

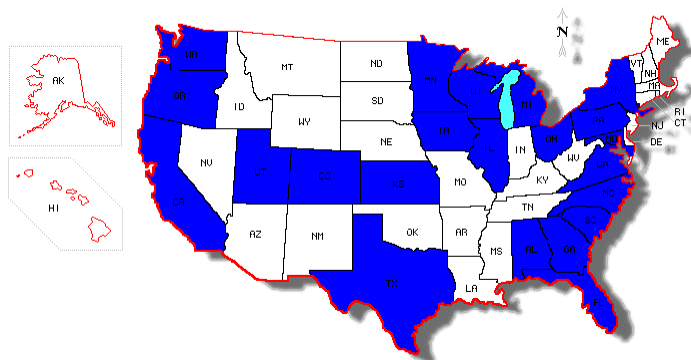
NACo Capitol Hill Briefing

Restoring the Partnership for American Health: The Role of County Government in the Health System

County Behavioral Health Care Services

June 8, 2009
121 Cannon Office Building
Washington, DC

States in Which County Government Provides Mental Health Services

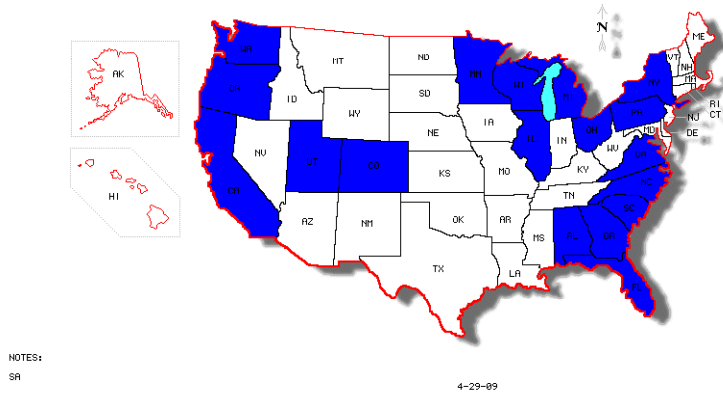


NOTES:
RH

4-29-09

These states represent 73% of the population of the United States

States in Which County Government Provides Substance Abuse Services

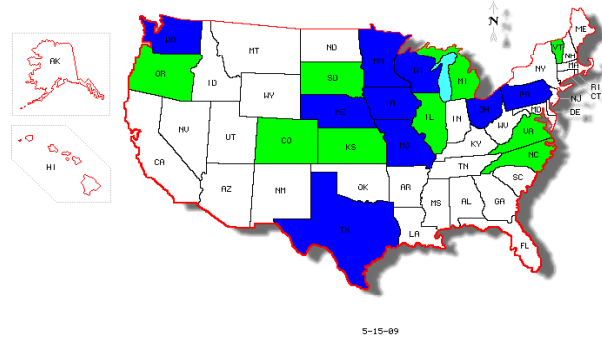


These states represent 62% of the population of the United States

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States in Which County Government Provides Developmental Disability Services*

- - County Funded
- - Part. County Funded



These states represent 43% of the population of the United States

* More counties participate in funding of some portion of DD services but in substantially less amounts in than in the states represented here.

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Conditions or Diagnosis of Persons Served Through County Behavioral Health Care Systems

MENTAL HEALTH

- **Severely Persistently Mentally Ill Adults**
(Schizophrenia, Bio-polar Disorders, Severe Depression, etc.)
- **Severely Emotionally Disturbed Children/Youth**
(Bio-polar Disorders, Severe Depression, Attachment Disorders, etc.)

SUBSTANCE ABUSE/CHEMICAL DEPENDENCY

- **Substance Use/Abuse Disorders**
(Alcohol and Drug Abuse or Dependence)
- **Substance Abuse Prevention and Intervention**
(Universal, Selected, Indicated and Intervention Services)

DEVELOPMENTAL DISABILITIES/MENTAL RETARDATION

- **Developmental Disabilities**
(Mental Retardation, Traumatic Brain Injury, Autism, Down's Syndrome, Epilepsy, Infantile Cerebral Palsy, Spina Bifida, etc.)

