

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Advancing Health and Improving Lives in Region III: A health reform discussion with and for Behavioral Health Stakeholders

May 15, 2013

Jean Bennett, Ph.D. and Region III Colleagues



# Region III Behavioral Health & Health Reform

3

***1. HHS Federal Team in Philadelphia***

***2. State Teams in DE, DC, MD, PA, VA, WV***

***3. National Leadership***

# Who's Who in HHS Region III

## Regional Representatives with Behavioral Health Portfolios For the territory including DC, DE, MD, PA, VA, WV

Joanne Grossi.....	Regional Director
Dalton Paxman.....	OASH Regional Health Administrator
Nancy B. O'Connor.....	CMS Regional Administrator
Pam Kania.....	HRSA Regional Administrator
Michael Rolish.....	ACF Regional Administrator
Kathleen Otte.....	ACL Regional Administrator
Stephen Formanski.....	ASPR Regional Emergency Coordinator
Jean Bennett.....	SAMHSA Regional Administrator

# Agenda and Meeting Goals



A Conversation with and for our State Health Officers, Mental Health and Substance Abuse Directors, Medicaid Directors, and state leaders of Primary Care, Child/Family, and Aging Programs.

1. Introduce the Region III Federal and State leadership with behavioral health responsibilities.
2. Discuss top issues of shared concern with the focus on state's ideas and recommendations.
3. Identify regional goals.
4. Frame and organize our regional efforts and resources.

# Setting the Stage: SAMHSA'S VISION and Mission

6

A Nation That Acts On the Knowledge That:

