



Carlisle Area Health & Wellness Foundation

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Developed by:

Public Policy Committee and Behavioral Health Task Force

Public Policy Recommendations: Behavioral Health

Local and County

- Assure adequate, recovery focused behavioral health treatment and services. Reduce waiting time for services.
- Advance local efforts to integrate behavioral health care and primary care. Expand Crisis Services outreach, as needed.
- Assure that all school districts allow on-site mental health and substance abuse services (e.g., student assistance programs).
- Strengthen and expand school and community-based prevention, wellness and youth development programs.

State

- Support policies designed to promote the integration of behavioral health and primary care services, such as those that alleviate restrictive reimbursement policies, address workforce shortages and foster information sharing between behavioral and physical health care providers.
- Assure adequate and ongoing funding to support services and programs for persons experiencing serious mental illness, focusing on recovery oriented best practices.
- Ensure adequate needs-based funding for behavioral health services, including dedicated funding for substance abuse services and realistic Cost of Living Adjustments (COLA).
- Expand mental health coverage under the state's Children's Health Insurance Program (SCHIP).
- Promote incentives to agencies and professionals to obtain Co-occurring Disorder Capable Facilities or Co-Occurring Disorder Professional status through the Pennsylvania Departments of Health or Public Welfare.

Federal-State

- Encourage the expansion of recovery focused, evidence-based community supports, including case management, community integration, transportation, employment training/assistance, and psychological and social rehabilitation.
- Reduce regulatory barriers to cooperation between mental health and substance abuse programs.
- Improve and expand services and treatment for co-occurring disorders (also known as dual diagnoses).
- Assure availability of varied and creative housing opportunities for persons with behavioral health needs.
- Encourage public education campaigns to address stigma and promote holistic concepts of wellness.
- Broaden public and private insurance coverage for behavioral health services and assure that eligible persons are aware of and have access to it. Increase Medicaid funding.
- Promote financial assistance for medication costs to individuals who are without or are between coverage.

Regional Needs

An enormous gap exists between the number of people in our region who need behavioral health services and the number who receive them. Behavioral health services address both mental illness and substance abuse. Nationally, seven percent of Americans meet the medical definition for abuse of or addiction to drugs and alcohol yet just a small minority of these individuals receive treatment. Similarly, an estimated one in four Americans experience a diagnosable mental health need in a given year. However, the Carlisle Area Health & Wellness Foundation's *2007 Health Status Assessment* found that just 13 percent of local residents were treated for a mental health condition in the past five years. Access to treatment is stymied by a range of factors including cost, resistance to treatment and health workforce shortages. For individuals, stigma makes the pursuit of treatment, jobs and community acceptance difficult, and stigma undercuts public and private support for funding of behavioral health services.

Most public behavioral health services in Pennsylvania are managed by counties and paid for through state and federal funding. Several counties in our region jointly administer mental health and substance abuse programs. These "joinders" include Cumberland-Perry, Franklin-Fulton and York-Adams Counties. In 2008-2009, the Cumberland-Perry Mental Health Program served approximately 15,000 children, adolescents and adults. During the same period, the Cumberland-Perry Drug and Alcohol Commission recorded that 1,057 people were served by our local public system. This unduplicated count does not include thousands of local residents who paid for behavioral health services privately or with insurance, nor does it include those who may be in need of services but fail to receive them.

The Cumberland-Perry Drug and Alcohol Commission's treatment data identifies alcoholism as one of our region's greatest challenges. In fiscal year 2008-2009, nearly half of all Cumberland and Perry County residents receiving substance abuse treatment identified alcohol as their drug of choice. Marijuana (20%), heroin (8%), other opiates/synthetics (6%) and crack/cocaine (6%) were also frequently reported as primary drugs of choice. In addition to their primary drug of choice, many individuals report using several other types of drugs.

Treatment Works

Human service agencies are in the midst of a “perfect storm,” whereby programs are increasingly underfunded and simultaneously serving growing numbers of clients with critical needs. For decades, Pennsylvania’s state budget has allocated Cost of Living Adjustments to human service programs that fall short of the previous year’s Cost of Living. This is despite the fact that behavioral health treatment and prevention programs are highly cost-effective. Success rates for the proper treatment of chronic mental illness typically exceed those of treatment for heart disease (see chart). Similarly, 2009 research by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) demonstrates that effective school-based prevention programs save up to \$18 for every \$1 invested in drug and alcohol prevention programs.

Effective, evidence-based services to address behavioral health needs are more readily available today than ever before. Significant shifts in treatment have included a growing emphasis on: recovery focused, community-based treatment; methods to recognize and address co-occurring disorders; and emerging models that integrate behavioral health and primary care services.

Co-Occurring Disorders: Mental illness and substance abuse frequently co-occur. For example, SAMHSA data indicate that one out of every four adults with a serious mental illness also depends on or abuses illicit drugs or alcohol.

While collaboration between mental health and substance abuse services is critical, a range of factors make it challenging to achieve successful coordination. They include:

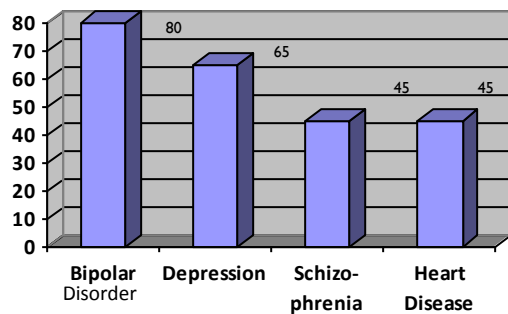
- ◇ incompatible regulations;
- ◇ disparate funding streams;
- ◇ traditional resistance; and
- ◇ conflicting philosophies of treatment.

The poor physical health and economic status of many people with mental illness and histories of substance abuse further complicate efforts to provide adequate and effectively coordinated services. As a result, more than half of all adults with a dual mental illness/substance abuse diagnosis—totaling two million people nationwide—receive no treatment at all.

Integrated Care: Affective disorders (depression, anxiety disorder, bipolar illness) drive the greatest demand for mental health services, in our region and nationally. These disorders have a significant impact on individuals and the community: for example, depression is a leading cause of workplace absenteeism. Research has begun to link depression with physical illnesses, such as osteoporosis, diabetes, heart disease, some forms of cancer, eye disease and back pain.

Recognizing the deep interconnection between good behavioral and physical health, new service delivery models are emerging to address individuals’ multifaceted health needs through integrated care. Promising pilots include consistent screening for behavioral health needs in primary care settings; active partnerships between physician practices and behavioral health providers to ensure and track cross-service referrals; and the direct provision of behavioral health services within primary care settings. As integrated models continue to evolve, policies to minimize the fragmentation of health services and strengthen funding for integrated care stand to improve patient outcomes and slow the escalating costs of health care.

**Treatment Success Rates:
Mental Illness versus Heart Disease**



Source: National Alliance for Mental Illness

For more information, please contact:

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