



# A Bolder Vision: Advancing Health - Improving Lives

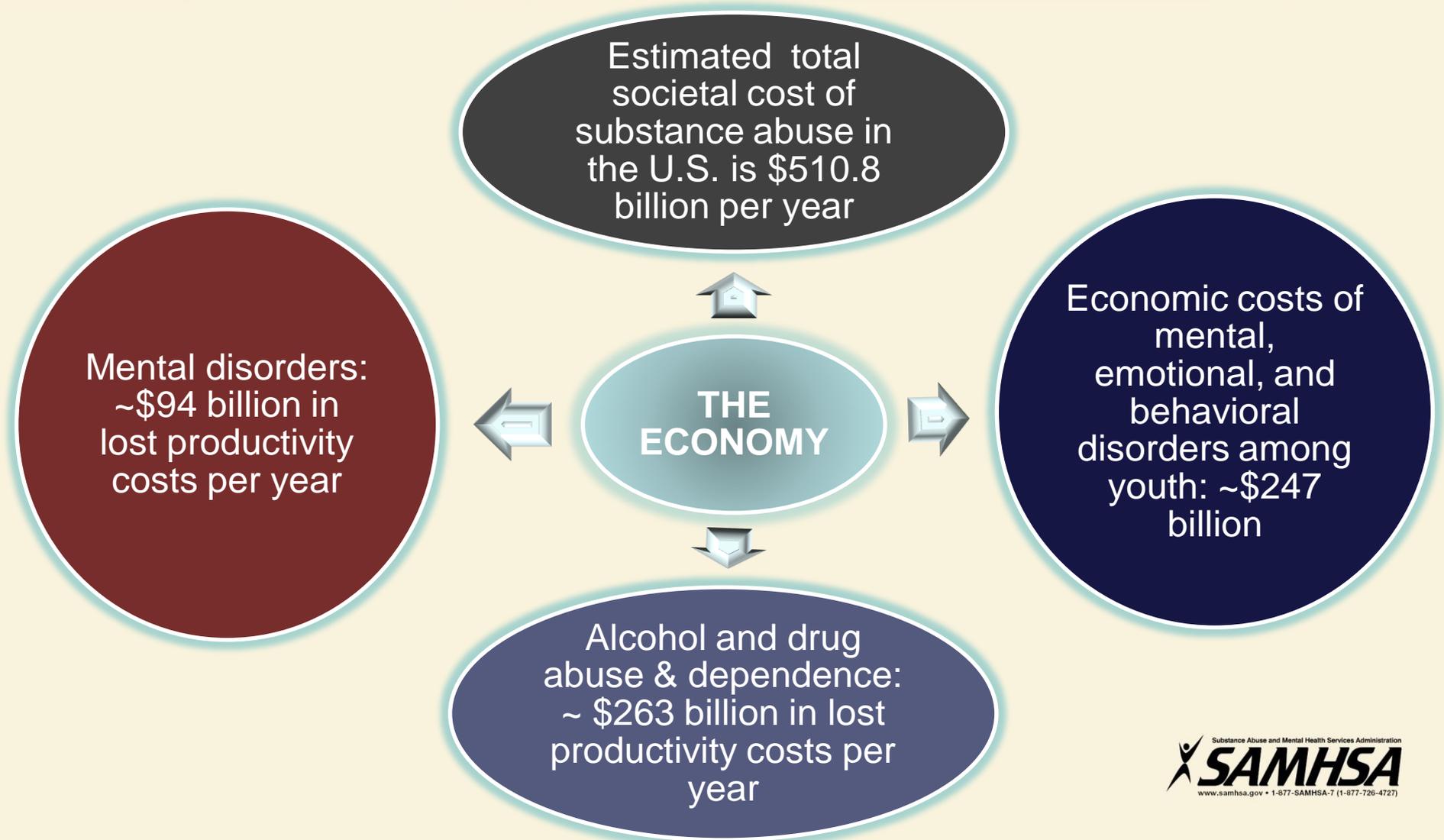
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Integrated Behavioral Health Conference  
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# STEEP HUMAN AND ECONOMIC COSTS



# BEHAVIORAL HEALTH AFFECTS EVERYONE

- ~Half of **Americans** will meet criteria for mental illness at some point
- > Half of **Americans** know someone in recovery from substance use problem
- Positive emotional health helps maintain physical health; engage productively w/ families, employers, friends; & respond to adversity w/ resilience and hope



66 percent believe treatment and support can help people with mental illness lead normal lives