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

**SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.**

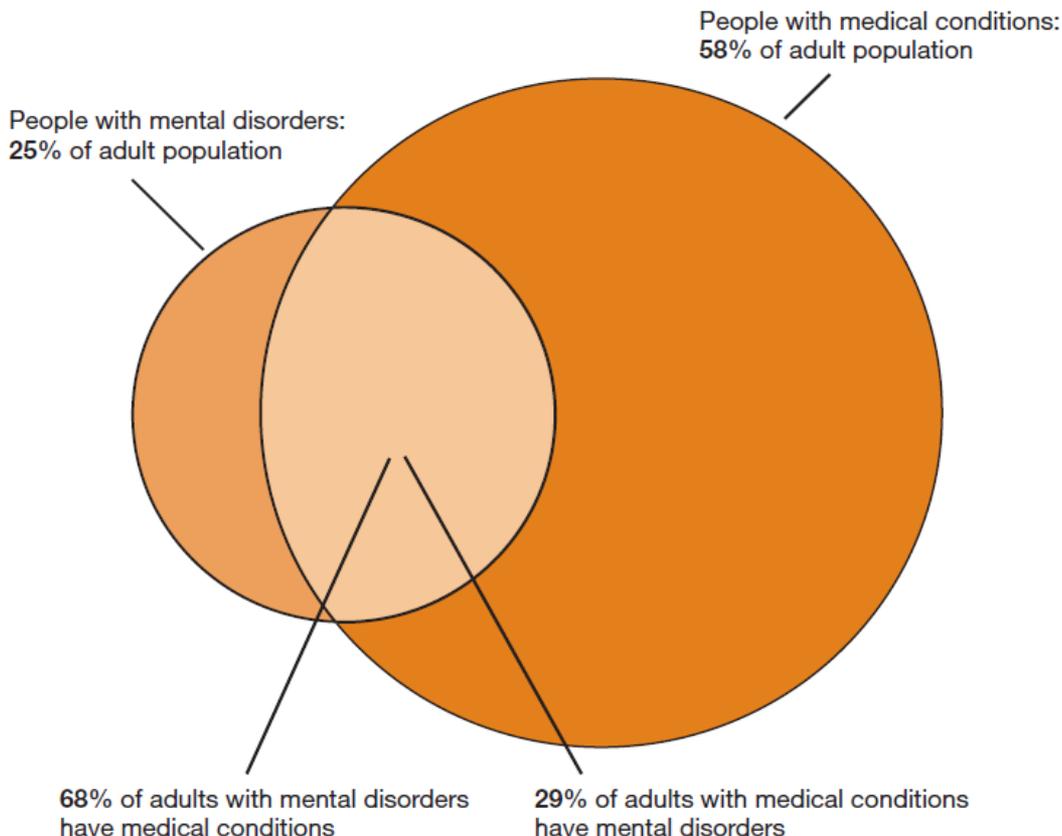
# COMPELLING DATA

## BEHAVIORAL HEALTH PROBLEMS ARE COMMON & OFTEN CO-OCCUR w/ PHYSICAL HEALTH PROBLEMS

7

- 1/2 of Americans will meet criteria for mental illness at some point in their lives
- 7% of the adult population (34 million people), have co-morbid mental and physical conditions within a given year

Figure 1: Percentages of people with mental disorders and/or medical conditions, 2001–2003



Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)

# BEHAVIORAL HEALTH PROBLEMS ARE COMMON IN HIGH NEED MEDICAL POPULATIONS

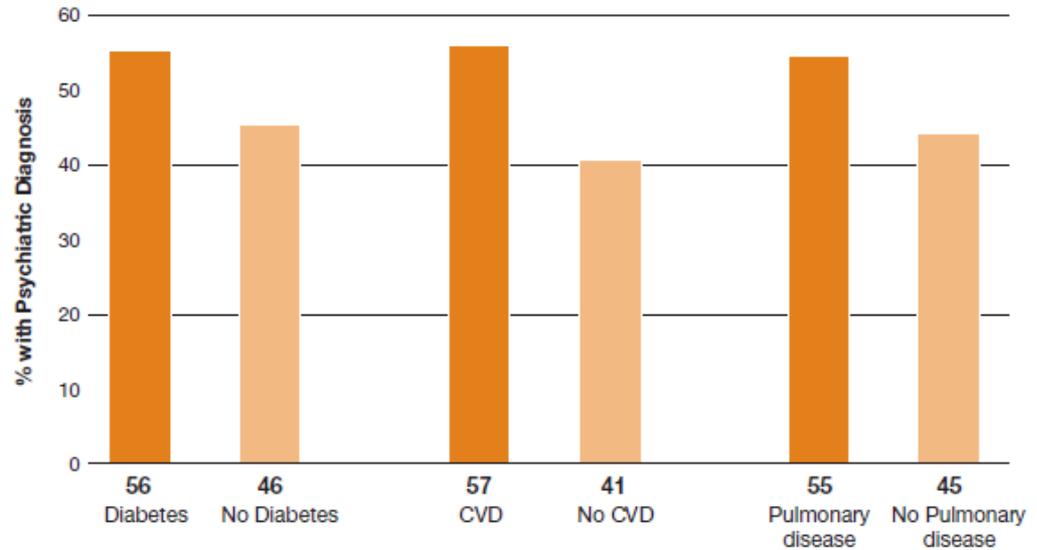
Rates of diabetes, cardiovascular, and pulmonary disease are substantially higher among disabled individuals in Medicaid with psych conditions

People with asthma are 2.3 X more likely to screen positive for depression

52% of disabled individuals with dual-eligibility for Medicare and Medicaid have a psychiatric illness

Dual-eligible's account for 39% of Medicaid expenditures

Figure 2: Association of medical and psychiatric diagnoses among Medicaid-only beneficiaries with disabilities, 2002.



Source: Adapted from Faces of Medicaid III (93)

