

*6<sup>th</sup> Annual Progress  
Summit – 8:30 am -  
11:00 am,  
Thursday, October 14,  
2020*



**Linda Rosenberg MSW**  
**Executive Director for External Relation**  
**Columbia Department of Psychiatry**

**Congratulations  
on your  
Progress!**

**El Paso County Behavioral Health  
System Assessment**

*“We have worked since then to address the identified gaps. More importantly, we have worked to improve our cross organizational trust and collaborations ... with, in my opinion, some great progress.”*

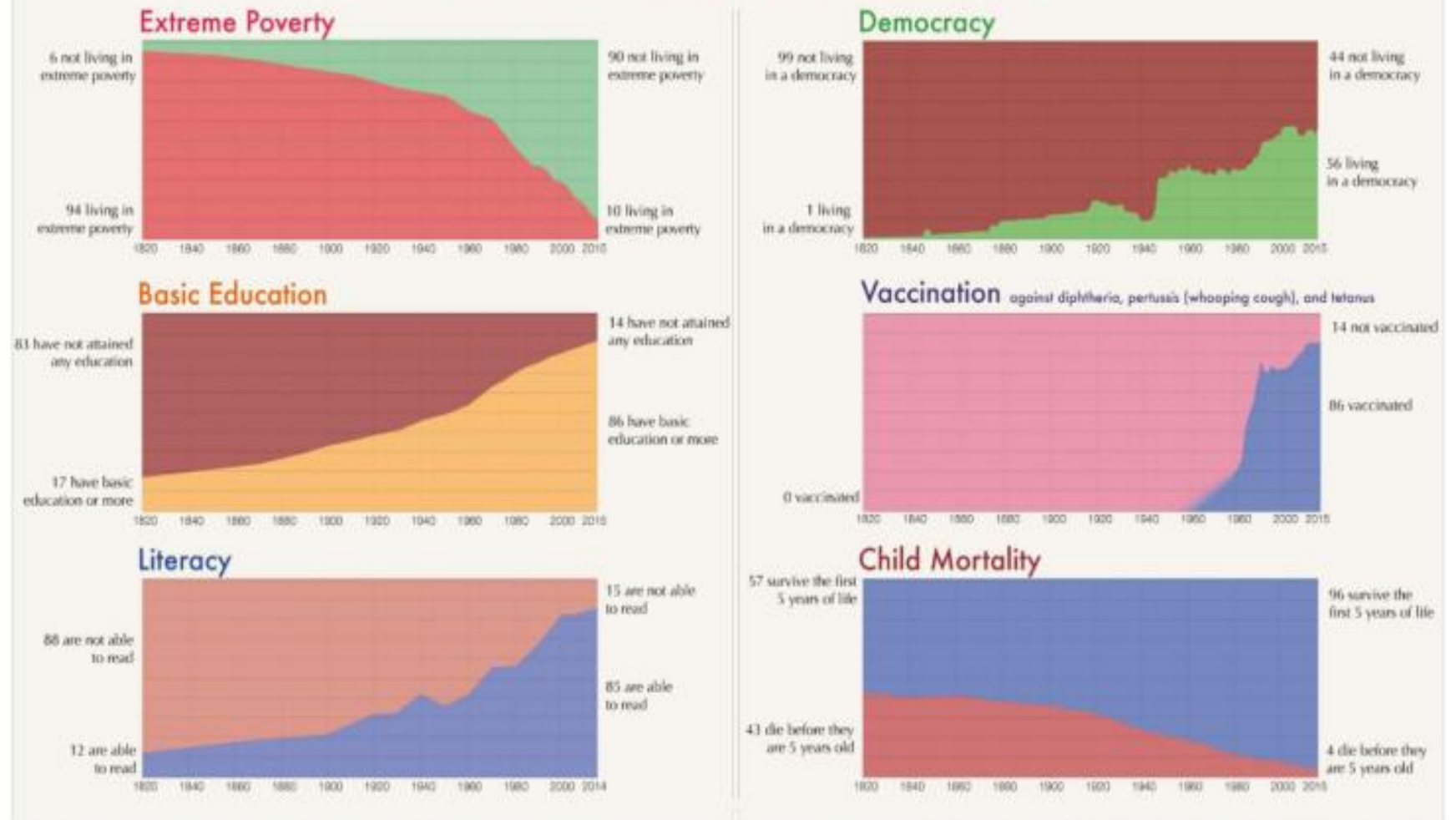
October 9, 2020 by Enrique Mata

- Providing better coordination of care using peer support specialists and trained navigators with lived experience to help keep people connected to services;
- Enhancing technology like telehealth options and electronic exchange of health records;
- Increasing knowledge and skill of providers in the most up to date treatments available;
- Increasing availability of hotlines and helplines, mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and family education and support programs.

“If you had to choose one moment in history in which you could be born...you’d choose right now.”

*President Obama*

## over the last two centuries



Data sources:

The world population

© 2015

All these visualizations are from OurWorldInData.org an online

# Stigma

*CVN/National Council Survey*

More than ever before, Americans are seeking mental health and addiction help

**Six in ten Americans** have sought treatment either for themselves or a loved one.

The stigma of mental health and addictions is fading while awareness is rising

Americans are highly supportive, **76% say it is just as essential** to discuss and treat as physical health.