20 percent feel people with mental illness are dangerous to others



Two-thirds believe addiction can be prevented



75 percent believe recovery from addiction is possible

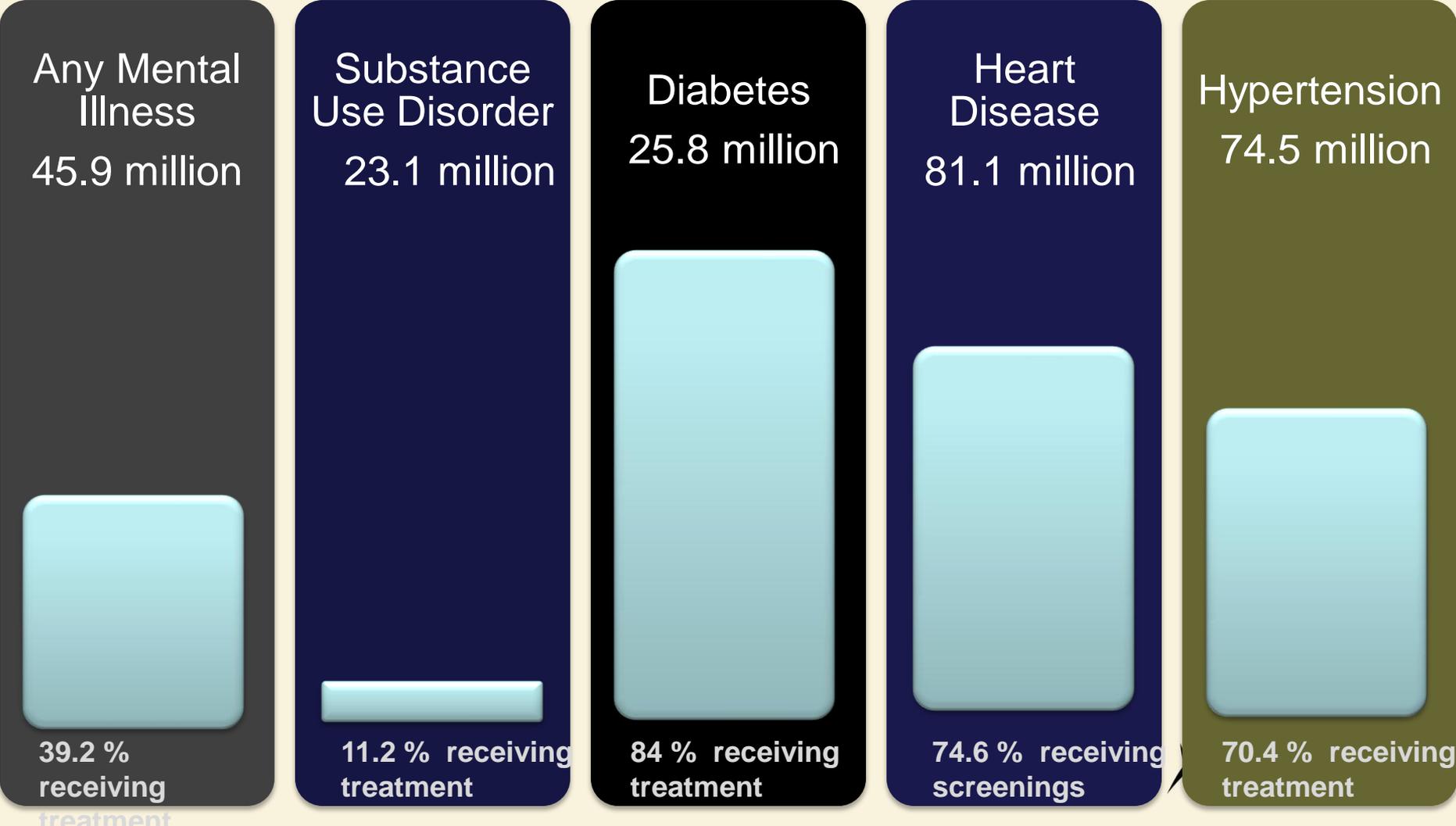


20 percent would think less of a friend/relative in recovery from an addiction



30 percent would think less of a person with a current addiction

# Disparities in Access to Care



# BEHAVIORAL HEALTH AS SOCIAL PROBLEM

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- **Public dialogue about behavioral health is in a social problem context rather than a public health context**
  - Homelessness
  - Crime/jails
  - Child welfare problems
  - School performance or youth behavior problems
  - Provider/system/institutional/government failures
  - Public tragedies
  
- **Public (and public officials) often misunderstand, blame, discriminate, make moral judgments, exclude**
  - *Ambivalence about worth of individuals affected and about the investment in prevention/treatment/recovery*
  - *Ambivalence about ability to impact “problems”*

# LEADING TO INSUFFICIENT RESPONSES

Increased Security & Police Protection

Tightened Background Checks & Access to Weapons

Legal Control of Perpetrators & Their Treatment

More Jail Cells, Shelters, Juvenile Justice Facilities

Institutional System Provider Oversight

# A PUBLIC HEALTH MODEL FOR BEHAVIORAL HEALTH

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## → Universal – Focus on Population and Individual Health

- *Health of any affects health of all – social inclusion*

## → Prevention First – Aim Is Healthy Individuals; Healthy Communities

- *Preparation and activities to promote emotional health development and wellness, prevent disease/disorder, and react quickly and effectively to conditions that impact health*