# BEHAVIORAL HEALTH PROBLEMS = HIGHER MEDICAL COSTS

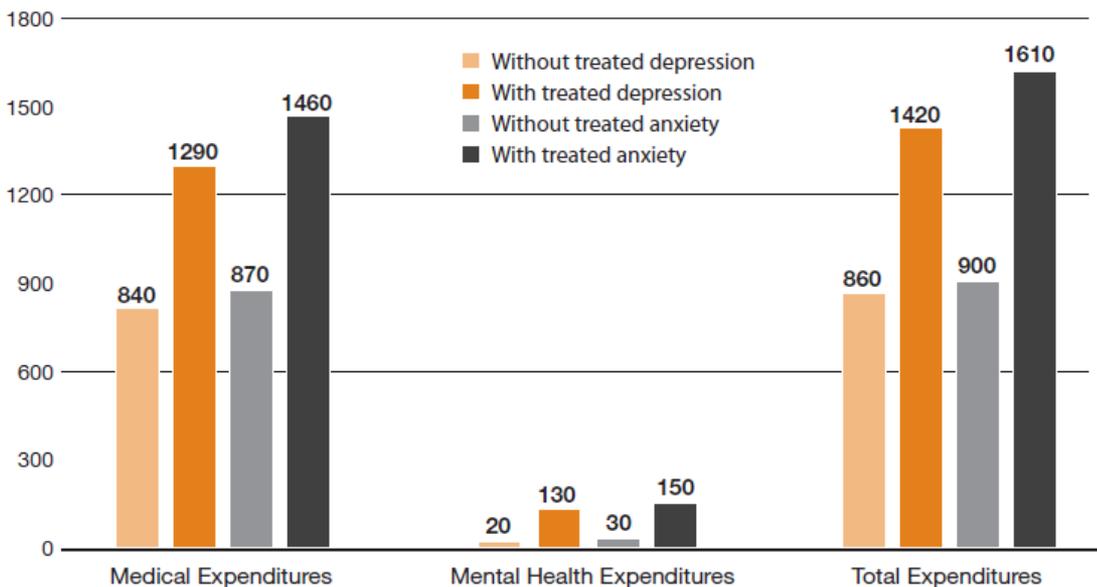
Co-morbid depression or anxiety increase physical and mental health care expenditures

> 80 percent of this increase occurs in physical health expenditures

Average monthly expenditure for a person with a chronic disease and depression is \$560 dollars more than for a person without depression, and the discrepancy for people with and without co-morbid anxiety is \$710

HMO claims analysis found 40% higher medical costs for people treated with bipolar disorder than without it

Figure 5. Comparison of monthly health care expenditures for chronic conditions and comorbid depression or anxiety, 2005



Source: Melek and Norris (107)

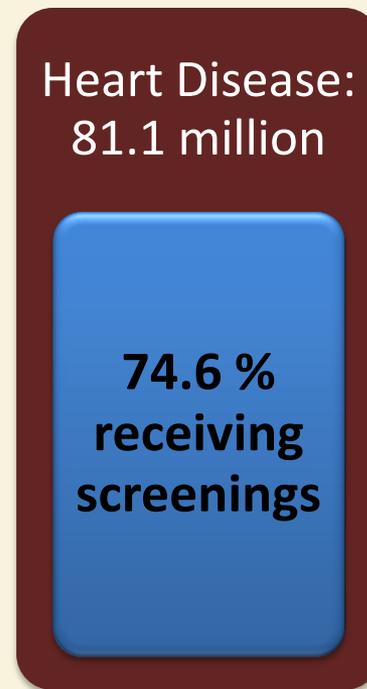
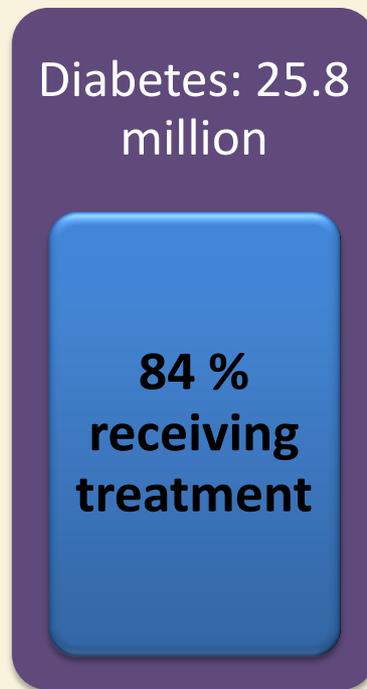
# PREVENTION and EARLY INTERVENTION REDUCES IMPACT

10

- 1/2 of all lifetime cases of mental illness begin by age 14
- 3/4 of all lifetime cases of mental illness begin by age 24
- On average, > 6 years from onset of symptoms of Mental and Substance Use Disorder to treatment
- Effective interventions & treatments exist
- Treatment and support are needed earlier
  - Screening
  - Brief interventions
  - Coordinated referrals