Accessibility is the biggest hurdle to meeting patients' needs

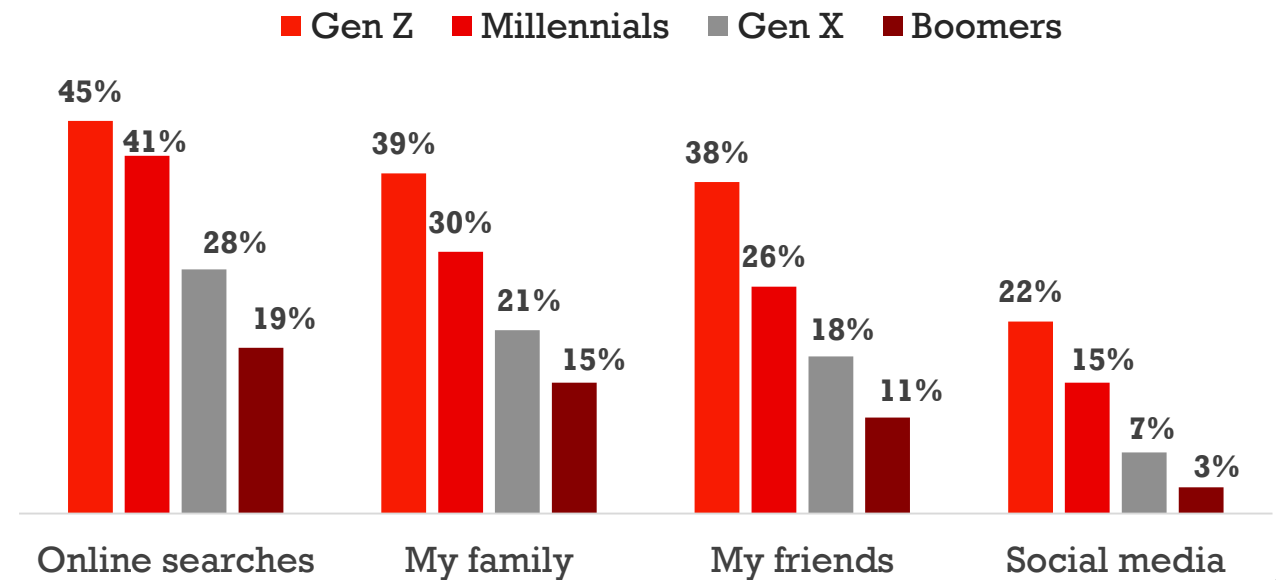
Almost **50% wouldn't know where to ask for help** and **74% say lack of funding and insufficient facilities** barriers.

**2/3 of primary care providers report poorer access to mental health/SUD care than any other specialty**

**87% of Gen Z and Millennials have sought information on mental health and or addictions, compared to 78% of Gen X and 66% of Boomers**

**Younger Americans Want Help**

**Sources turned to most for mental health information**





# Everyone Telling their Story...



“ It really gives you the skills you need to identify—and ultimately help—someone in need. ”

- First Lady Michelle Obama on being trained in Mental Health First Aid



Prevent mental illness

Help in a crisis

Promote wellness



USA MENTAL HEALTH FIRST AID

**2.5 million**  
**El Paso - 7000**

**Work to do ...  
Substance Use and  
Mental Illness in  
America**

**Among those with a substance use disorder:**  
**3 IN 8 (38.3% or 7.4M)** struggled with illicit drugs  
**3 IN 4 (74.5% or 14.4M)** struggled with alcohol use  
**1 IN 8 (12.9% or 2.5M)** struggled with illicit drugs and alcohol

**Among those with a mental illness:**  
**1 IN 4 (23.9% or 11.4M)** had a serious mental illness

**7.8%**  
**(19.3 MILLION)**  
People aged 18  
or older had a  
substance use  
disorder (SUD)

**3.7%**  
**(9.2 MILLION)**  
People 18+ had  
**BOTH** an SUD and  
a mental illness

**19.1%**  
**(47.6 MILLION)**  
People aged 18  
or older had a  
mental illness

**Mental Health and Substance Use Disorders Leading  
Cause of Disease Burden in U.S.**

- Of all hospitalizations, 25% of patients have comorbid mental and/or substance use disorder
- 1 in 8 ED visits

## “Deaths of Despair”

Epidemic of suicides and afflictions of substance use, alcoholic liver disease, and overdoses of heroin and prescription opioids ...

*Anne Case and Angus Deaton*

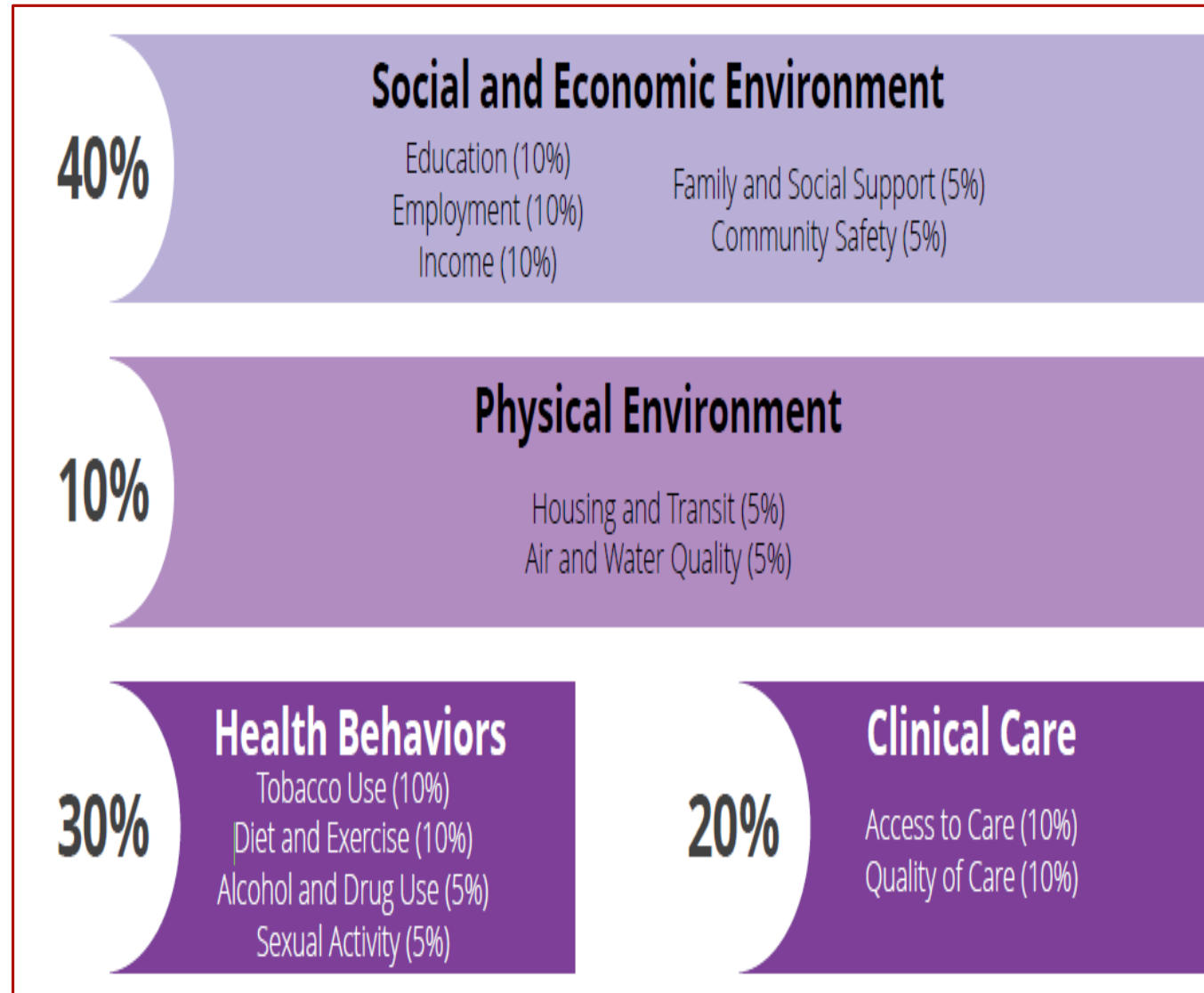
- **48,344** Americans died by suicide
- On average, **132 suicides per day**.
- Rate of suicide highest in **middle-aged white men**.
- **Men died by suicide 3.56x more often than women.**
- White males accounted for **69.67% of suicide deaths**
- **Firearms accounted for 50.57% of all suicide deaths.**
- **Younger groups have lower suicide rates than middle-aged and older adults**
- **Black students reported the highest rate of attempt (9.8%)** with white students at 6.1 percent.

