Connecticut Community Providers Association Testimony to Governor's Sandy Hook Advisory Commission on April 12, 2013

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Introductions & Thank You

- Connecticut Community Provider Association (CCPA) is a trade association that represents organizations providing services and supports for people with disabilities and significant challenges including children and adults with substance use disorders, mental illness, developmental, and physical disabilities. Community providers deliver quality health and human services to 500,000 of Connecticut's residents each year. Many of our member agencies provided staff as early and on-going responders to the Sandy Hook shootings.

Overview

- Mental Health problems are common
- Mental Health treatment works
- Only 1/3rd of individuals and families with Mental Health problems access care in a timely manner
- There are significant human and economic costs to poor access and to care that is not effective as it can or should be.
- There are ten (10) things we can do **now** to significantly improve the system and the outcomes it produces:

Recommended Action Items 1- 5

1. Restore funding for planned cuts of 63 million dollars in mental health and substance abuse treatment funding from Governor's Proposed Budget
2. Establish rates or other payment mechanisms in Medicaid that cover the full costs of delivering care
3. Assure the *Mental Health Parity Act* is Enforced
4. Support US Senate Bill 2257 *Excellence in Mental Health Act*
5. Support the delivery of excellent care through promotion of evidence based practices

Recommended Action Items 6-10

6. Initiate a wide scale public information campaign to increase knowledge and understanding about mental health issues and reduce stigma
7. Improve coordination across systems and programs
8. Expand prevention & early intervention
9. Strengthen existing crisis services
10. Expand funding for school based health services and behavioral health care

Mental Health Problems are Common

- 50% of all adults will have a diagnosable mental health problem at some point in their life (Centers for Disease Control)
- For ½ of the adults that have a mental health disorder, that disorder started in childhood (National Institute of Mental Health) [1]
- Mental health disorders account for 5 of the top ten in ***Global Burden of Disease*** (Depression, Alcoholism, Self Inflicted Injury, Schizophrenia, Bipolar Disorder - WHO) [2]
- 1 in 5 children meet the criteria for a mental health disorder and 1 in 10 have a problem that seriously impacts their ability to function well at home, in school, and in the community[3]
- Adverse childhood experiences ***are common*** and contribute to child and adult mental ***and physical*** health problems (CDC)[4]

Mental Health Treatment Works

- Nine out of 10 Americans that received therapy say that it helped them (American Psychological Association survey, 2004).
- Effective medication therapies exist for many mental health disorders[5]
- Meta-analyses show strong positive effects of therapy on symptom reduction and functioning (American Psychologist)[6]
- Outcomes for therapy are comparable to or exceed what Medication produces (American Psychologist)[6]
- For serious disorders combination of therapy and medication is usually best (American Psychologist)[6]

Not all treatments are equally good

- Thousands of studies have shown that Evidence Based Practices (EBPs) get better results than "*usual care*"
- Yet, recent NY Times Article (March 25, 2013)[7] reported that few therapists deliver EBPs. Why the Gap? Multiple reasons:
  - Lack of Funding
  - Few Incentives
  - Training Programs
  - Lack of Awareness

Barrier to Accessing Care - Only 1/3rd that need help get it![8]

- Host of barriers to access
  - Stigma, shame, blame
  - Rates and Capacity
  - Complex and confusing systems of care
  - Lacking knowledge of mental health problems and effective treatments
  - Limited range of treatment options (for most there are few options between inpatient and standard once a week outpatient)
  - Difficulty finding a qualified in-network provider (private insurance)

Barrier to Accessing Care - Stigma

- 1999 Surgeon General's report on mental health: "*Stigma in some ways intensified over the past 40 years even though understanding improved*."[8]
- **Viewing mentally ill persons as dangerous contributes to stigmatization**
- **Among those with a mental illness, risk of violence is low, but when violence does occur, it usually occurs when there is a lack of treatment**
- Despite acknowledging discrimination, substantial share of Americans are uncomfortable around the mentally ill[12]
- Stigma against the mentally ill contributes to
  - Failure to seek or access care
  - Unemployment, underemployment and homelessness
  - Inequities in the delivery of medical care
  - Unnecessary, expensive and harmful incarceration