# TREATMENT WORKS, BUT IS INACCESSIBLE FOR MANY

- Like many other illnesses, most people recover from Mental and Substance Use Disorders
- 88 percent of individuals diagnosed with depression recover within 5 years



# SAMHSA Core Functions

- Leadership and Voice
- Data/Surveillance
- Practice Improvement -- Technical Assistance, Quality Measures, Evaluation/Services Research
- Public Awareness and Education
- Grant-making
- Regulation and Standard Setting



# U.S. Department of Health and Human Services, Region III

Joanne Corte Grossi, MIPP\*  
Regional Director

\*Master of International Public Policy



# Affordable Care Act Implementation



## Resources

- Affordable Care Act: [www.healthcare.gov](http://www.healthcare.gov)
- Center for Consumer Information & Insurance Oversight: <http://cciio.cms.gov>
- Affordable Care Act Spanish: [www.cuidadodesalud.gov](http://www.cuidadodesalud.gov)

# Contact Information:



Joanne Grossi, Regional Director

[Joanne.Grossi@hhs.gov](mailto:Joanne.Grossi@hhs.gov)

215.861.4627



# Office of the Assistant Secretary for Health (OASH)

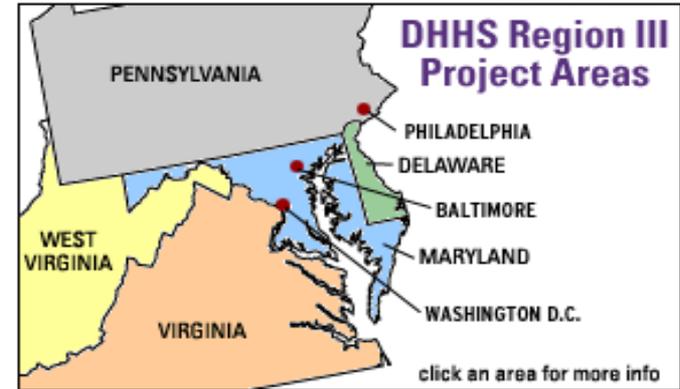
Dalton G. Paxman, Ph.D.  
Regional Health Administrator



# Office of the Assistant Secretary for Health



## Department of Health and Human Services Regional Boundaries



## Regional Health Administrators (RHAs) Offices:

- ACA Implementation
- Minority Health
- HIV/AIDS
- Women's Health
- Medical Reserve Corps
- Family Planning

# Prevention Collaborative Workgroups:



Heart Health	Vaccines	Patient Safety
Million Hearts Campaign	Seasonal Flu	Partnership for Patients
Let's <i>Move!</i>	HPV	Healthcare-Associated Infections
Tobacco Cessation and Prevention	Pneumococcal	Do the WAVE!

# Contact Information:



Dalton Paxman, Regional Health Administrator

[Dalton.Paxman@hhs.gov](mailto:Dalton.Paxman@hhs.gov)

215.861.4631



# Medicare and Medicaid Mental Health Benefits

Nancy B. O'Connor  
CMS Regional Administrator



# Medicare Mental Health Benefits



- Inpatient coverage
- Part B Coverage
  - Professional services ; cost sharing of 80%/20%
  - Outpatient services; cost sharing of 60%/40%
  - Partial hospitalization
- Depression screening *(new November, 2011)*
  - One per year by PCP
- Part D Drugs
  - Coverage for substantially all drugs

# Medicaid Mental Health Benefits



- Inpatient, Outpatient, and Substance Abuse services are covered
  - Specific service coverage varies by state
- State Medicaid Department does not always manage mental health services
- Can be managed care, fee-for-service, HCBS, or waiver

# CMS Region III Contacts



***Nancy B. O'Connor***, Regional Administrator

215-861-4140

[Nancy.Oconnor@cms.hhs.gov](mailto:Nancy.Oconnor@cms.hhs.gov)

***Francis McCullough***, Associate Regional Administrator

Division of Medicaid and Children's Health Operations

215-861-4157

[Francis.Mccullough@cms.hhs.gov](mailto:Francis.Mccullough@cms.hhs.gov)

[www.cms.gov](http://www.cms.gov)

[Provider Brochure - Medicare Mental Health Benefits](#)

