility and denying benefits. Big step but does not result in punitive damages due to ERISA (labor law).

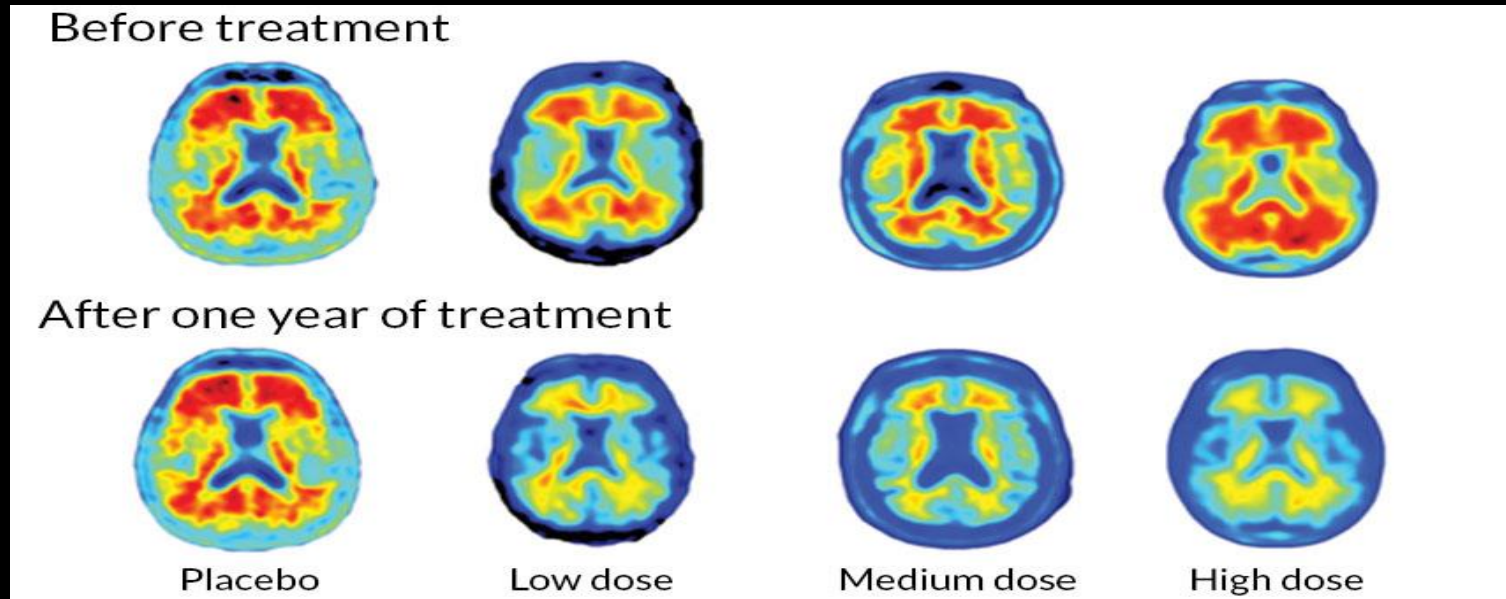
MENTAL ILLNESS

- People seeking treatment for Behavioral Health Problems are far more likely to see clinicians who are not in their insurance network than people seeking medical treatment.
- 34% of people report significant difficulty finding a Behavioral Health Provider who accepts their insurance compared to 9% for primary care and 13% for other specialists.
- Behavioral Health Providers got lower reimbursements than primary care providers by 20%
- Parity sets ambiguous standards , it does not say what an adequate network is and there is no one agency or office enforcing rules.

Mental Illness is a Brain Disorder



Does Treatment work?



