

## **Policy Briefing on Mental Health, Sept 22, 2010**

### **Remarks from Linda Rosenberg**

#### **President and CEO, National Council for Community Behavioral Healthcare**

Good morning, my name is Linda Rosenberg, and I have the privilege to serve as President and CEO of the National Council for Community Behavioral Healthcare. The National Council represents more than 1,700 safety net mental health and addiction treatment organizations including our nation's Community Mental Health Centers.

Collectively, these organizations serve 8 million low-income children and adults struggling with mental health and addiction disorders. These individuals and their families confront addictions, schizophrenia, bipolar disorder, and depression — as well as chronic physical health conditions. National Council members offer intensive psychiatric treatment and rehabilitation services — services that allow adults with behavioral health disorders to live successfully in the community and allow children with emotional disturbances to live at home and to stay in school and out of trouble.

I am fortunate to be here today with leaders who ensure that federal policies address the needs of people with disabilities. I want to thank Congressmen Murphy and Tonko for their extraordinary leadership. Through their work, people everywhere recognize that mental health is essential to health, that treatment is effective, and that those with mental illnesses can recover and contribute. Congressmen, thank you for your commitment to ending mental illness discrimination, the cause that has defined my professional life.

I also want to thank Lisa Schoenberg and AstraZeneca for not only co-sponsoring today's event, but for their support of initiatives critical to the well being of people with mental illnesses. AstraZeneca helped the National Council introduce Mental Health First Aid (MHFA) to the United States, giving police, clergy, colleges, relatives and friends the ability to identify a mental illness and to respond in an emergency, preventing hospitalizations, incarcerations and even suicide. MHFA helps the public create communities of residence where early intervention is the norm.

AstraZeneca supported our member organizations in streamlining the process of getting into care and ensuring those receiving care also get treatments for co-occurring medical conditions. And most importantly I want to thank AstraZeneca for their support of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, and the Affordable Care Act. These two pieces of legislation present those who need behavioral health services, and the organizations that serve them with remarkable opportunities - opportunities we are here to discuss today.

My primary residence is in a New York town adjacent to a state hospital and I pass that hospital every time I go to my local pharmacy or supermarket. My aunt lived most of her life in that state hospital. She lived there when it was a warehouse for people with mental illnesses, when we had incarcerated and forgotten hundreds of thousands of our relatives and neighbors in state hospitals across this country. With the advocacy of those of you here today and the colleagues that came before you, there's been the creation of outpatient and rehabilitation services, housing programs and peer support.

We've come a long way. And today I ask that you continue the progress we've made, that you attend to three issues critical to the success of parity and healthcare reform. I'm asking you to support The Community Mental Health and Addiction Safety Net Equity Act; I'm asking for your vigilance in ensuring that the Affordable Care Act's Health Home State Option meets the needs of people with serious mental illness; and I'm asking that you help pass the HIT Extension for Behavioral Health Services Act.

### **SUBSTANTIAL INCREASE IN DEMAND FOR CMHC SERVICES**

Based on analysis done by SAMHSA and the Kaiser Family Foundation, a third of people currently uninsured have an untreated mental illness, addiction or both. We estimate that coverage expansions will result in 1.5 million new patients entering care, increasing the existing caseloads of our member organizations by more than 20%.

We also know from the Congressional Budget Office that approximately 2.5 million people with serious mental disorders, individuals with major addiction disorders and homeless persons will remain uninsured, relying on services delivered by our members in their role as safety-net providers.

At the same time the economic recession has resulted in over 2 Billion in cuts to public mental health services with more cuts on the horizon. Cuts that have led to the elimination of services for the uninsured, as well as the adoption of Medicaid Managed Care by states, with the expectation that the Medicaid expansion in 2014 will be commercially managed, relying on a range of services for a healthy population, without the intensive psychiatric rehabilitation, assertive community-treatment and intensive case management needed by persons with serious mental illness.

To address the dual crisis of increased demand and service reduction, Representatives Doris Matsui and Eliot Engel introduced the Community Mental Health and Addiction Safety Net Equity Act with Senator Debbie Stabenow soon introducing the companion bill. The Safety Net Equity Act offers a new federal definition for Federally Qualified Community Behavioral Health Centers (FQBHC); the Act identifies core services; creates nationwide cost based

reimbursement; and establishes clearly-defined national accountability and reporting requirements. The time has come for parity between community behavioral health and other parts of America's safety net including public hospitals and Community Health Centers.

### **IMPROVING LIFE EXPECTENCY AMONG PERSONS WITH MENTAL ILLNESSES**

I am also asking for your help in taking advantage of the opportunity that health care reform gives us to address the overall health status of those served by the public mental health system. According to a 2006 survey by the National Association of State Mental Health Program Directors, persons with schizophrenia, bipolar disorder and major depression **die – on average – at the age of 53**. This appears to constitute the highest death rate among ANY population served by ANY agency of the United States Public Health Service.

These horrific mortality rates are primarily caused by co-occurring chronic illnesses - asthma, diabetes, cancer, heart disease and cardio-pulmonary conditions. Lack of access to primary care and specialty medicine is a critical factor in these tragic outcomes and health care reform provides unique opportunities to address this public health emergency.

Specifically, the Affordable Care Act creates a new Medicaid Health Home State Option to improve the care coordination for persons with, chronic conditions. We ask that you help ensure that guidance developed by the Centers for Medicare and Medicaid Services requires mandatory subcontracts with behavioral health; and that behavioral health organizations serve as medical homes for people with serious mental illnesses and addictions.

### **CREATING TRANSPARENCY AND IMPROVING QUALITY**

Equally important for our ability to improve the health outcomes of persons with serious mental illness is the use of technology to create treatment transparency, eliminate errors and better coordinate care.

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) created a new \$17 billion Medicare and Medicaid reimbursement system to help physicians, hospitals and Community Health Centers purchase and maintain electronic health records. Community Behavioral Healthcare Organizations were not included, meaning that adults and children with behavioral health disorders are again second class Americans, not worthy of the technology revolution.

Senator Whitehouse and Representatives Tim Murphy and Patrick Kennedy are determined to rectify this injustice and have introduced the HIT Extension for Behavioral Health Services Act. We are very grateful to them and ask for your support of the HIT Extension Act.

Let me conclude with a quote from Abraham Lincoln, "Commitment is what transforms a promise into reality" and let me assure you that the National Council is committed to seeing that parity and healthcare reform live up to their promises.