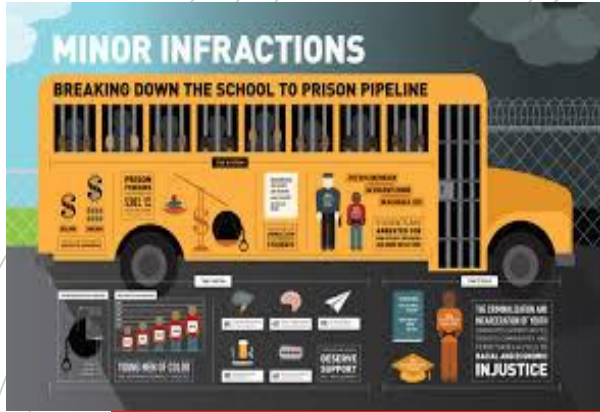
*Suicide, addiction, and depression have a very close and interconnected relationship. More than 90% of people who fall victim to suicide suffer from depression, have a substance abuse disorder, or both.*



# Social Determinants...

*being poor is bad for your health*





## Being An Adult or Child of Color is Bad for Your Health



- Children and youth of color with psychiatric and behavioral problems get suspension, expulsion or incarceration, not mental health care
- Same rates of mental health insurance, get half the treatment
- Black and Latinx individuals more likely to be hospitalized or institutionalized compared to whites, who more often get community-based treatment
- Looking at secure units in NYS psychiatric centers it's disproportionately young men of color

***“More trauma in this population that's not dealt with [and a] greater level of hopelessness ... we have never seen before” Sean Joe, Washington University, St. Louis***

*Pivotal moment in our history - collision of multiple historical events that lay bare the profound systemic racism and social adversity that reduces quality of life and life expectancy...*

**A country on  
fire...**

- COVID-19 Pandemic
- Murders of Black Americans
- Mass incarceration of people of color
- Increasing economic inequality



**Available, effective  
services for all is  
our true north**

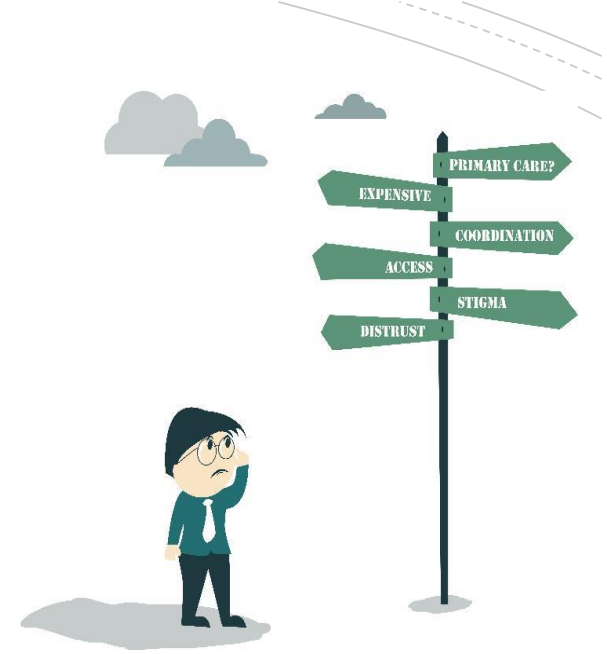
**This morning ...  
“Four Questions”**

- **Where Will We Get Care?**
- **How Will We Pay For Care?**
- **Who Will Care for Us?**
- **What Kind of Care Should We Get?**

# Where Will We Get Care?

## Struggle to get care ...

- **Escalating deductibles/copays** make treatment for mental illnesses (OCD, anxiety, depression - conditions highly responsive to medication/cognitive interventions) out of reach.
- Equally destructive are **stagnant insurance reimbursement rates** that make behavioral health cash only businesses.
- Public sector (serving mostly Patients with serious mental illnesses and Medicaid) are **maze of programs** each under different auspice with different admissions processes



## Integrated Care ...

***Vision has been single care management entity per consumer:***

**Accountable care organizations –**

Medicare, Medicaid, commercial

**Collaborative care –** primary care with consulting psychiatrist and care manager

**Specialty care coordination –** health homes, 'whole person' integrated care programs





## **"Hot Spotters"** *Camden Coalition*

- Atul Gawande introduced Jeffrey Brenner as visionary for keeping "worst-of-the-worst patients" out of hospital ... New Yorker piece, "The Hot Spotters" - early evidence promising, anecdotes inspiring
- RCT: give frequently hospitalized/ER patients nurses, social workers etc. to stop cycle of readmissions v. care as usual. No effect: Pts receiving extra support as likely to return within 180 days as those not. Lower readmissions by nearly 40 percent, but same kind of patients receiving regular care nearly identical decline in hospital stays.