SUICIDE

- Suicide is a national epidemic in the US
- Suicide claimed the lives of 47,000 in 2017, up from 45,000 in 2016
- Every day between 18-22 veterans die by suicide
- Suicide is the 2nd leading cause of death between ages 10 to 34
- More than 90% of children who die by suicide suffer with a mental health condition
- Suicide is the 4th leading cause of death for people between 35 to 54
- Twice as many suicides as deaths by homicide
- Suicide rates increased 28% between 1999 and 2016

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SUBSTANCE PROBLEMS

- **2017 HHS declared a health emergency (OPIOIDS)**
- 8 people die every hour from a drug overdose
- Approximately 108,000 people died in 2017 from drug & alcohol causes
- Deaths from synthetic opioids rose 45% in 2017, increased tenfold in the past five years
- US Medical Sector ranks 2nd in the world for Opioid use (1st is Canada)
- 2.1 million people had an opioid use disorder 1.4 million people misused prescription opioids

BI PARTISAN LEGISLATIVE EFFORTS

- 2002: President's New Freedom Commission on Mental Health
- 2008: Mental Health Parity-Addiction Equity Act
- 2010: Expand Parity
- 2016: Century Cures Act

THE COST OF NOT COVERING BH SERVICES

- Medical costs for treating patients with chronic medical and behavioral health disorders are 2 to 3 times higher than the medical surgical general population
- Between 9% to 17% of the additional spending can be saved through effective Behavioral Health/Medical Integration
 - Care Management
 - Non Traditional Services
 - Health Homes (Medical Homes)
- Total spend in US for people who suffer with Behavioral Health disorders is estimated at \$752 billion annually
- Common medical problems: CHF, diabetes, asthma, cancer (Milliman * From administrative claims data)

HEALTHCARE SPENDING

- 2018

3.7 Trillion Dollars in healthcare spending in the United States

18% of US gross national product

\$11,300 spending per person

1978

7% gross national product

HEALTHCARE SPENDING

- Largest Diagnostic Categories of spending
 1. Mental Disorders
 2. Heart
 3. Injuries
 4. Cancer

CHALLENGES & OBSTACLES

- Stigma and Taboo
- Lack of Funding
- Access to care
- Fragmented care
- Shame

BEHAVIORAL HEALTH REFORM

- Historically medical and behavioral health care is very fragmented
- Fragmentation leads to poor quality of care, higher costs of care, higher costs for businesses, higher costs for publicly funded systems such as justice, education, and human services
- What is Behavioral Health Reform?
- Reforming the current Behavioral Health funding and care systems to provide better access to cost effective care across continuums , What does this really mean?
- SAMSHA has included integration of health and behavioral health as a top strategic initiative
- CMS has implemented Primary Care Medical Homes
- Federal waivers and funds to promote health and behavioral health integration

BEHAVIORAL HEALTH REFORM

- Various Federal and State initiatives:
- National Governors Association:
 - Data Exchange
 - Transform Medicaid
 - Leverage purchasing power to accelerate reform
 - Improve care for people with Behavioral Health needsKey focus if better integration and coordination of services
- Expand Telehealth
- Develop budget neutral initiatives to create more community based services
- Embed Behavioral Health into PCP offices
 - Telehealth
 - Therapists
 - Care coordination

BEHAVIORAL HEALTH REFORM

Health Homes and Population Health

What is a Health Home?

It is not a physical space!

It is a group of health care and service providers working together to improve coordination of care and service delivery.

- *Improve health outcomes.

- *Decrease ED visits.

- *Decrease costs

Demonstration Projects

Multi-payer Advance Primary Care Practice Demonstration

CMS: joining with private health plans

Eight States

CMS Innovation Center

BEHAVIORAL HEALTH REFORM

Patient Centered Medical Home-

A medical home is not simply a place but a model of the organization of primary care that delivers core functions of primary health care. (Agency for Healthcare Research & Quality)

Five Attributes of a PCMH

1. Comprehensive Care
2. Patient Centered “Whole Person focus”
3. Coordinated Care
4. Accessible Services
5. Quality and Safety

The Triple Aim: Improved Patient Outcomes, Improved Patient Experience, Improved Value