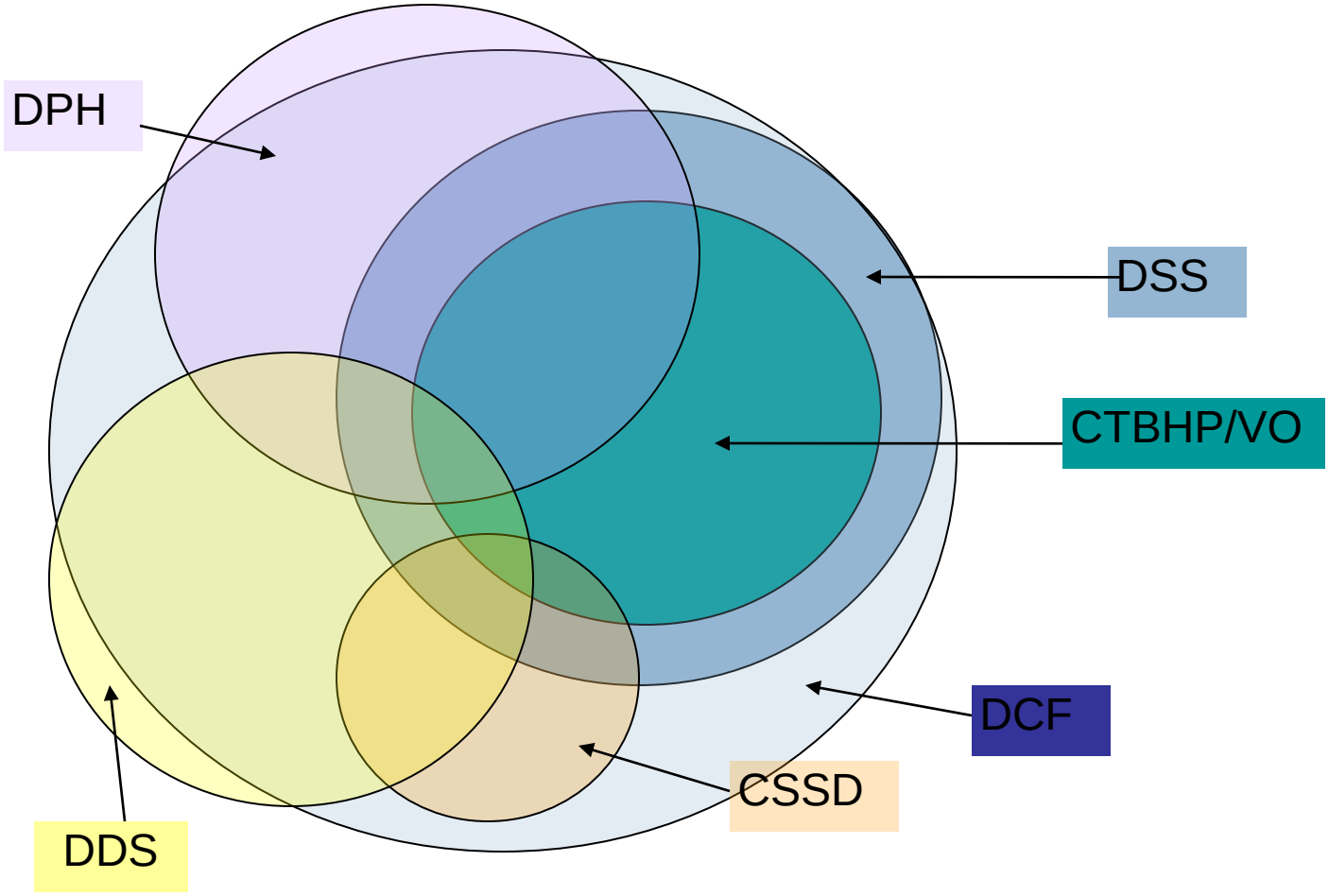
Barrier to Accessing Care – Funding & Capacity

