

Commission on Long Term Care Mental Health and LTC

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Background

- Executive Director for TAC.
- Former state mental health commissioner in New Jersey.
- Past president for the Nat'l Association of State Mental Health Program Directors
- Former CEO for NJ-based supportive housing provider.
- Adjunct faculty at Tufts University School of Medicine

Mental Illness

- Mental illnesses refer to brain disorders generally characterized by dysregulation of mood, thought, and/or behavior.
- Disorders of brain circuitry; chemical imbalances
- Depending on the parts of the circuitry effected results in the development of various symptoms
- We categorize these into the various mental health diagnoses.
- Violence is not the norm.

Prevalence

- An estimated 26.2% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year.
- When applied to the 2010 U.S. Census residential population estimate for ages 18 and older, this figure translates to 61.5 million people.
- Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6%, or 14 million, who suffer from a serious mental illness.
- Less than 60% receive a mental health service.
- Mental disorders are the leading cause of disability in the U.S. and Canada.
- Depression affects more than 7.4 million of the 40 million Americans aged 65 years or older.

Prevalence

- Among long-term care recipients in the community, reported rates of psychiatric morbidity exceed 40%.^{1,2}
- Most adults in nursing homes have some clinically significant psychiatric or behavioral problem, with estimates of prevalence ranging from 65% to 91%.³
- Available data indicate that depression is the most common mental health condition among both nursing home residents⁴ and community-dwelling long-term care recipients.²

Medical Co-morbidity

- 68% of adults with a mental health disorder also have at least one co-morbid medical problem
- 29% of people with medical disorders have a co-morbid mental health condition

“Mental Disorders and Medical Co-morbidity” (Druss & Reisinger, 2011); Robert Wood Johnson Foundation, The Synthesis Project

Years of Lost Life

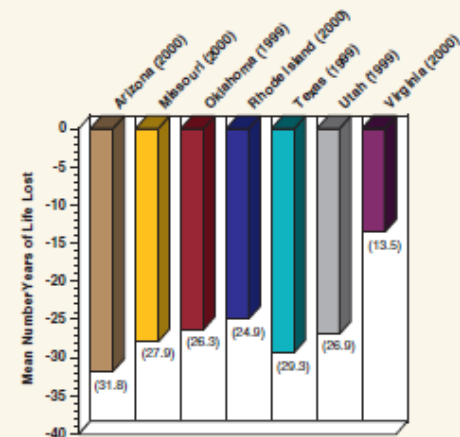
Finding: 25 year
premature mortality
compared to general
population.

National Association of State
Mental Health Program Directors
Report: Morbidity and Mortality
in People with Serious Mental
Illness (2006)