**"Without data you're just another person with an opinion." – W. Edwards Deming**

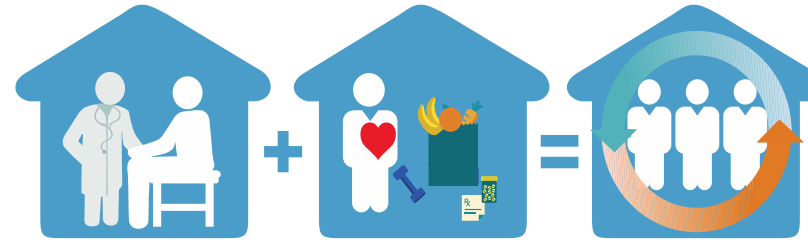
**Collaborative  
Care  
(Evidence Based)**

- Primary Care Provider
- Patient
- +
- Behavioral Health Care Manager
- Psychiatric Consultant

*2017 Medicare codes introduced – now over 40 commercial carriers plus an increasing number of Medicaid agencies code*

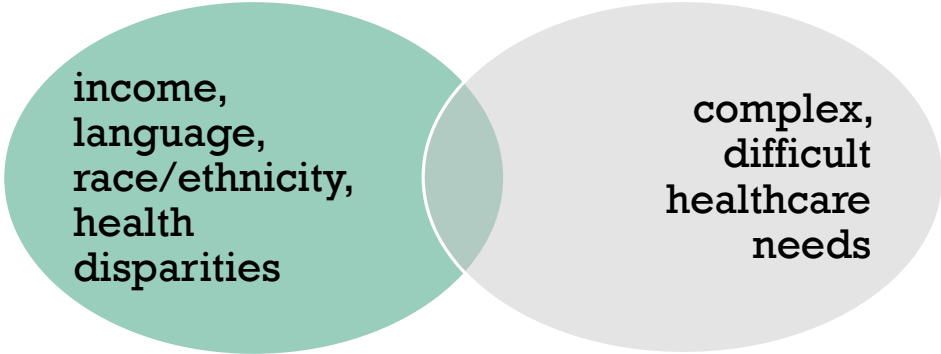


# Inside collaborative care, medical homes/hospital systems/ACOs:



## Specialty organization—whole-health to population with complex psychiatric and addiction conditions:

**Specialty Behavioral Health and Integrated Care**



**School**



**Workplace**



**Inpatient**



**Clinics**



**Crisis \***



# How Will We Pay For Care?

# Iron Triangle of Health Care

*Political Promise ... we will increase access to care, improve quality of care and cut costs*

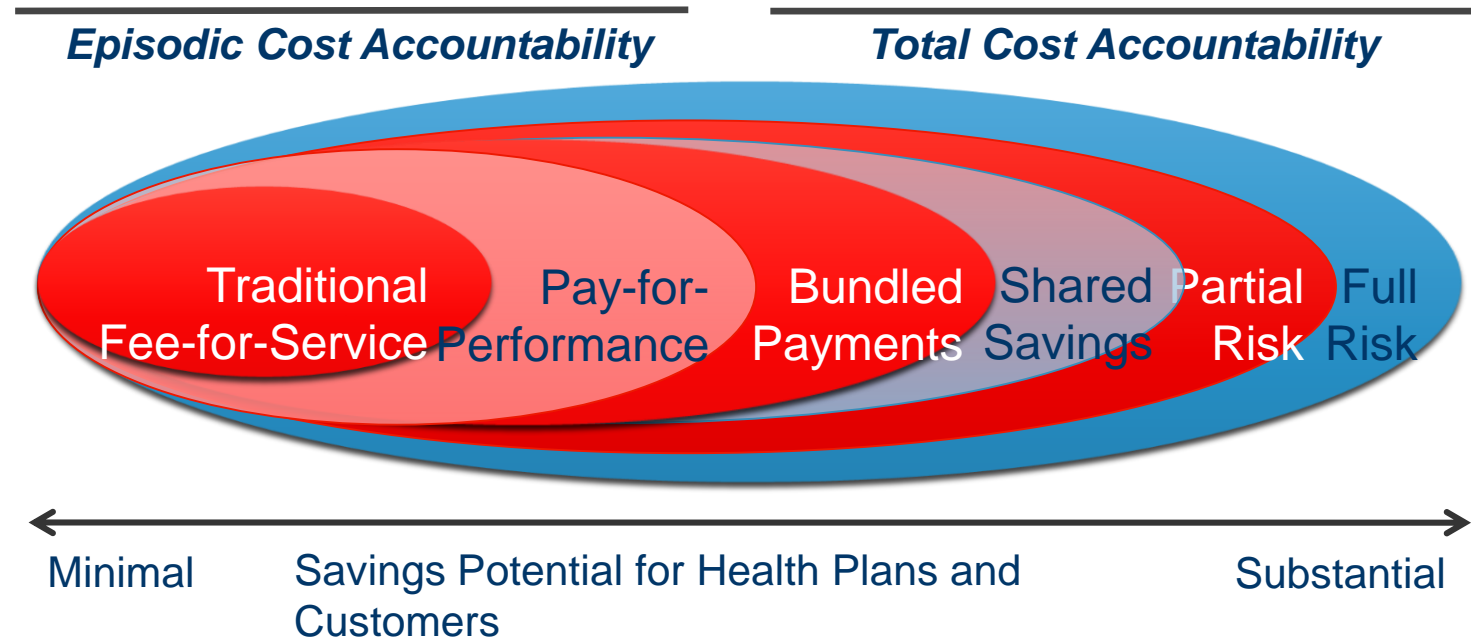
**Access, cost, and quality** - inherent trade-offs. At any time, can improve 1 or perhaps 2, but at expense of third ...

“If we conduct debates honestly, we acknowledge this and allow public to decide what they want—and what they are willing to sacrifice to get it.

