

**ENSURING
U.S. HEALTH REFORM
INCLUDES PREVENTION
AND TREATMENT OF
MENTAL AND SUBSTANCE
USE DISORDERS —
A Framework for Discussion**

CORE CONSENSUS PRINCIPLES

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The Substance Abuse and Mental Health Services Administration (SAMHSA) reached out to hundreds of stakeholder and consumer groups and dozens of Nationally and internationally recognized experts in the fields of mental health and addictions to solicit insight and recommendations on the most critical issues related to mental and substance use disorders facing the American population today, with an emphasis on identifying opportunities to ensure that imminent health reform efforts include prevention and treatment for these disorders. Their thoughtful input was used as the basis to develop the set of nine Core Consensus Principles that underpin this document.

Despite the broad range of organizations and areas of focus we surveyed, there were clear themes running through the responses we received. With consistency and solidarity, mental health and substance abuse professionals, consumers, and family members from every part of the country, every cultural and socioeconomic group, and every diagnosis and condition spoke with a single voice: *Our Nation is crying out for a health system that makes prevention and treatment for mental and substance use disorders a priority rather than an afterthought, that considers the whole person rather than physical symptoms alone, and that seeks to eliminate the stigma and fragmented systems that interfere with Americans' ability to access necessary preventive and treatment services fundamental to achieving recovery and enabling them to lead healthy and productive lives.*

Core Principle 1: Articulate a National Health and Wellness Plan for All Americans

Our Nation needs a National Health and Wellness Plan that provides for comprehensive, community-wide prevention, screening, health, and wellness services from infancy through old age. The Plan should provide for public education, prevention, early intervention, treatment, and recovery services, and must be a holistic, standardized system that emphasizes promoting wellness and resilience, preventing risky and unhealthy behaviors before they occur to avoid the onset of illness or drug use, and addressing symptoms when they first emerge rather than waiting until they become acute or chronic. The National Plan should utilize a public health model for prevention that organizes multiple community sectors to plan, implement, and evaluate appropriate strategies and programs designed to change community norms and environments to promote healthy choices and behaviors. Environmental strategies that rely on evidence-based methods have been shown to promote health while reducing costs. Universal screening tools should be used to *detect medical conditions including mental and substance use disorders* early and treat them at a low level of acuity. These approaches will slash billions of dollars from annual health care costs and dramatically improve the overall health of Americans.

Core Principle 2: Legislate Universal Coverage of Health Insurance with Full Parity

Although universal coverage is of course a necessity for health reform, it cannot be overstated that coverage does not guarantee access. In other words, simply talking about parity in private insurance coverage for mental and substance use disorders is not enough. Equal treatment for people with serious mental illness and substance use disorders must mean access to effective services and high-quality care. October 2008 saw an excellent step forward with the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, legislating parity in private insurance plans' coverage for mental health and substance abuse treatment. Children and adults with mental and substance use disorders are medically vulnerable populations. Many will not access needed primary health care or comply with medical treatment without significant support. Mechanisms developed under health reform to expand coverage for currently uninsured populations must require compliance with the new parity law. Similarly, the discriminatory IMD Exclusion under Medicaid must be modified. Achieving universal coverage will also help to promote health equity and increase access by requiring that priority attention be given to populations disproportionately affected by chronic disease. Such

populations include racial and ethnic minorities, groups with low socioeconomic status, residents of rural areas, chronically unemployed populations, women, children, older adults, persons with multiple chronic conditions, persons with disabilities, and criminal and juvenile justice-involved populations. Health reform must recognize the need for specialized mental and substance use disorders services to enable these populations to benefit from health care coverage and to promote health equity in terms of access and outcomes for those with mental and substance use conditions.

Core Principle 3: Achieve Improved Health and Long-Term Fiscal Sustainability

Successfully coordinated and integrated prevention, treatment, and recovery services would not only improve outcomes for people with mental and substance use disorders, but would also reduce costs Nationwide. There is a substantial body of evidence to demonstrate that providing adequate levels of mental and substance use disorders prevention and treatment services as well as integrating these services with primary health care can improve outcomes; cut and/or control the growth of overall health care costs; lessen the rate, duration, and intensity of disability of many illnesses; improve productivity; and control the size and growth of other social costs. By including information about preventing as well as detecting mental and substance use disorders in primary health care, institutional, and community settings, we create an environment that enables early, low-cost treatment, thereby avoiding escalation to expensive, urgent-care facilities; minimizing impact to family members, workmates, and others; and reducing the likelihood of lasting adverse effects to the consumer. Further, this cultivates a whole-health, person-centered approach that fosters not only recovery but also resilience.

Core Principle 4: Eradicate Fragmentation by Requiring Coordination and Integration of Care for Physical, Mental, and Substance Use Conditions

Complicating the challenges faced by the current treatment system for mental and substance use disorders is the frequent co-occurrence of these disorders, often together with other chronic health conditions. Our current system promotes disconnection among interrelated diseases and conditions leading to fragmentation and frustration among providers and consumers. The presence of multiple concurrent health conditions makes it increasingly difficult to engage consumers successfully in treatment and sustained recovery.