Years of Life Lost Among Public
Mental Health Clients by State

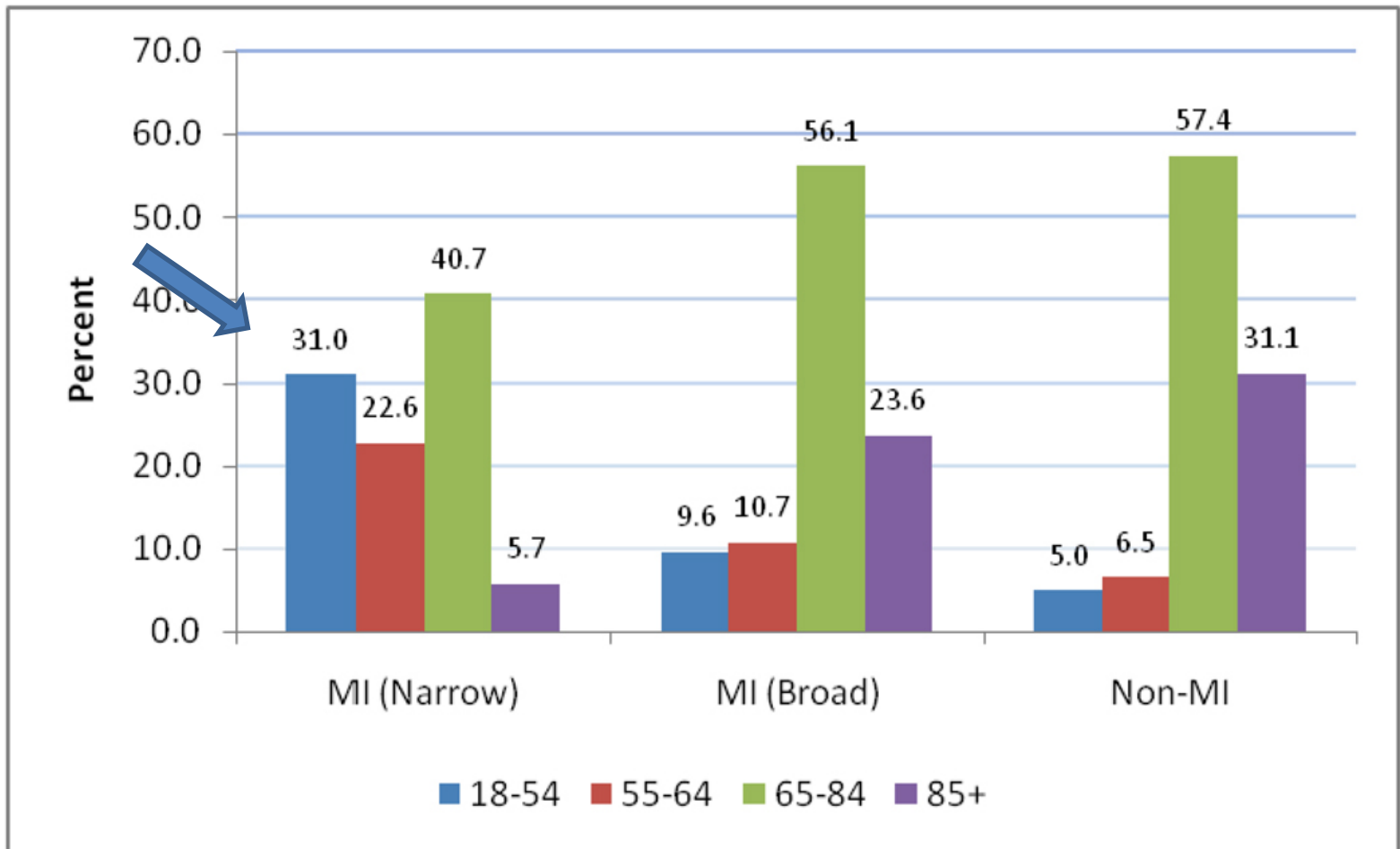
State and Year	Mean Age at Time of Death			Mean No. Years of Life Lost
	All Clients	Male Clients	Female Clients	
Arizona (2000)	49.6	48.5	52.7	31.8
Missouri (2000)	56.4	53.1	59.4	27.9
Oklahoma (1999)	58.9	52.0	64.6	26.3
Rhode Island (2000)	60.2	53.4	65.5	24.9
Texas (1999)	54.0	50.8	57.3	29.3
Utah (1999)	58.4	53.7	63.2	26.9
Virginia (2000)	75.0	75.0	75.0	13.5

Mean Number Years of Life Lost
Among Public Mental Health Clients by State



Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease*, 2006; 3(2): 1-14.

New nursing home admissions by age categories among persons with mental illness (MI) (narrow), MI (broad), and no MI, 2005



Service Needs

Policy Direction

- Four I's
 - Olmstead/Community Integration
 - Integration w Primary Healthcare
 - Integration with Substance Abuse
 - Integrated Records/EHI
- Medicaid
- Managed Care
- Prevention/Early Intervention
- Multi-occurring/Co-occurring
- Employment/Education. (Needs much more attention.)
- Public Health

SAMHSA Good and Modern

- Healthcare Home/ Physical Health
- Prevention
- Engagement Services
- Outpatient Services
- Medication Services
- Community Support (Rehabilitation)
- Other Supports (Habilitation)
- Intensive Support Services
- Out of Home Residential Services
- Acute Intensive Services
- Recovery Supports

[SAMHSA:](http://www.samhsa.gov/healthreform/docs/good_and_modern_4_18_2011_508.pdf)

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Service Needs

- Available evidence suggests that expanded access to appropriate mental health services could improve quality of life for long-term care recipients, while at the same time enhancing the cost-effectiveness of the care they receive.
- Services include an array of supports that assist individuals with performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These range from providing assistance with eating, dressing, and toileting, to assisting with managing a home and medication management.
- They may include varying combinations of medical care, skilled nursing, home health care, assistance with activities of daily living, homemaker services, and psychosocial supports.
- Studies conducted over the past ten years support the use of integrative service models (e.g. health homes, medical homes) in which multidisciplinary health care teams collaborate to provide primary and preventive care, chronic disease management, mental health treatment, and comprehensive care coordination.

Service Examples

- Assertive Community Treatment (ACT)
- Permanent Supportive Housing
- Case Management/Care Management
- Peer Support
- Supported Employment
- Health Homes and related coordination strategies
- Integrated Dual Disorders Treatment
- Outpatient Counseling

Service Needs

- Inadequately treated, these conditions can become debilitating and costly.^{3,5}
- Misuse of psychotropic medications⁶ and delays in the initiation of care are common in nursing facilities.³ Moreover, while evidence suggests that psychotherapy is often the treatment of choice for frail elders, nursing homes rely primarily on one-time, “as needed” medication management consultations with psychiatrists.⁵

Challenges and Barriers

Where are people?