[www.medicaid.gov](http://www.medicaid.gov)



# Health Resources and Services Administration (HRSA)

Pam Kania, MS  
Regional Administrator



# The Programs HRSA Delivers



- ✓ Community Health Centers
- ✓ National Health Service Corps
- ✓ Workforce Training for Primary Care, Public Health, Medicine, Dentistry, Nursing, and Geriatrics
- ✓ Workforce Diversity
- ✓ Children's Hospital GME
- ✓ Practitioner Databanks
- ✓ Maternal and Child Health
- ✓ Healthy Start
- ✓ Stop Bullying Now!
- ✓ Poison Control
- ✓ Ryan White HIV/AIDS
- ✓ Rural Health Policy & Programs
- ✓ Telehealth
- ✓ Health Care for the Homeless
- ✓ Migrant Health Centers
- ✓ Native Hawaiian Health
- ✓ Vaccine Injury Compensation
- ✓ Hansen's Disease (Leprosy)
- ✓ 340B Drug Pricing
- ✓ Organ Donation & Transplantation
- ✓ And more...

# Health Center Services and Access (2010)



## Number of Patients Served

Services	National	DC	DE	MD	PA	VA	WV
Medical	16,777,152	106,062	29,147	236,321	544,183	247,600	347,876
Dental	3,750,481	19,497	5,715	34,468	114,667	33,003	29,728
Mental Health	852,984	15,863	948	11,136	29,219	6,742	9,075
Substance Abuse	98,760	344	183	3,001	3,198	705	833

# Health Centers: Behavioral Health Workforce (2010)



FTEs	National	DC	DE	MD	PA	VA	WV
Psychiatrists	394	9	---	10	18	1	3
Psychologists	360	---	---	17	14	5	3
Social Workers	1,265	9	1	28	50	14	14
Other Licensed Behavioral Health Professionals	958	4	2	16	20	11	11
Other Behavioral Health Staff	1,264	8	---	5	46	4	2

# Contact Information



Pam Kania, Regional Administrator

[PKania@hrsa.gov](mailto:PKania@hrsa.gov)

215-861-4411

Find a Health Center

<http://findahealthcenter.hrsa.gov>

Find HIV/AIDS Care

<http://findhivcare.hrsa.gov>

SAMHSA/HRSA Center for Integrated Health Solutions

<http://www.integration.samhsa.gov>



# Administration for Children and Families (ACF)

Michael Rolish  
(Acting) Regional Administrator



# Contact Information



The Administration for Children and Families (ACF) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.

ACF programs aim to achieve the following:

- families and individuals empowered to increase their own economic independence and productivity;
- strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- partnerships with front-line service providers, states, localities, and tribal communities, to identify and implement solutions that transcend traditional program boundaries;
- services planned, reformed, and integrated to improve needed access; and
- a strong commitment to working with vulnerable populations including people with developmental disabilities, refugees, and migrants, to address their needs, strengths, and abilities.

# Contact Information

Actual services are provided by state, county, city and tribal governments, and public and private local agencies. ACF assists these organizations through funding, policy direction, and information services. While ACF has oversight of some 65 programs and special initiatives, the more familiar programs include:

- Child Welfare
- Child Care
- Child Support Enforcement
- Temporary Assistance for Needy Families (TANF)
- Head Start
- Runaway and Homeless Youth
- Refugee Resettlement
- Administration for Native Americans
- Administration on Developmental Disabilities
- Healthy Marriage and Responsible Fatherhood
- Faith-based and Neighborhood Partnership
- ASSET Initiative
- Hispanic Outreach

# Contact Information:

[David.Lett@acf.hhs.gov](mailto:David.Lett@acf.hhs.gov)

(215) 861-4041



**Dave Lett**  
Regional Administrator

Darlene Tart, Special Initiatives

[Darlene.Tart@acf.hhs.gov](mailto:Darlene.Tart@acf.hhs.gov)

(215) 861-4060

# Administration for Community Living (ACL)



***“For too long, too many Americans have faced the impossible choice between moving to an institution or living at home without the long-term services and supports they need. The goal of the new Administration for Community Living will be to help people with disabilities and older Americans live productive, satisfying lives.” Secretary Kathleen Sebelius***

- ACL will include the efforts and achievements of the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities in a single agency.
- Enhanced policy and program support on the unique needs of individual groups such as children with developmental disabilities, adults with physical disabilities, or seniors, including seniors with Alzheimer's.