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Mental Illness and Substance Use Disorders are:

PERVASIVE

- More than 33 million Americans treated annually
 - 20 % of all working age adults (18-54)
 - 21 % of adolescents
- Millions more fail to receive care

FREQUENTLY INTERTWINED

- 15 - 40 % co-occurrence of MI and SU illnesses

OFTEN INFLUENCE GENERAL HEALTH

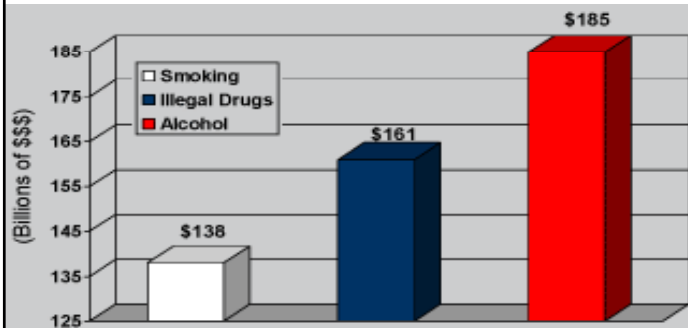
- frequently accompany chronic illnesses; e.g., cancer, diabetes, and heart disease
- 20% of heart attack patients suffer from depression, tripling risk of death
- associated with leading causes of outpatient visits; e.g., headache, fatigue and pain

Source: IOM - *Improving the Quality of Health Care for Mental and Substance-use Conditions (2005)*

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Approximate Cost of Substance Abuse in the U.S.

(This includes health care expenditures, lost earnings, and costs associated with crime and accidents.)



Substance Abuse Costs Our Nation More than \$484 Billion per Year

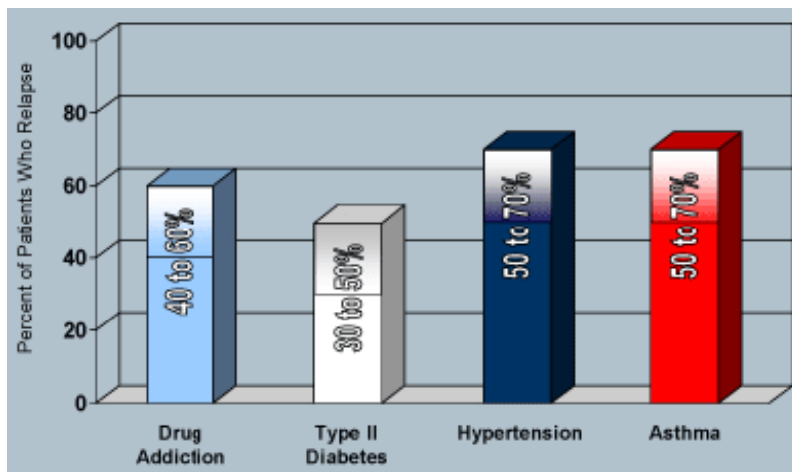
The Costs of Drug Abuse are as Substantial as that of other Chronic Conditions:

- Diabetes costs society \$131.7 billion annually⁴
- Cancer costs society \$171.6 billion annually⁵

From: NIDA Website January 2008 Sources: Rice, 1999; ONDCP, 2001; Harwood, 2000

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Relapse Rates Are Similar for Addiction and Other Chronic Illnesses



From: NIDA Website January 2008 - Source: McLellan et al., 2000

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Cost not to Treat

- Hospital ER Costs
 - 17,000,000 SA related ER visits at \$1,200 per visit cost - over \$20 Billion/year
- Jail/Prison Cost/Year
 - \$30,000/operations AND \$80,000 to build each cell
 - VS
 - \$17,000 for community-based treatment
- Health System Cost
 - Total Health Care Expenditures in 2003 \$1.6 Trillion
 - Total MH and SA Expenditures in 2003 \$121 Billion (7.5%)
- Child Abuse and Child Welfare
 - Each Foster Care Placement is \$32,000/ year average of 2 children or \$64,000, cost to incarcerate Mom for one year \$30,000 – Total cost \$94,000
 - VS
 - \$30,000 for community-based family treatment