- Nursing Homes: 500k⁷; 125k(SMI under 65)⁸
- Homeless: 285k (MI); 158k (SMI)⁹
- Jails/Prisons: 231,000¹⁰
- State Hospitals: 35k (2010)¹¹
- Emergency Departments: One in eight, or nearly 12 million ER visits in the U.S. in 2007 were due to mental health and/or substance use problems in adults.¹²
- Supervised Group Homes (large and small)
- Board and Care Industry (aka Boarding Homes, Adult Homes, Residential Care Facilities)
- Permanent Supportive Housing/Home/Apartments
- Unemployed: 60-80% MI; 90% SMI

Tackling Social Problems and Other Issues

- Poverty
- Affordable housing crisis
- Homelessness
- Unemployment
- Returning Veterans
- Education
- Transportation

50 States = >50 Mental Health Systems

- State versus local control
- Policy (in)consistency?
- System-wide outcomes?
- Politics – jobs, business impact
- Accountability?
- Aligning systems and funding streams?
- Managed Care?

Who is responsible for mental healthcare in America?

- Medicaid/Managed Care
- SMHA/SSA
- Employment/Labor
- Transportation
- Welfare
- Housing
- Primary care/Health
- Dental
- Public Health
- Federal, state, county, local,
- Executive, Judicial, Legislative branches
- Academia
- Corrections/Criminal Justice

Costs

Medicaid

- Medicaid covers certain inpatient, comprehensive services as institutional benefits. The word “institutional” has several meanings in common use, but a particular meaning in federal Medicaid requirements. In Medicaid coverage, institutional services refers to specific benefits authorized in the Social Security Act. These are hospital services, Intermediate Care Facilities for People with Mental Retardation (ICF/MR), Nursing Facility (NF), Preadmission Screening & Resident Review (PASRR), Inpatient Psychiatric Services for Individuals Under Age 21, and Services for individuals age 65 or older in an institution for mental diseases.
- Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community. These programs serve a variety of targeted populations groups, such as people with mental illnesses, intellectual disabilities, and/or physical disabilities.

Medicaid

- Medicaid is the largest payer for mental health services in the United States, accounting for approx 28% of all MH spending.
- Individuals with mental health disorders represent almost 11% of the individuals enrolled in Medicaid and represent almost 30 percent of all Medicaid expenditures.
- It is anticipated that 14 percent of the individuals who are uninsured and have incomes below 133 percent of the Federal Poverty Line may have a substance use disorder.

Source: CMS Informational Bulletin 12/12

Distribution of Medicaid Spending on Long Term Care

Location	Nursing Facilities	ICF-ID	Mental Health Facilities	Home Health & Personal Care	Total
United States	41.5%	11.0%	2.8%*	44.7%	100.0%

Source: Kaiser

*Medicaid does not pay for services in Institutions for Mental Disease for residents between the ages of 22-64. As a result, significant state funds that could be used as match to support home and community-based services are tied to institutional settings.

Cost Comparisons

- State Hospital: \$250,000+
- Corrections: Avg: \$23k; Range: \$15k-\$50k¹³
- Nursing Homes: \$80,000+
- Supportive Housing: Less than \$20,000

Inpatient Expenditures

- In 2008, 3% of people served by public mental health system were in state psychiatric hospitals.*
- In 2007, 28% of SMHA-controlled funds (\$8.7 billion) were expended on state hospitals.*
- Many of these funds do not receive FFP due to IMD.
- This does not include County or other inpatient psychiatric hospitals.

*Funding and Characteristics of State Mental Health Agencies, 2009

Impact of Recession

- \$4.35 billion in cuts between fiscal years 2009 and 2012
- Lost matching funds, tightened eligibility, reductions to non-Medicaid services.
- Lutterman, Ted. “The Impact of the State Fiscal Crisis on State Mental Health Systems.” NASMHPD Research Institute. PowerPoint. Updated 7/2/13; http://www.nri-inc.org/reports_pubs/2013/TedLuttermanPresentation02JUL2013.PDF
- Martone, Kevin. *The Impact of the Economic Downturn on Public Mental Health Systems*. Psychiatric Times. Volume 29, No. 2. February 8, 2012

Costs

Direct Treatment Costs

- At \$147 billion, MH spending accounted for 6.3 percent of all health spending in 2009. (SAMHSA 2013)