US Department of Health & Human Services

Per member, per month to the PCMH

Total cost of care is typical

TEXAS STATEWIDE BEHAVIORAL HEALTH 2017-2021

Strategic Plan Update, New Changes to better coordinate:

2014-2015 Creation of Statewide Mental Health Coordinator

2016-2017 Directed the development of a collaborative 5 year Behavioral Health Strategic Plan

Goals: Create a unified approach to the delivery of behavioral health services in Texas
That allows all Texans to have access to care at the right time and place.
Reduce suicide rates, diversion of people with mental health issues from jail.
Develop a plan for coordination of expenditures.

Estimated 880,000 Texans have a serious mental health issue

220,000 Texas veterans have a mental health condition

500,000 children and adolescents have a serious emotional condition

TEXAS DATA AND STRATEGIC PLAN

Nationally Texas ranks low of Adults(16%) with any mental illness, #7 in Adults with Alcohol and Drug use (high), estimated 60% do not receive treatment (Mental Health America), #49 Adults with mental health needs uninsured (23.3%, nationally 14.7%)

18.5% Vet's returning from Iraq or Afganistan have Post Traumatic Stress or Depression
19.5% have a traumatic brain injury

State Hospital Beds: 2018 2,269 bed capacity

Old physical plants, \$300 million appropriated to redesign Phase I -2018-19
Increase in forensic patients, decrease in civil commitments
Forensic patients equal longer length of stay and less payer sources
Contract for 601 private beds (2018)

BEHAVIORAL HEALTH REFORM IN TEXAS

Texas has taken a more regional and community based approach to Behavioral Health Reform

State Representative Four Price

- Chairs both House Select Committee on Mental Health & Public Health Committee
- Both the House & Senate are focusing on Behavioral Health

Senate is debating investing \$95 million to address Behavioral Health needs Texas House proposed appropriating an additional \$162 million to address Behavioral Health needs

Leon Evans, CEO Center for Health Services, San Antonio

- Jail Diversion
- Crisis Care Center
- Forging partnerships with law enforcement
- Diverted 10,000 Bexar residents into treatment programs
- Estimated savings of over \$50 million to the region

BEHAVIORAL HEALTH REFORM

Texas System of Care: Comprehensive plan for children and families

Identify gaps in services and supports , work with community partners to fill the gaps

- Texas Building Bridges Initiative: Transform residential psychiatric care, reduce restraints and seclusion, increased family involvement

Community Resource Coordination Group MOU

- County based groups, public and private to coordinate care for people with complex needs

2018 Veterans Commission Mental Health Summit

- Barriers to access, Eligibility criteria, Awareness and education

Texas Human Trafficking Resource Center

TEXAS BEHAVIORAL HEALTH FUNDING

- 2018-2019 biennium \$4.0 billion- across 18 state agencies (includes health and human services, criminal justice, higher education general government and regulatory services.
- Texas Medicaid \$3.4 billion
- CMS- 1115 Waiver- Allowed the State to expand Medicaid Managed Care while preserving federal supplemental hospital funding
 - Original amount was \$11.4 billion for 5 years through 9/2016- It was extended 9/2022
 - Spearheaded funding for over 400 innovative programs
- [Hhs.texas.gov](https://hhs.texas.gov)- Texas Statewide Behavioral Health Update, FY 2017-2021

“We need so much more openness, transparency and understanding that it is OK To talk about depression as an illness. It is not a weakness. It is not a moral shortcoming. It is not something people brought on themselves.”

John F Greeden, M.D.

Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences
Executive Director, University of Michigan Depression Center

REFERENCES

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- The National Institute of Mental Health
- Substance And Mental Health Services Administration, SAMHSA
- National Governors Association
- American College of Physicians (acponline.org)
- U.S Department of Health & Human Services
(pcmh.dhrrq.gov)
- Centers for Disease Control

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