# Older American's Act and the Aging Network



- To meet the diverse needs of a growing number of older persons in the United States, President Lyndon Johnson, on July 14, 1965, signed into law the Older Americans Act (OAA).
- The OAA sets out specific objectives for maintaining the dignity and welfare of older individuals and creates the primary vehicle for organizing, coordinating and providing community-based services and opportunities for older Americans and their families.
- An unofficial compilation of the OAA, as amended in 2006, is available along with historical and current information about the OAA, and a link to the National Aging Network information (State Units on Aging and Area Agencies on Aging) at the following website:

[http://www.aoa.gov/AOARoot/AoA\\_Programs/OAA/Introduction.aspx](http://www.aoa.gov/AOARoot/AoA_Programs/OAA/Introduction.aspx)

# Contact Information:



Kathleen F. Otte, BSW, MSHR  
Regional Administrator, Administration for Community Living

[Kathleen.Otte@aoa.hhs.gov](mailto:Kathleen.Otte@aoa.hhs.gov)

26 Federal Plaza, New York, NY 10278

212-264-2976



# Assistant Secretary for Preparedness and Response (ASPR)

CAPT Stephen Formanski, Psy. D.  
Regional Emergency Coordination (REC)  
Emergency Support Functions 8 and 6



# Activation and Deployment



- **Respond** to national and international requests for public health and medical assistance. We coordinate and assign Federal personnel (DMATs, NVRTs, DMORTs, PHS teams), equipment (FMS', caches) and supplies
- **Coordinate** with State/Commonwealth/District Health Departments, Emergency Management, Private Sector, Volunteer programs and our Federal partners to meet the needs of our citizens suffering from the adverse effects of emergencies.
- **Lead** the Federal Emergency Support Function #8 mission, Public Health and Medical Services

# Behavioral Health Issues



1. Many Region III Jurisdictions are geographically small. In-patient psych beds are limited, especially Child & Adolescent beds. What exists to transfer Mental Health patients across State borders? Financial concerns such as CMS?
2. What systems/resources are being used, or plan to be used during a disaster response, to assess the Behavioral Health clients/patients at home, shelters, and/or Emergency Departments.

# Regional Emergency Coordinators



Harry Mayer; Field Supervisor  
(O) 215.861.4413, [Harry.Mayer@hhs.gov](mailto:Harry.Mayer@hhs.gov)



Emily Falone  
(O) 215.861.4390, [Emily.Falone@hhs.gov](mailto:Emily.Falone@hhs.gov)



Glenn Blanchette  
National Capital Region  
(O) 202.205.0717, [Glenn.Blanchette@hhs.gov](mailto:Glenn.Blanchette@hhs.gov)

# Contact Information:



CAPT Stephen Formanski  
[Stephen.Formanski@hhs.gov](mailto:Stephen.Formanski@hhs.gov)  
(O) 215.861.4398

# State Agenda – Our Main Focus

41

“State of the States” in Region III  
WV, VA, MD, PA, DC, DE

***An opportunity for state leaders with behavioral health responsibilities to share best practices, challenges, and goals.***

***The state’s ideas and recommendations will provide context for the identification of shared regional goals.***

# SAMHSA Resources

42

**Jean Bennett, Ph.D.**

**Region III Regional Administrator**

**Substance Abuse and Mental Health Services Administration**

**U.S. Department of Health and Human Services**

**Office 215.861.4377**

**Cell 202.446.4710**

**[Jean.Bennett@samhsa.hhs.gov](mailto:Jean.Bennett@samhsa.hhs.gov)**

**<http://www.integration.samhsa.gov/>**

**SAMHSA-HRSA Center for Integrated Health Solutions**

**To request SAMHSA Resources on behavioral health:  
877.726.4767 or [SAMSHAResources@samhsa.hhs.gov](mailto:SAMSHAResources@samhsa.hhs.gov)**

**<http://store.samhsa.gov>**