Indirect Costs

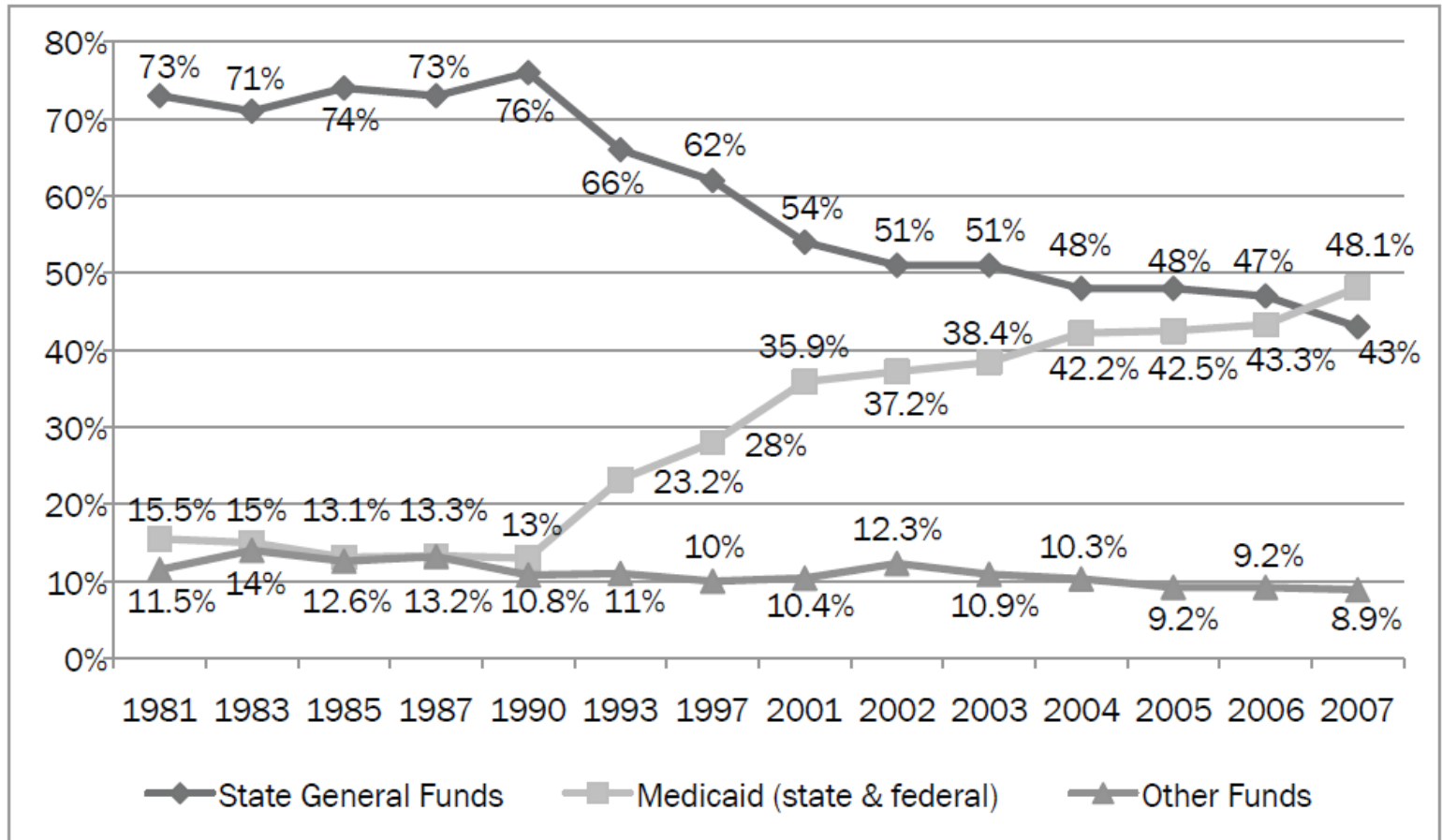
- Serious mental illnesses cost the U.S. an estimated \$193.2 billion in lost earnings per year.

(Kessler, R., Heeringa, S., Lakoma, M., Petukhova, M., Rupp, A., Schoenbaum, M., et al. (2008). The individual-level and societal-level effects of mental disorders on earnings in the United States: Results from the National Comorbidity Survey Replication. *American Journal of Psychiatry*, 165(6), 703-11. doi: 10.1176/appi.ajp.2008.08010126.)