# A PUBLIC HEALTH MODEL . . .

- **Data & Information Driven** – To Track and Improve Population-Based Health Status and Quality of Care/Life
  - *What drives health? What causes disease/disorder?*
  - *What works to prevent, treat and support recovery – evidence-based approaches?*
  
- **Policies** – Affecting the Environment In Which Health or Disease Occurs
  - *Laws, regulations, rules, norms, culture, conditions, expectations re individual and collective behavior for self and toward others*

# A PUBLIC HEALTH MODEL . .

- **Structures** – Creating & Supporting Government and Community Infrastructure and Capacity
  - *Departments, boards, committees, councils, commissions, coalitions, schools, universities*
  
- **Access** – Assuring availability of right services when individuals, families, community need them
  - *Prevention, treatment and recovery supports*
  - *Adequate, trained, and culturally capable workforce*

# Health Reform: Impact of the Affordable Care Act

- Focus on primary care & coordination w/ specialty care
- Emphasis on home & community-based services; less reliance on institutional & residential care (health homes)
- Priority on prevention of diseases & promoting wellness
- Focus on quality rather than quantity of care (HIT, accountable care organizations)
- Behavioral health is included – parity

# Health Coverage In 2014

## Coverage Options for Adults without Medicare or Employer-Based Coverage

### Income as a percent of the federal poverty level

0%

133%

400+%

Medicaid

Exchange with Tax Credits

Exchange or Private Plan

*A Continuum of Coverage – Everyone Fits Somewhere!*

# How To Get State Specific Info

## How to get state specific information

- <https://www.healthcare.gov/>
  - *To find the application or find local, in-person assistance for ANY state, visit [healthcare.gov](https://www.healthcare.gov/) or call 1-800-318-2596.*
- <http://www.hhs.gov/healthcare/facts/by-state/statebystate.html>
  - *Health Reform & the Health Insurance Marketplace activity by State*

# SAMHSA Enrollment Toolkits

- A new 30-minute, interactive training resource toolkit, *Getting Ready for the Health Insurance Marketplace*, is now available.
- Link: <http://tiny.cc/GettingReady>
- <http://tiny.cc/CommunityPrevention>
- <http://tiny.cc/ConsumerPeerFamily>
- <http://tiny.cc/HomelessServices>
- <http://tiny.cc/CriminalJustice>
- <http://tiny.cc/TreatmentProviders>

# Availability of Assistance for Consumers With Special Needs

- Must be available in a culturally and linguistically appropriate fashion
- Must be accessible to persons with disabilities including psychiatric disabilities
- On the ground assistance thru various roles and organizations
- Marketplace Call Center approx 150 plus languages
- Healthcare.gov in English & Spanish

# Key Considerations for Behavioral Health

- For those of us who seek to prevent and treat substance use disorders, and treat and support mental illness, key areas need our best thinking:
  - Widespread inclusion of Health & Wellness/ Prevention
  - Aggressive Eligibility and Enrollment strategies
  - Improving System Capacity
  - Workable Consent/Confidentiality protocols
  - Improving Coordination of Care
  - Quality Indicators, Evaluation & Accountability

# West Virginia is leading

- **WV has expanded its use of telepsychiatry services to provide behavioral services to rural populations which lack adequate transportation.**
- **Twenty-seven clinics in 12 rural West Virginia counties now treat the full life span, including pregnant women.**
- **Ten of the 28 Federally Qualified Health Centers (FQHCs) in WV have integrated primary and behavioral health care**
- **West Virginia has School Based Health Centers which ensure primary and preventive care for school children; One-third of these offer behavioral health services**
- **WV has decided to expand Medicaid under the ACA which is estimated to decrease their uninsured population from 246,000 to 76,000**

# West Virginia is leading

- **Physician engagement /support opportunities have been expanded.**
- **Through the Strategic Prevention Enhancement Initiative, WV has developed Regional Data and Planning Teams with cross systems membership that includes mental health, education, law enforcement, physical health including a focus on youth.**
- **West Virginia's prevention providers are improving health outcomes for special populations by partnering with a wide variety of organizations**
- **This conference is an excellent example of Behavioral Health Integration---nearly 30 partners coming together to provide participants with the opportunity to engage with other members of the behavioral health community and other disciplines to network.**

# A BOLDER VISION?

- **Can we imagine:**
  - *A generation without one new case of trauma-related mental or substance use disorder?*
  - *A generation without a death by suicide?*
  - *A generation without one person being jailed or homeless because they have an addiction or mental illness?*
  - *A generation without one youth being bullied or rejected because they are LGBT?*
  - *A generation in which no one in recovery struggles to find a job?*

# SAMHSA'S VISION

## → A Nation That Acts On the Knowledge That:

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

***A Nation/Community Free of Substance Abuse and Mental Illness and Fully Capable of Addressing Behavioral Health Issues That Arise***