Core Principle 5: Provide for a Full Range of Prevention, Early Intervention, Treatment, and Recovery Services that Embodies a Whole-Health Approach

Medical evidence clearly demonstrates that the Nation's long-term health is best served by devoting resources to enhancing overall wellness. Addressing physical health including mental and substance use disorders through effective prevention efforts that promote healthy environments, norms, and behaviors rather than waiting for the development of full-blown acute or chronic diseases is the most cost-effective approach. It is essential that any health reform regard mental and substance use disorders as chronic diseases that are preventable, treatable, and often co-occurring with other physical illnesses. As with other chronic ailments such as asthma or diabetes, they may require lifelong management; but those who experience these disorders can achieve recovery and lead full, healthy, and productive lives in the community with the proper supports. Managing chronic disease has also been shown to be essential to long-term fiscal sustainability of any health reform plan.

Core Principle 6: Implement National Standards for Clinical and Quality Outcomes Tied to Reimbursement and Accountability

Establishing a consensus of specific and measurable criteria as to what constitutes positive outcomes is an essential element of a reformed U.S. health system. Reimbursement guidelines and benefits should be tied to need and severity regardless of payer. These guidelines must link quality improvement with

reimbursement and both encourage and reward the use of evidence-based practices without restricting coverage for those consumers who may not achieve desired outcomes with the least-costly alternative. Comparative effectiveness may be one consideration in making treatment decisions, but not be the wholesale substitute for the many factors that should be considered for coverage. Promoting health equity, especially for populations disproportionately affected by chronic disease, needs to be a key consideration if health reform is to succeed with achieving improved health outcomes. Accordingly, we must invest in research and accelerate the transfer of new science and anecdotal reports into evidence-based practices that take into account diverse populations.

Core Principle 7: Adopt and Fully Utilize Health Information Technology (HIT)

The accurate capturing of health information is critical. Our reformed health system must build on the increasing availability of health information technology (HIT) to provide a system of electronic health records (EHRs) that is universally available, affordable, and accessible to large and small providers Nationwide and is one that provides for capturing overall health information including *both* physical health and mental health and substance use. EHRs allow the sharing of information across providers and facilitate care coordination, while also enabling National and regional data collection to monitor and measure access to and cost effectiveness of care. To maximize the value of these tools, a uniform language and format are required, and consumers must retain control and ownership of their health data.

Core Principle 8: Invest in the Prevention, Treatment, and Recovery Support Workforce

The mental and substance use disorders prevention and treatment workforce is not adequate to meet the current demand for prevention, early intervention, treatment, and recovery services. Lack of adequate health care for mental and substance use conditions is a constant cycle exacerbated by a system that has failed to grow with the needs of a quickly expanding society and has not equipped its workforce with the right tools and experience to provide sorely needed care. Because there are simply too few specialists in mental and substance use disorders available, large numbers of Americans who require services for serious mental or substance abuse disorders receive them from general health care practitioners, who largely lack training in mental and substance use disorders prevention, treatment, and recovery services. It must become a National priority to increase the mental and substance use disorders workforce and provide appropriate compensation and professional support for these key members of the U.S. health system. Such incentives as loan forgiveness may attract professionals to train in the mental health and addictions fields, and increased funding for graduate medical education will expand the availability of psychiatric training programs. We must also develop a National, centralized credentialing and privileging system across all payers, and a National system for clinician licensing and the licensing and regulation of care delivery systems. This consistency will make it easier for professionals to enter and stay in the field, and for the system at large to achieve a higher level of quality.

Core Principle 9: Ensure a Safety Net for People with the Most Serious and Disabling Mental and Substance Use Disorders

Locating and dedicating the funds needed to bring about health reform will, by necessity, result in increased pressures to shift funding away from existing strategies and services and instead to repurpose these resources toward new health care reform priorities. Prevention has historically been underutilized and under-resourced in relation to its potential to cut health care costs. In addition, far too many Americans with diagnosable mental and substance use disorders already do not have access to treatments and services that are known to be effective. We can ill afford to dismantle the current safety net of block grants to states and other resources that in many states and communities are the only blockade between even higher rates of risky behaviors, illness, disability, death, health care costs, and lost productivity. Assuming expanded access to private and public insurance (Medicaid) for people with mental and substance use disorders will require a reexamination of the role of the public system at the local, state,

and Federal levels. Absent clear evidence that newly substituted health reform programs, systems, and processes are fully implemented and effective, it is imperative that our Nation’s current safety net that finances health services, including school and community-based prevention programs and treatment programs for mental and substance use disorders, not be dismantled prematurely.

Ensuring U.S. Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders—A Framework for Discussion Synopsis of Core Consensus Principles	
Principle 1.	Articulate a National Health and Wellness Plan for all Americans.
Principle 2.	Legislate universal coverage of health insurance with full parity.
Principle 3.	Achieve improved health and long-term fiscal sustainability.
Principle 4.	Eradicate fragmentation by requiring coordination and integration of care for physical, mental, and substance use conditions.
Principle 5.	Provide for a full range of prevention, early intervention, treatment, and recovery services that embodies a whole-health approach.
Principle 6.	Implement National standards for clinical and quality outcomes tied to reimbursement and accountability.
Principle 7.	Adopt and fully utilize health information technology (HIT).
Principle 8.	Invest in the prevention, treatment, and recovery support workforce.
Principle 9.	Ensure a safety net for people with the most serious and disabling mental and substance use disorders.