*JAMA, The “Iron Triangle” of Health Care:  
Access, Cost, Aaron Carroll MD*

***Driven by ACA/CMS - replace fee-for-service. Upside gain sharing, downside risk. Cut costs, improve care by moving from quantity to quality.***

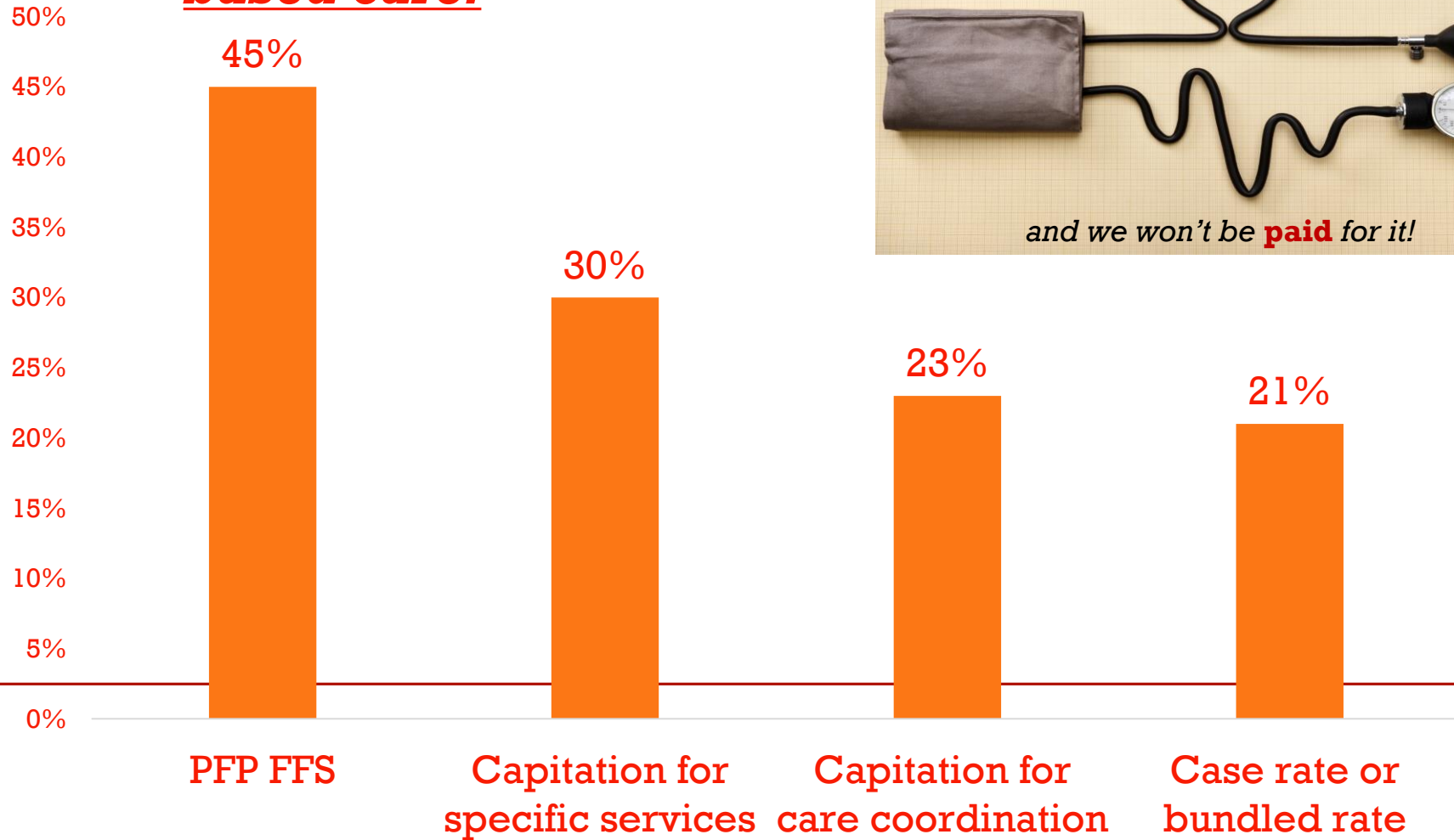
## Value-based reimbursement



- General hospitals: variable
- Psychiatric/addiction inpatient: glacial
- Community: slow (plans blame lack of of provider organization readiness; providers blame difficulty moving proposals with plans)
- Consulting: strong (definition/implementation variation promotes business)