- ***In general, rates of reimbursement for mental health care do not cover costs***
- Many of the most effective evidence based treatments are not reimbursed by Medicaid or private insurance
- ***Years of inadequate rates have created significant financial distress among non-profits***
- One reason for the national shortage of psychiatrists is that they are one of the lowest compensated specialties
- Capacity has not kept pace with demand

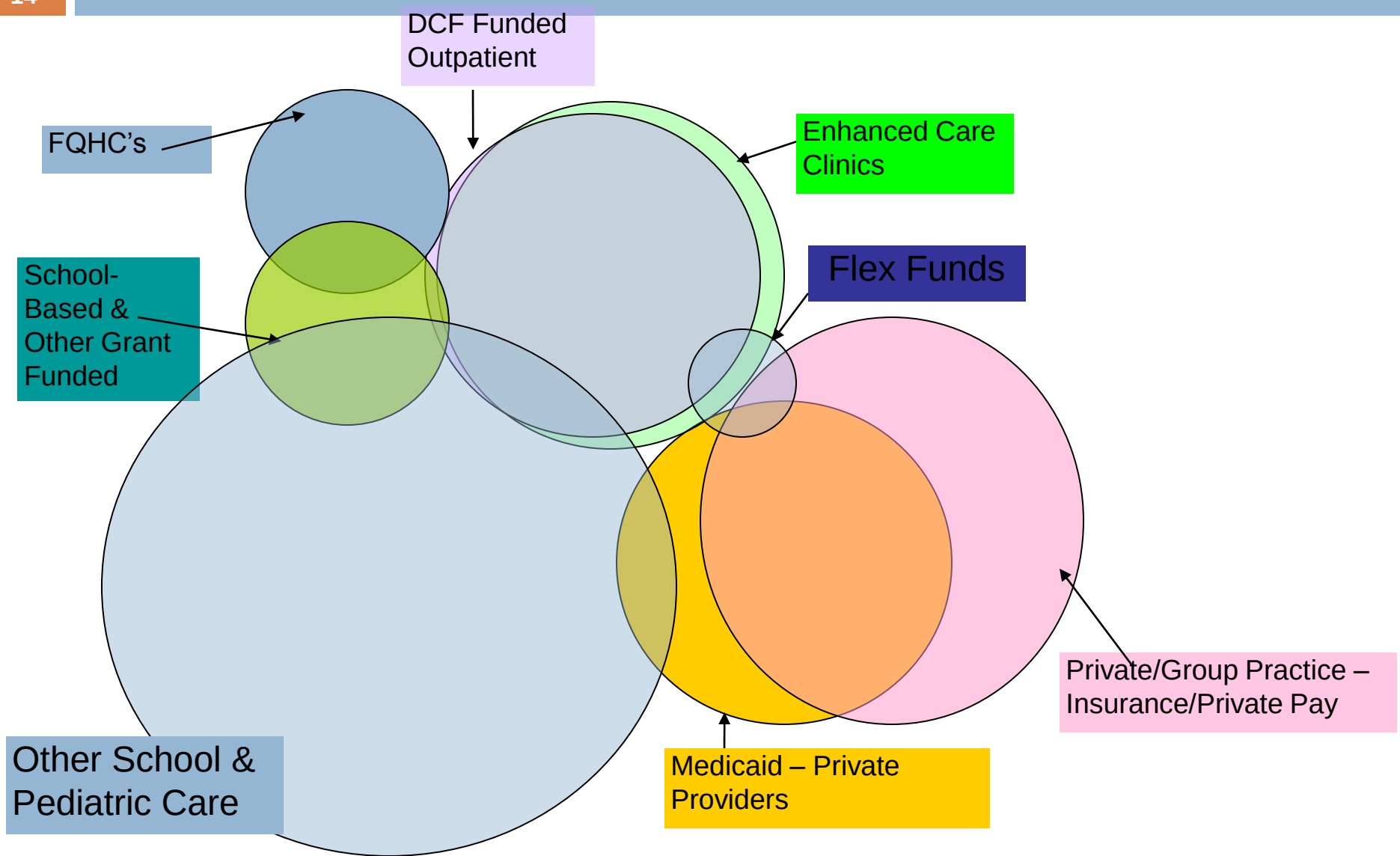
Barrier to Accessing Care – Complexity of the System

