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IMPLICATIONS OF INTEGRATION FOR OUTCOMES AND COMMUNITY LIFE

Overview of Presentation

- Environmental Scan: Policy, Practice, and Politics
- Factors in the Changing Landscape
- Solutions that are Emerging
- Key Steps Going Forward

- **Environmental Scan**

Formative Factors in National Policy

- 1. Treatment Works
 - --SG Satcher *Report on Mental Health* (1998)
- 2. Care Integration is Required
 - --President's *New Freedom Commission* (2003)
 - --IOM Study on *Improving the Quality of Health Care....* (2005)
- 3. Mental Health Insurance Benefits Will be at Parity
 - --Wellstone-Domenici Legislation (2008)
- 4. Recovery Is Essential
 - --Evolution of Concept; Federal *10 x 10 Initiative*

Policy Concerns Reflected in the *Affordable Care Act*

- 1. Universal Insurance Coverage and Extension of Parity
- 2. No Pre-Existing Condition Exclusions
- 3. Fostering Medical and Health Homes
- 4. Disease Prevention and Health Promotion
- 5. Achieving “Recovery” and “Resilience”
- IMPLICATIONS: Person-Centered and Whole Person Care

Practice Developments

- (Inputs): Shift Toward Managed Care Models and Carve In Financing
- (Throughputs): A Societal Concern with Wellness and Evolution of Wellness Models in Mental Health; Consumers Taking the Lead
- (Outputs): Rehabilitation and Community Integration

Political Developments

- Consumer Movement has Come of Age
- “Recovery” is a Key Motivator for Care Participation
- Affordable Care Act has created External Pressure and Financial Incentives
- Lack of Clear Guidance from Key HHS Units
- Weakening of State Mental Health Agencies and strengthening of State Medicaid Agencies
- Weakening of the APA Voice in Mental Health

- **Key Factors in the Changes**

Key Factors in the Changes

- Serious Mental Illness:
 - ▣ Adults: Approximately 13 million (5.8%)
 - ▣ Children: Approximately 8 million (10%)
- Overall Mental Illness
 - ▣ Adults: Approximately 55 million (25%)
 - ▣ Children : Approximately 16 million (20%)

Status of Mental Health Care

- Approximately 1/3 of adults and 2/3 of children with SMI/SED receive no services at all.
- Approximately 2/3 of others with mental health conditions receive no care at all.
- We have not successfully reintegrated adult consumers into the community.

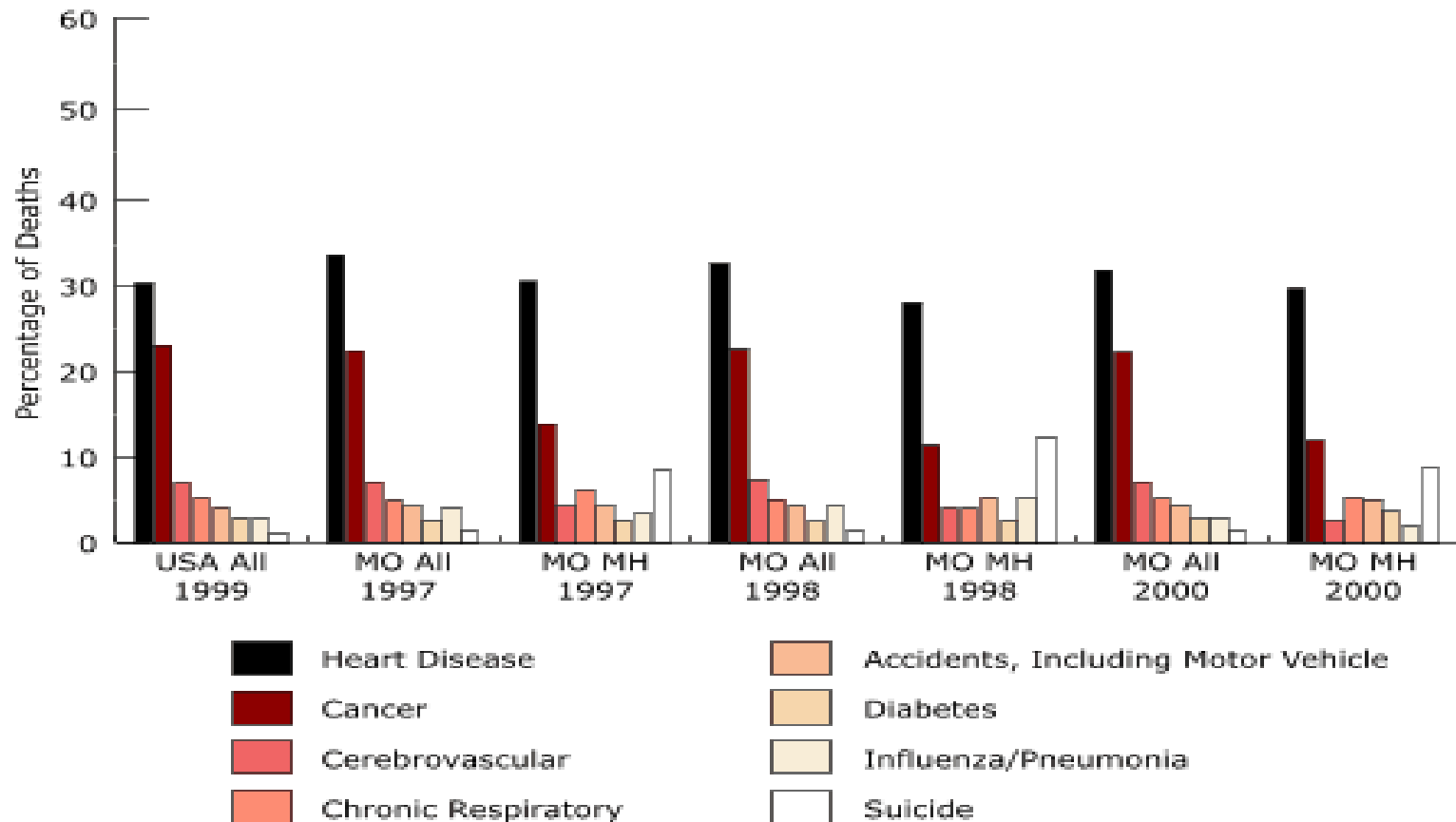
What Does Our Research Show?