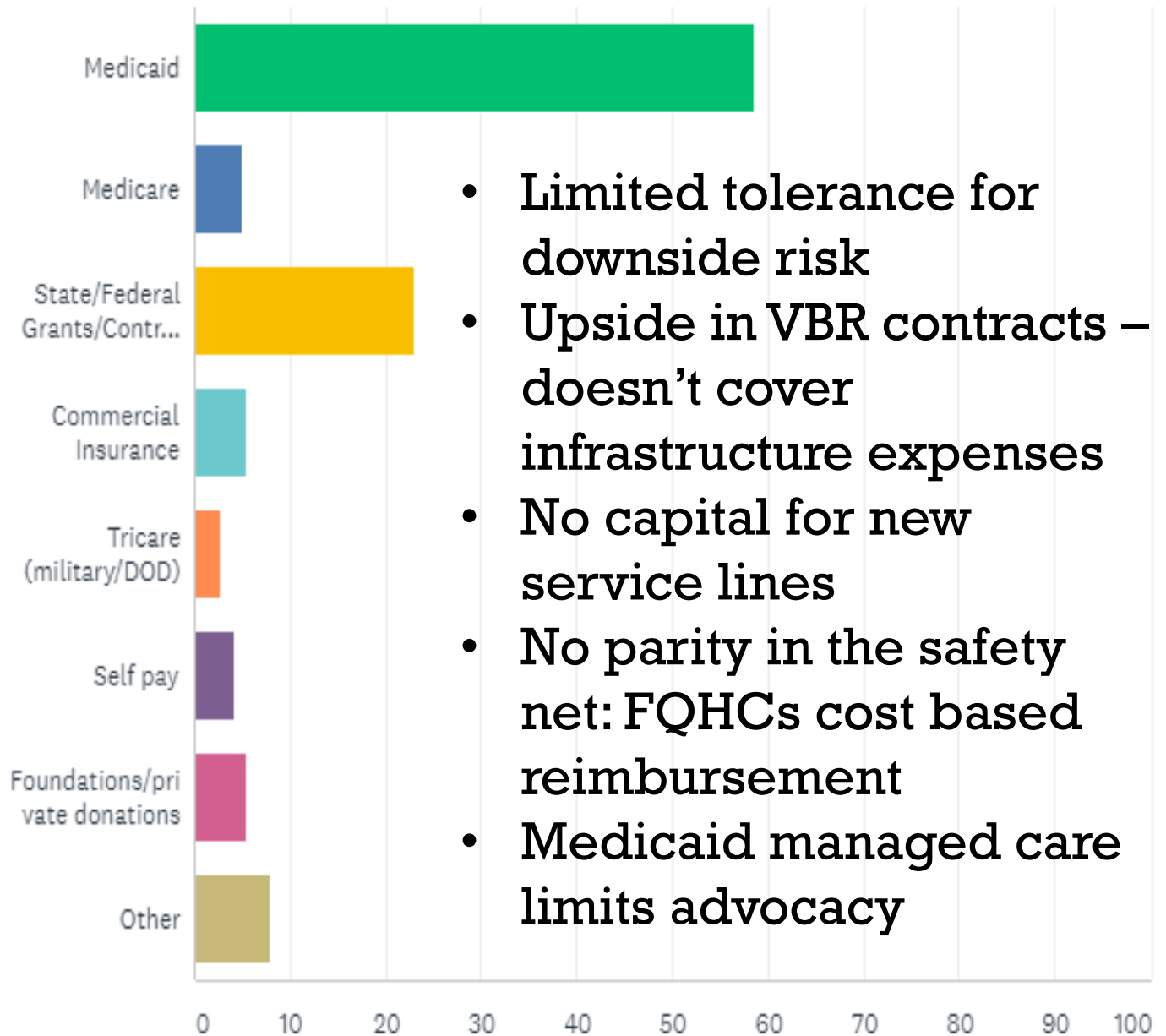
# Specialty BH Organizations Participating In VBR, By Model Type, %, 2019

**Shift to measurement based care!**





# “Frayed” Community Safety Net



- Limited tolerance for downside risk
- Upside in VBR contracts – doesn’t cover infrastructure expenses
- No capital for new service lines
- No parity in the safety net: FQHCs cost based reimbursement
- Medicaid managed care limits advocacy

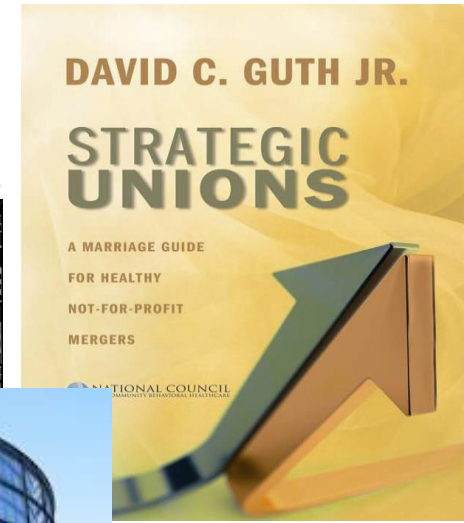
## Response ... Partnerships, Mergers and Acquisitions

### Economies of Scale and Negotiating Power

Southwest Behavioral Health  
independent practice association



DEPENDENCE  
INCLUDE  
PHYSICAL  
TERMS  
DECREASED  
SYMPTOMS  
CONSEQU  
ADDITION  
CRACK  
HEALTH  
IRRITANCE  
PAIN  
AMPHET  
DRUGS  
ADVICE  
THE PAT



*Talking a different language with unfamiliar colleagues*

- IPAs struggle due to infrastructure cost & unwillingness to consolidate
- Not for Profit mergers very difficult
- Hospital acquisitions questionable outcomes
- Private equity - using technology solutions - increasingly interested in market but with technology solutions - rare to invest in not for profit

# The CCBHC Movement



*This is a demonstration program, right? We really shouldn't expand it until we see the formal evaluation results.*

## **200 CCBHCs operating in 33 states**

original eight-state Medicaid demonstration now includes two more states, and since 2018 has been grant funding appropriated to CCBHC readiness – preparing for Medicaid expansion in all states

**May 2020 El Paso's Emergence Health Network - CCBHC and received \$2 million grant**

*In first 6 months of operation of CCBHCs report an increased number of patients served, representing up to a **25% increase** in total patients for most clinics*

- Service expansions :
  - MAT; Detoxification; Addiction counseling
  - Case management
  - Peer recovery coaches
- Partnerships with:
  - Hospitals (91%); Inpatient detox (89%); Residential treatment (80%)
  - Crisis units
  - Peer service organizations
  - Recovery housing and support organizations; high schools/collegiate programs

## Healthcare Slow to Change Regardless of Administration

We say we're worried that ...

- healthcare spending will be 20% of GDP by 2026.
- 5.5% projected annual growth will outpace overall economy, straining budgets
- healthcare spending diverts money from education, infrastructure, and other vital investments.



***We have the healthcare system we built, every time we have to make a decision ... we make a decision good for business***

***Joe Parks M.D.***

But in practice we treat healthcare as a business opportunity for ...

- Insurance
- Pharma
- Consulting
- Technology Start Ups
- Investors

# Who Will Care For Us?

## **Recruitment and Retention Crisis** (Demand and Supply)

- **Prior to pandemic**, shortage in every industry - for record 16 straight months, number of jobs higher than number looking for work. 7.4 million openings, 6 million people looking.
- Layoffs and firings at record-low levels
- Baby Boomers retiring (60 million by 2025) - turnover increasing onboarding costs
- Private Sector – millennials - signing bonuses, free healthy foods, remote work, flexible hours, paid sabbaticals ...
- Behavioral Health Organizations v. Hospitals, VA, FQHCs
- Dependence on LPC and LMFT – no Medicare reimbursement
- CCBHC are hiring - its about salaries!