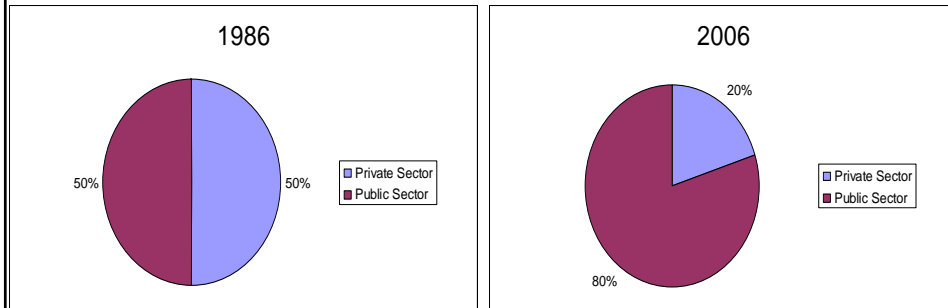
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Key Policy Issues

- **Behavioral Health Care MUST be part of Health Care Reform**
 - It drives much of our national health care spending
- **Acute Care Models will not work with Chronic Diseases**
 - Best Practice Models show that matching the treatment approach to the etiology of disease will yield a better outcome (i.e. sub-acute care models work best with chronic diseases)
- **Acute Care Models are too Expensive and Waste Resources**
 - Private Pay/Insurance Benefit in Utah is 30 days of inpatient/hospitalization and 20 outpatient visits – a value of approximately \$32,000 (\$1,000 per day)
 - Public/County Benefit minimizes acute care (inpatient/hospitalization) in favor of sub-acute care (residential, day treatment, social detox, outpatient treatments – a value of approximately \$17,000 (\$75 per day)
- **Right Now, Federal Block Grant Funds, Medicaid, and the Taxpayer are the Foundation of County Delivery System**
 - Only about 20% of those in need of treatment can access it
- **County Government is a willing and able partner in the delivery of basic, safety net services BUT the demand is growing**
 - Federal, State and County Governments are becoming the only provider and payer for behavioral health services
 - The demand for services has not diminished but has been shifted to prison/jails, hospital emergency departments and the community

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Private Pay vs. Public Pay (Substance Abuse Treatment)

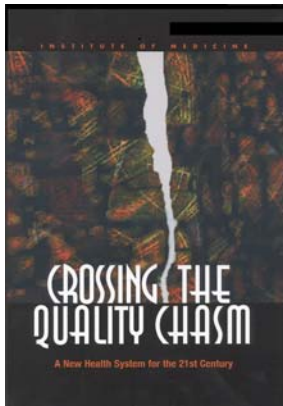


Cost of Behavioral Health Services has Shifted from Insurance-based Revenue to Tax-based Revenue

Source: SAMHSA

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CROSSING THE QUALITY CHASM



“Quality problems occur typically not because of failure of goodwill, knowledge, effort or resources devoted to health care, but because of fundamental shortcomings in the ways care is organized”

**Trying harder will not work:
changing systems of care
will!**

A NEW HEALTH SYSTEM FOR THE 21ST CENTURY (IOM, 2001)

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The *Crossing the Quality Chasm* Series

To Err is Human (1999)

Crossing the Quality Chasm - A New Health System for the 21st Century (2001)

Leadership by Example (2002)

Fostering Rapid Advances in Health Care (2002)

Priority Areas for National Action (2003)

Health Professions Education (2003)

Keeping Patients Safe – Transforming the Work Environment of Nurses (2004)

Patient Safety – Achieving a New Standard for Care (2004)

Quality through Collaboration – the Future of Rural Health (2005)

Improving the Quality of Health Care for Mental and Substance-use Conditions
(2005)

www.nap.edu

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INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES

Improving the Quality of Health Care for Mental and Substance-Use Conditions

A Report in the Quality Chasm Series

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