- The President's New Freedom Commission - "*for too many Americans with mental illnesses, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery*."
- In CT, DMHAS, DCF, DOC, CSSD, DPH, DDS, DSS, School Systems, Private Insurance and other parties ***all fund components of the MH System***
- ***Each system has its own set of eligibility criteria, means of access, exclusions, etc.***

Overlap of Regulatory and Funding Bodies for Children's MH



BH Outpatient Provider System for Children and Youth



Barrier to Accessing Care - Knowledge

- The general public and many helping professionals lack adequate knowledge of mental illness
  - Signs and Symptoms
  - How and where to get help
  - How to be helpful to friends and family and support recovery

Barrier to Accessing Care – Limited Options

- A range of treatment options matched to severity of illness are needed
- More than once-a-week outpatient vs. inpatient
- ***Many effective treatments available to children and families on Medicaid are not available to adults or children on private insurance***
- ***Many "recovery supports" are not considered medically necessary and not reimbursed by insurance***

Barrier to Accessing Care – Finding a Provider

- Many practitioners in private practice do not accept insurance and only accept out of pocket reimbursement
- Many only participate in some networks or are full and can not accept new patients
- Finding after-school treatment slots for children and adolescents can be difficult

Lack of Access/Quality is Costly

- In 2010, suicide was the tenth leading cause of death in the U.S., claiming 38,357 lives[9]
- Presently, active duty veterans more likely to die from suicide than combat[10]
- It is estimated that nearly one quarter of the nation's workforce experiences a mental or substance use disorder (28 million Americans)[11]
- Depression alone is estimated to cause 200 million lost workdays each year[11]
- Most of the financial burden of mental illness is not from treatment but from indirect costs: Unemployment, absenteeism, reduced productivity, disability, etc.[11]

Action Items 1- 5

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Action Items 6 - 10

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Action Item - Restore Planned Cuts

- The Governor's budget proposes $63 million in cuts to DMHAS grants for mental health and substance abuse treatment services. It is assumed these cuts will be offset by increased coverage under Accountable Care Act, yet:
  - CT's Health Insurance Exchange CEO estimates a 4-5 year roll-in of enrollment of the uninsured.
    - Medicaid only covers 50% or less of the cost of providing treatment. CT has traditionally used grants to cover much of the remaining cost of care.
    - Many non reimbursable clinical services will not be funded.
    - ***What will be the impact of these cuts on capacity, access and provider financial viability?***

Action Item - Reimbursement

- Medicaid rates cover about half of the costs of delivering mental health care
- Insufficient rates reduce access and quality of care
- Rates are a major barrier to implementing effective evidence based treatments
- Low rates for psychiatry are a major impediment to reduced access, wait times, etc.

Action Item - Mental Health Parity

- Laws mandating parity between mental health and other health reimbursements exist at the State and Federal level
- CT Legislative Program Review - Parity laws not sufficiently monitored or enforced to date.