# Tele-health

## Pre – COVID

- Telehealth technology not new, widespread adoption slow
- Staff maintained patients were reluctant
- Regulators slow to address barriers

Threats of no revenue, staff layoffs, patients without services

## Post – COVID

- Monitor clinical signs
- Provide medication management
- Engage in case management
- Follow up with patients after hospitalization
- Maintain communication with residents in supported housing
- Provide peer to peer education and support

# Technology Solving ...

**Virtual Behavioral Health  
Solutions Created With  
Equity Investments**

**Access -  
immediate**

**Staffing** – from the  
comfort of a  
millennials home

**Quality -**  
transparent,  
measurement based,  
big data/AI

**Ginger.io**

**mindstrong**

**AbleTo**



**VALERA**  
HEALTH

**Quartet**  
Health



# Hi Touch – Hi Tech



Leveraging  
technology



- **Customer service ...** same day engagement ... from anywhere, on demand with choice of products and practitioner
- **Quality Assurance ...** skills and supports
- **Millennials ...** flexible location and hours
- **Eager Investors ...** Regulatory changes

*“Columbia Mind Ventures”*

# What Kind of Care Should We Get?

# Policy and Practice



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**Incentives and/or Punishments Drive Change**



Effectively, the Act puts the "parity" in "mental health parity," ensuring that mental health issues are taken as seriously as other medical issues.

# Parity

- 70,000 overdoses in 2017, insurers spent 1% of total reimbursement on SUD
- Insurers fail to address huge out-of-network utilization disparity between mental health/addiction and medical/surgical - more people pay out of pocket
- United Behavioral Health (largest managed behavioral) guilty of denying mental health and addiction treatment - judge found medical necessity review inconsistent with accepted standards, and influenced by financial incentive to suppress costs.

**Focus on State Parity Laws and Enforcement** - Colorado, New Jersey, Connecticut, and DC all enacted strong state parity laws in 2019 and now CA

**Measurement-based care (MBC)** is use of **measurement** instruments to objectify the assessment, **treatment**, and clinical outcomes, in **patients**

## Measurement Based Care

- Routine practice throughout medical and surgical fields – from blood pressure cuffs to A1c tests for diabetes.
- Only 18% of psychiatrists and 11% of psychologists routinely administer measurement tools, such as symptom rating scales, to monitor patients' progress.
- **P**atients with mental health and substance use disorders treated in routine care get worse outcomes than patients in clinical trials. Main contributor is providers do not typically use symptom rating scales in systematic way to determine quantitatively whether patients are improving.

***Fixing Behavioral Health Care in America: A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services***

<https://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForum>

- *Depression second-leading cause of years lived with disability worldwide*
- *7.5% of US workforce has depression each year; 15% with severe depression commit suicide*
- *Depression common among people with SUD*

# Depression

## Treatments

- Brexanolone - rapidly reduces symptoms and restore function to those with postpartum depression
- Esketamine - for treatment-resistant depression (TRD)
- Neuromodulation technologies - widespread use of vagal nerve stimulation and transcranial magnetic stimulation (TMS)
- Psychedelics - out of favor after 1960s and 70s, return as clinical trials demonstrate potential as treatment

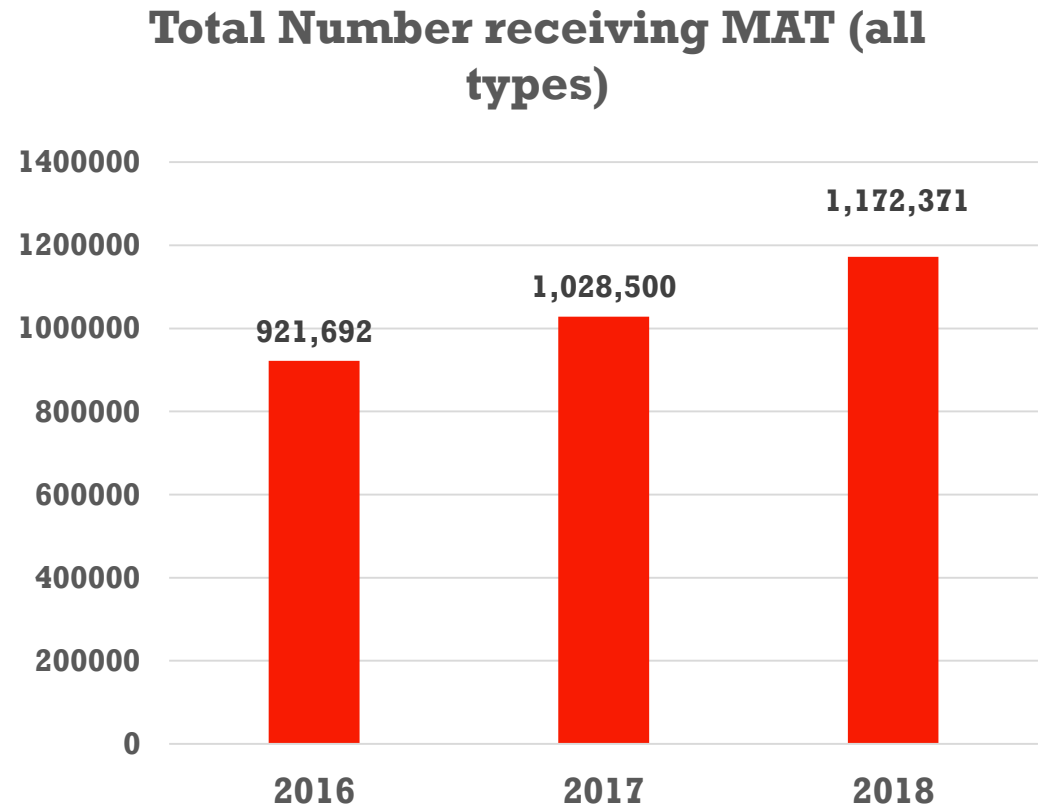
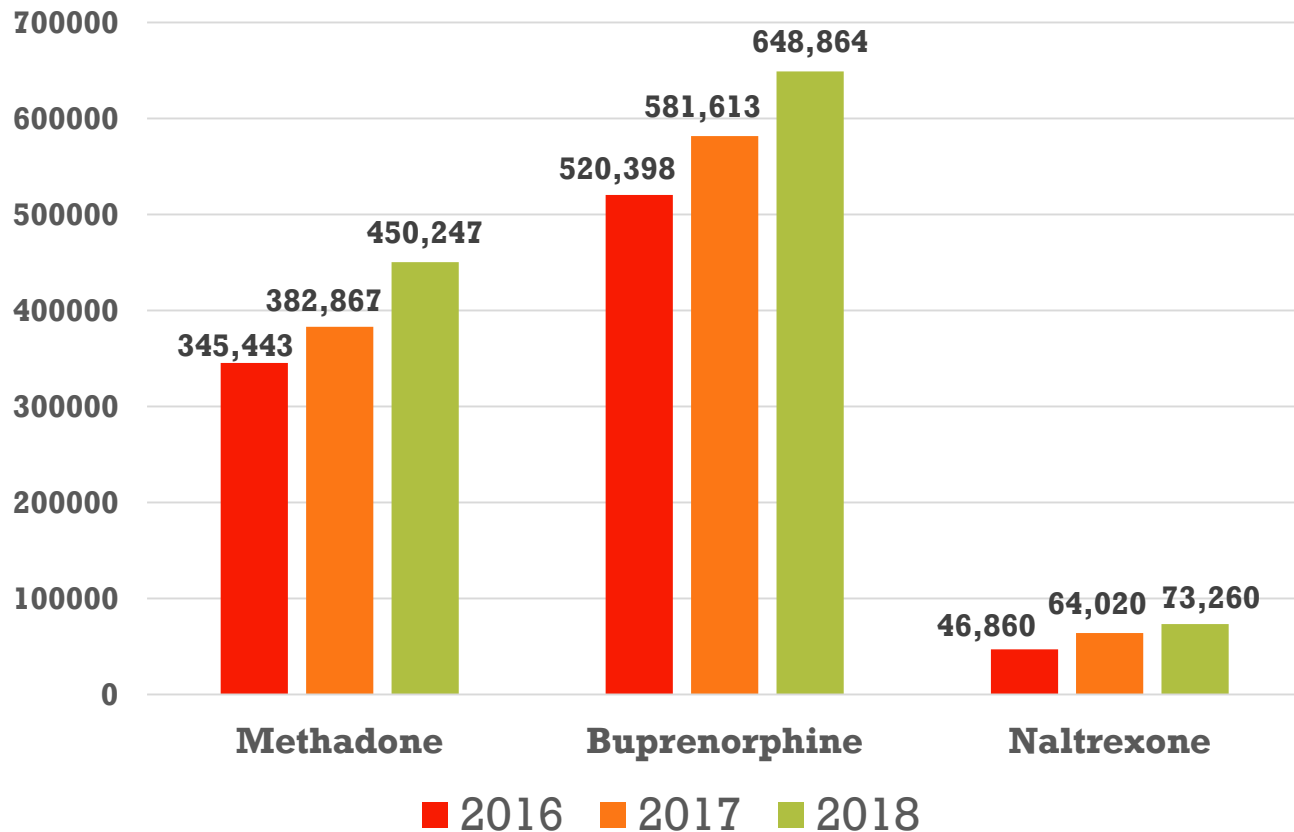
# Suicide Prevention