- Public mental health clients die about 25 years younger than other Americans.
- The next several slides show some detailed results.

What Does Our Research Show?

- **Mean Number Years Lost Per Deceased Mental Health Client for Selected Years:**
- **Arizona** 32.2, 31.8
- **Missouri** 26.3, 27.3, 26.8, 27.9
- **Oklahoma** 25.1, 25.1, 26.3
- **Rhode Island** 24.9
- **Texas** 28.5, 28.8, 29.3
- **Utah** 29.3, 26.9
- **Virginia** 15.5, 14.0, 13.5

What Does Our Research Show?



Moving Beyond the Data

- An estimated 60-80% of these deaths are due to treatable chronic diseases.
- An estimated 20-40% are due directly to mental illness.

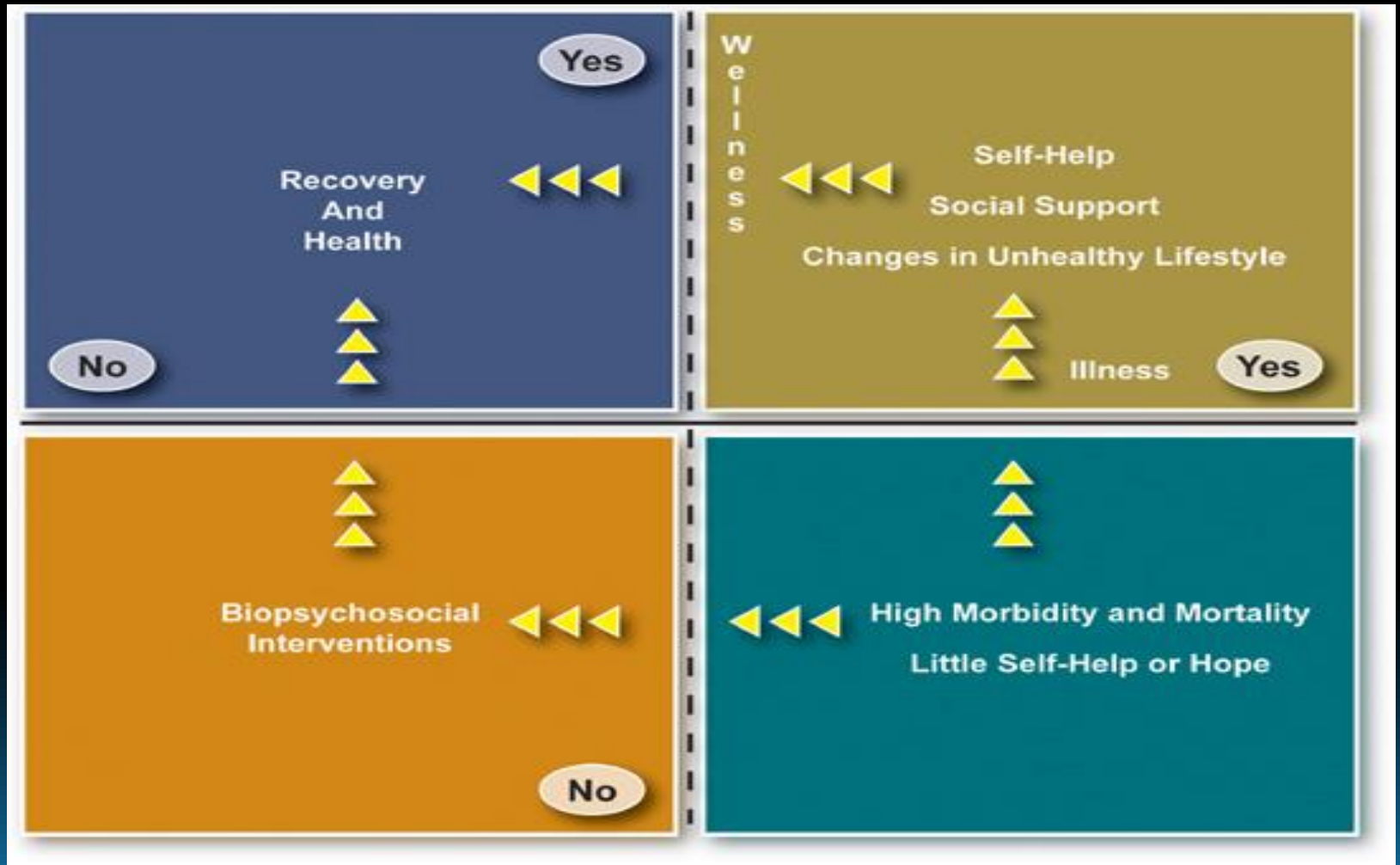
Moving Beyond the Data

- Root causes of premature death:
 - ▣ Lack of basic primary health care
 - ▣ Metabolic effects of psychotropic medications
 - ▣ Lifestyle factors
 - ▣ Loss of hope (A consumer reported, “You have driven hope from us.”)

Wellness Models



Wellness Models



Wellness Models

- What are some of the implications?
 - ▣ Provision of primary care is essential.
 - ▣ Provision of mental health care is essential.
 - ▣ Facilitation of WELLNESS approaches is essential

Other Factors in the Changes

- “Wellness” is an emergent social movement
- New Payment Models that Control Costs
- Fear of “Big Brother” and Genetic Engineering
- Emergence of the Peer Support Workers
- Emergence of the Frameworks Undergirding National Health Reform

“Think Small and Home”

- Solutions That Are Emerging

- **Program Level Solutions**

Mobilizing the Field

- Evolution of the Medical Home:
 - ▣ Behavioral Health Medical Home
 - ▣ Primary Care Medical Home
 - ▣ Coordinated Care at Same or Different Sites
- Addition of Health Home
- Carter Center Summit