Costs

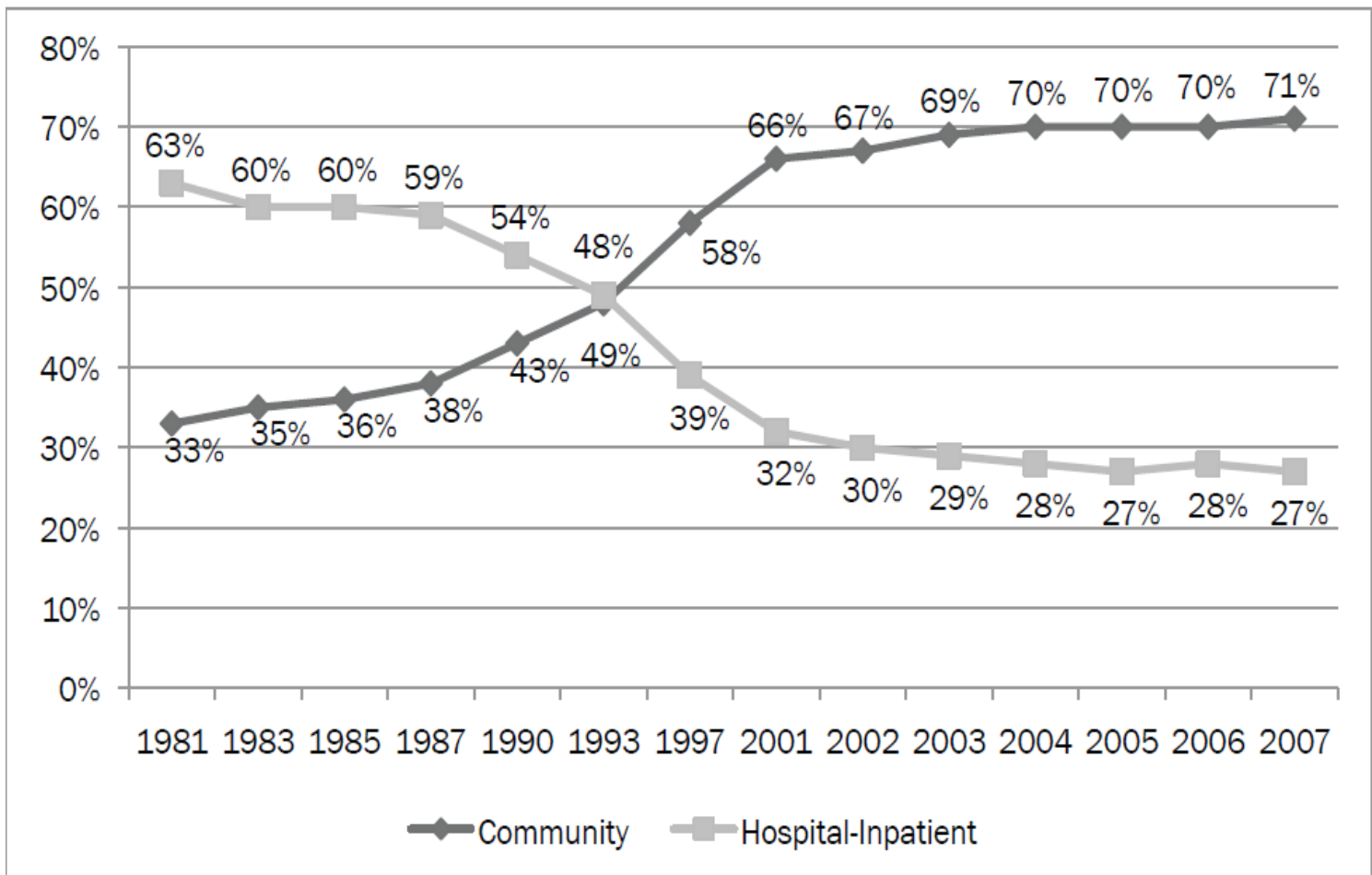
- Long-term care recipients with behavioral health problems experience greater psychological distress, higher levels of functional impairment, and worse health outcomes than their counterparts without such problems.^{14,15,16}
- Because of their exceptionally poor health status, elderly and disabled people with mental disorders use more medical services and therefore incur higher health care costs than their peers who are free from psychiatric diagnoses.^{1,3}

Funding Source Evolution ('81 to '07)



Funding and Characteristics of State Mental Health Agencies, 2009

State Psychiatric Hospital Spending vs Community-based Services ('81 to '07)



Funding and Characteristics of State Mental Health Agencies, 2009

Opportunities

- EBPs exist.
- Healthcare Reform and the Affordable Care Act (e.g. MFP, BIP, Health Homes)
- Olmstead and Community Integration
- Parity
- Behavioral Health and Primary Care Integration
- Redefining providers
- Rebalancing funding

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