## *Research (evidence) Based Interventions*

- Targeted Screening: Three-question screening tool for ER pts – regardless of reason for visit – and specialty care –
- Safety Planning: Personalized safety planning - limit means
- Follow-up phone calls: At-risk patients receiving screening, safety plan, and series of supportive calls, risk goes down further
- Psychotherapies: CBT and DBT
- Medications: Clozapine reduces suicidal behavior in pts with schizophrenia and schizoaffective disorder. Ketamine in depression and suicidal ideation.

# Addictions and MAT

After a dip in 2018, new data show fatal drug overdoses rose in 2019



***Physician prescribe buprenorphine for pain, same doctor cannot prescribe for SUD without DEA waiver, requiring time and training. Legislation to set aside waiver requirement to allow wider physician use.***



# Social Costs of Addictions

## Homeless

- 20 to 25% of homeless suffers from form of severe mental illness. (6% Americans severely mentally ill)
- 38% homeless dependent on alcohol, 26% other drugs.
- 2/3<sup>rd</sup> of homeless report abuse of drugs and/or alcohol major as cause of homelessness.

## Criminal Justice

- Five times higher than the general population.
- 80% report lifetime drug use, and 53% meet criteria for SUD
- Substance users in the criminal justice due to
  - (1) possession of an illicit substance,
  - (2) sale or illegal distribution of a substance, o
  - (3) illegal activity to support drug use

# Coordinated Specialty Care

First Episode Psychosis

Which is worse to injure, a brain or a knee?

- One year of CSC:  
\$15,000
- One knee replacement:  
\$15,000





# Emergency Response 988

On July 16, 2020, the FCC established **988** as the new, nationwide, 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors - calls to go to the existing National Suicide Prevention Lifeline by July 16, 2022.

- Growing commitment to programs that send trained staff instead of (or with) police on emergency calls – mental illness shouldn't be pipeline to the police/jail
- 911 is now finally in most places, but since it is a very local endeavor, took years with lots of problems, including creation of EMS/EMT teams
- Crisis Response Continuum of Care Bill– call centers; mobile crisis teams; crisis stabilization units; behavioral health urgent care centers (Alexandria Ocasio-Cortez/Catherine Cortez Masto)
- At same time strengthening assisted outpatient programs and reexamining commitment laws



IMPLEMENTING ASSISTED  
OUTPATIENT TREATMENT:  
ESSENTIAL ELEMENTS,  
BUILDING BLOCKS AND TIPS  
FOR MAXIMIZING RESULTS

OCTOBER 2019

Treatment Advocacy Center:

Brian Stettin, JD, Policy Director  
Amy Lukes, MSSA, Project Manager  
John Snook, JD, Executive Director  
Betsy Johnson, Policy Advisor

Northeast Ohio Medical University:

Mark R. Munetz, MD, Margaret Clark Morgan Endowed Chair of Psychiatry  
Deb Hrouda, PhD, Director of Practice Implementation and Evaluation



Questions?  
Contact Me

*“What we need to do is always lean into the future; when the world changes around you and when it changes against you – what used to be a tail wind is now a head wind – you have to lean into that and figure out what to do because **complaining isn’t a strategy.**” – Jeff Bezos*

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