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

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
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

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

• ½ 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

- People with mental disorders: 25% of adult population
- People with medical conditions: 58% of adult population
- 68% of adults with mental disorders have medical conditions
- 29% of adults with medical conditions have mental disorders

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.
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

Source: Melek and Norris (107)
PREVENTION and EARLY INTERVENTION REDUCES IMPACT

• 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

Mental Illness: 45.1 million
  - 37.8% receiving treatment

SUD: 22.1 million
  - 11.2% receiving treatment

Diabetes: 25.8 million
  - 84% receiving treatment

Heart Disease: 81.1 million
  - 74.6% receiving screenings

Hypertension: 74.5 million
  - 70.4% receiving treatment
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

- Center for Consumer Information & Insurance Oversight: http://cciio.cms.gov

- Affordable Care Act Spanish: www.cuidadodesalud.gov
Contact Information:

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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

Regional Health Administrators (RHAs) Offices:
- ACA Implementation
- Minority Health
- HIV/AIDS
- Women’s Health
- Medical Reserve Corps
- Family Planning
## Prevention Collaborative Workgroups:

<table>
<thead>
<tr>
<th>Heart Health</th>
<th>Vaccines</th>
<th>Patient Safety</th>
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</thead>
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<tr>
<td>Million Hearts Campaign</td>
<td>Seasonal Flu</td>
<td>Partnership for Patients</td>
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<tr>
<td>Let’s <em>Move!</em></td>
<td>HPV</td>
<td>Healthcare-Associated Infections</td>
</tr>
<tr>
<td>Tobacco Cessation and Prevention</td>
<td>Pneumococcal</td>
<td>Do the WAVE!</td>
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</tbody>
</table>

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[Image: SAMHSA logo]
Contact Information:

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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**

**Francis McCullough,** Associate Regional Administrator
Division of Medicaid and Children’s Health Operations
215-861-4157
**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

<table>
<thead>
<tr>
<th>Services</th>
<th>National</th>
<th>DC</th>
<th>DE</th>
<th>MD</th>
<th>PA</th>
<th>VA</th>
<th>WV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>16,777,152</td>
<td>106,062</td>
<td>29,147</td>
<td>236,321</td>
<td>544,183</td>
<td>247,600</td>
<td>347,876</td>
</tr>
<tr>
<td>Dental</td>
<td>3,750,481</td>
<td>19,497</td>
<td>5,715</td>
<td>34,468</td>
<td>114,667</td>
<td>33,003</td>
<td>29,728</td>
</tr>
<tr>
<td>Mental Health</td>
<td>852,984</td>
<td>15,863</td>
<td>948</td>
<td>11,136</td>
<td>29,219</td>
<td>6,742</td>
<td>9,075</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>98,760</td>
<td>344</td>
<td>183</td>
<td>3,001</td>
<td>3,198</td>
<td>705</td>
<td>833</td>
</tr>
</tbody>
</table>
# Health Centers: Behavioral Health Workforce (2010)

<table>
<thead>
<tr>
<th>FTEs</th>
<th>National</th>
<th>DC</th>
<th>DE</th>
<th>MD</th>
<th>PA</th>
<th>VA</th>
<th>WV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>394</td>
<td>9</td>
<td>---</td>
<td>10</td>
<td>18</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Psychologists</td>
<td>360</td>
<td>---</td>
<td>---</td>
<td>17</td>
<td>14</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Social Workers</td>
<td>1,265</td>
<td>9</td>
<td>1</td>
<td>28</td>
<td>50</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Other Licensed Behavioral Health Professionals</td>
<td>958</td>
<td>4</td>
<td>2</td>
<td>16</td>
<td>20</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Other Behavioral Health Staff</td>
<td>1,264</td>
<td>8</td>
<td>---</td>
<td>5</td>
<td>46</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
Contact Information

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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
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.
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:

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Darlene Tart, Special Initiatives
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“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
Contact Information:

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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

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State Agenda – Our Main Focus

“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

Jean Bennett, Ph.D.
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U.S. Department of Health and Human Services

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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
http://store.samhsa.gov