Action Item – Support the *Excellence in Mental Health Act*

- Will create new Federally Qualified Community Behavioral Health Centers (FQBHC)
- Pay FQBHC's a bundled per-visit rate that shares risk with the Federal government
- Expand access to mental health and addictions care
- Promote integrated health & behavioral health care
- Reduce the use of emergency room care
- Save 400 million over 10 years by making FQBHC's eligible for 340(B) drug pricing

Action Item - Support Evidence Based Practice (EBP)

- Evidence based practice will improve outcomes and efficiency
- Support expansion of EBP's by:
  - ***Expanding grant programs that fund the elements of EBP not covered by insurance***
  - Provide enhanced rates for the delivery of evidence based practice
  - Promote the introduction of EBP's into educational programs
  - Remove systemic barriers to the delivery of EBP's

Action Item – Public Information Campaign

- Establish a public health campaign
- Remove shame and blame
- Aimed at all levels, churches, community organizations, families, law enforcement, healthcare professionals, school staff, etc.
- Signs and symptoms
- How to access care
- Suicide prevention and awareness
- Focus on engaging troubled youngsters

Action Item - Improved Coordination

- Planned review of MH System: ***Include all State entities and stakeholders, including community providers and focus on systems issues/challenges***
- Develop a guide to funding and systems that can be accessed by the public and utilized by 211 to inform callers (see Governor's Blue Ribbon Commission on Mental Health, 2000)
- Fund care management services that will help consumers navigate the system

Prevention & Early Intervention

- Prevention – Require that teacher instruction and certification include evidence based social and emotional learning
- Early Intervention
  - Young children (ex. *Child First, MCPAP*)
  - Adolescents demonstrating early signs of mental illness
  - Expand programs funded by DCF, DDS and DPH
  - ***DMHAS: Fund access to early evaluation and treatment***

Action Item - Crisis Services

- ***Crisis is often an opportunity for engagement and access to care***
- DCF and DMHAS Crisis Services
- ***DCF: Public should be as familiar with 211 as 911***
- DMHAS Funded System for Adults - expand access
  - Anyone facing a serious mental health crisis
- Promote private insurance coverage of community based crisis services

Action Item - School Based Mental Health & Community Integration

- For children and adolescents, school based care is effective, efficient and improves access
- Expand existing school based health services
  - Mental health services in more schools
  - More schools with school based health centers
  - ***Integrate with existing community mental health system***
  - Allow tele-psychiatry in school based settings
- Use EBPs to Build Social and Emotional Learning into teacher preparation and school curricula

Summary & Conclusion

- We know what works
- ***Paying for what works will***:
  - Reduce pain and suffering
  - Improve efficiency and effectiveness
  - Increase access and retention in care
  - Be cost neutral or save money
- Doing nothing will be more costly!

References

- [1]National Institute of Mental Health Release of landmark and collaborative study conducted by Harvard University, the University of Michigan and the NIMH Intramural Research Program (release dated June 6, 2005 and accessed at www.nimh.nih.gov).
- [2]World Health Organization – Investing in Mental Health, 2003
- [3]U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General, 1999*
- *[4]http://www.cdc.gov/ace/*
- *[5]Hicks, James, M.D* - **50** Signs of Mental Illness: A Guide to Understanding Mental Health, 2005, Yale University Press
- [6]Shedler, Jonathon – The Efficacy of Psychodynamic Psychotherapy, American Psychologist, 2010

References

- [7]Looking for Evidence that Therapy Works, Harriet Brown, New York Times, 3/25/2013.
- [8]Report of the Surgeon General of the United States, 2009
- [9]American Association of Suicidology, Facts about suicide and depression, http://www.suicidology.org/c/document_library/get_file?folderId=248&name=DLFE-800.pdf
- [10]Washington Post - VA study finds more veterans committing suicide, By Greg Jaffe, February 01, 2013
- [11]Centers for Disease Control and Prevention, Issue Brief No. 2, October 2012
- [12]CT Mirror, Americans Uncomfortable around mentally ill (http://www.ctmirror.org)