 - ▣ Report at:
http://www.cartercenter.org/resources/pdfs/health/mental_health/Proceedings-MedicalHomeSummit-DCapproved.pdf

- **State-Level Solutions**

Some Specifics at the State Level

- Weakening of the State Mental Health Agencies
- Strengthening of the State Medicaid Agencies
- An emergent model of Patient Centered and Whole Person Care
- Integrated care reduces costs and is easier to manage.
- Doing Nothing (“Business as Usual”) is not an Option.

What Can Providers Do?

- Always assess the basics—weight, body mass, blood pressure, blood sugar.
- Learn about and exercise care in prescribing 2nd generation antipsychotic medications.
- Always link prescription of 2nd generation antipsychotic medications to a wellness regimen.
- Promote prevention and positive health.

- Some Future Speculations

Outcomes

- We would expect:
 - Longevity to improve
 - Recovery to improve community tenure
 - Community tenure to improve community participation
- We would also expect the implementation of prevention and promotion protocols to improve personal and population health over the longer run.

Community Life

- We would expect:
 - ▣ Greater attention to the social and physical determinants of health
 - ▣ More community participation in addressing local health issues
 - ▣ Less stigma of mental illness in the community as mental illness becomes less visible
 - ▣ Much greater recognition that all health and health care is local!



Some Likely Future National Policy Topics

- 1. Integration of Health with Public Health and Community Interventions
- 2. Positive Mental Health Promotion
- 3. Personalized Care with Customized Drugs
- 4. Debates about Genetic Engineering

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