

INTEGRATED HEALTH CARE AT ITS BEST
MENTAL HEALTH PARITY / IMPLEMENTATION PHASE



A REPORT OF THE
KENT COUNTY MENTAL HEALTH PARITY DISCUSSION GROUP

DECEMBER, 2009

----- Kent County Mental Health Parity Discussion Group -----

JOHN CANEPA,
Retired Banker.
Partner in Crow Chizek Consulting Firm

December, 2009

GREG DZIADOSZ,
President,
Touchstone Innovare

Dear Honorable Sir or Madam,

MARK EASTBURG
Director,
Pine Rest Hospital, Inc.

Mental Health Parity/ Implementation Phase

HANK FUHS,
Pharmacist,
President of Fuhs Brothers, Inc. (R)

We are writing to you today because the battle for health care is a very polarizing issue. We, as a community, have Democrats fighting Republicans and conservatives battling liberals and those that are in the middle are afraid to go to one side or the other. Despite this, we are strongly encouraged that in the United States Senate included mental health parity in all of its health care proposals.

PAUL IPPEL,
Executive Director,
network180

The increase in depression and anxiety over the economy, the war, and other stressors has our country on edge and in need of healing. The current health bill, with the inclusion of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, is the right thing to do for America.

EMILY QUINN-NAUSADIS MSW,
Director of Community Relations,
Forest View Hospital

BARB HAWKINS PALMER,
Executive Director,
Healthy Kent 2010

The holistic, integrated treatment of all health conditions, physical and behavioral is what we, as Americans, should look forward to in this century. Our nation has witnessed an increase in depression and suicide. We as a nation have to be able to take treatment to a higher level and think "out of the box" for resolutions to our current situation. Diseases like type 2 diabetes and heart disease, which sometimes have a psychological origin end up as a physical problem need to be addressed in a holistic setting. One example is The Heart of the City Health Center, which is a new collaboration among Cherry Street Health Services, Touchstone Innovare, and Proaction Behavioral Health. These agencies represent physical health, mental health and substance abuse treatment in Kent County.

JOEL PENNY, BBA
Mental Health Foundation
of West Michigan

KEVIN ROSE,
Executive Director,
Grand Rapids African
American Health Institute

KHAN NEDD,
President,
Board of Grand Rapids African
American Health Institute

DR. JOSEPH DANIELS,
Psychiatrist,
Grand Rapids African
American Institute Board

Furthermore, with our, "out of the box thinking," the Kent County Mental Health Parity Discussion Group and the Hip Hop Coalition of Grand Rapids held an event in October of 2009 to further help to de-stigmatize mental health treatment among the youth of our county. We, the community, implore you, the leadership of our community bring us together under comprehensive health care for us all.

LINDA BRAUER,
Chapter Coordinator,
CHADD

CYNDY VIARS,
Action Organizing, Community
Organizing and Events Planner

"An ounce of prevention; is always better than a pound of cure"

LARISSA PAYTON,
Administrative Assistant,
Touchstone Innovare

W. PAUL MAYHUE,
Former Kent County Commissioner



W. Paul Mayhue
Kent County Mental Health Parity Discussion Group

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Integrated Health Care at its Best Mental Health Parity/ Implementation Phase

Introduction

Our country faces a crisis in dealing with the issue of health care costs and coverage. In Kent County, Michigan, we are pleased to add a significant voice to this discussion. In September 2008 and June 2009 over three hundred community leaders, healthcare professionals, political leaders, and consumers gathered in Grand Rapids, to discuss the critical issue of mental health parity.

Parity is not a word that is known to the general public, but “parity” is the first step to necessary to achieve health care reform, inclusive of mental health.

Overview

The passage and signing of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 has been celebrated by consumers and supporters of mental health services.

The Act is named for Senator Paul Wellstone, the Minnesota Democrat killed in a plane crash in 2002. Senator Wellstone had a brother with severe mental illness. The main sponsor of the Senate bill, Pete Domenici, Republican of New Mexico, has a daughter with schizophrenia.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, was signed into law by President Bush on October 3, 2008. The medical community has long recognized the intimate connection between mental health and physical health. Mental illness has a biological basis and needs to be treated as other chronic health conditions.

States enacting Parity in 2000, included: Alabama, Kentucky, Massachusetts, New Jersey, New Mexico, and South Carolina. Currently many more states have enacted comprehensive mental health state parity laws, but few have chosen to include substance use disorder treatment. These states would have outcomes data on the success of implementing parity. Michigan is one of only eight states that currently does not have legislation in place.

The national Parity Act is intended for companies with at least fifty employees. Applied to Michigan, however, it's estimated that over two million individuals would not have access to the benefits of parity due to belonging to companies with fifty or less employees.

To bring Michigan in line with other states, it's understood that advocates must address “productivity” outcomes that result from parity implementation. Employers, legislators, insurers, and the general public should be apprised of outcomes that support productive employees.

Over 30 million people use Prozac as a drug to treat depression. People miss work because of depression. Marriages and other nuclear relationships can be compromised because of an individual's mental health status. Concomitant issues such as substance use disorders can further exacerbate an individual's mental status. Body, spirit, and mind are intertwined requiring holistic treatment.

Integrated Health Care at its Best Mental Health Parity/ Implementation Phase

As with many diseases of the body, mental health treatment is best addressed within the sum total of the individual's needs. The control of weight, proper diet, sleep, and exercise are usual regimens recommended for the prevention of physical ailments like diabetes and heart disease. When diet and exercise are insufficient to address an inherited cholesterol condition, a medication may be added to complete the treatment. However, the medication by itself will not be the complete answer, as the healthy diet and exercise are still needed to be in place for a quality of life. In a similar fashion, treatment of an individual's mental health needs cannot be met by medication alone or an occasional case manager contact. Healthy living, a modicum of exercise and a proper diet, are still required to best treat a mental health condition such as depression.

Parity recognizes the appropriateness of bringing the physical, mental, spiritual, and cultural elements into the same networking room. Strategically, parity is a fundamental change of addressing the individual's health that is cost effective in the long run and simply makes good sense.

Assure categorical healthy coverage including parity

Categorical health coverage including mental health parity brings monetary benefits to employers in the areas of staff member productivity and retention. Human Resource departments are well versed in the costs of staff turnover, absenteeism and training of new staff. The long terms benefits of health care for individuals and society are enormous. Parity advocates need to show employers such outcomes as: less workman's compensation claims, more employee retention, less substance use, fewer absentee call ins, less need to train new people, fewer disability claims, fewer accidental injuries, better productivity at work, more solid relationship at home, most positive emotions and thinking.

The benefits of treating both physical and mental health will lead organizations to recognize that there will be decreased costs in the long run. Meeting with representatives from other states will reveal what they are doing and how parity has positively affected them.

In the short term, the general public should to be educated with concise and simple messages that reduce stigma surrounding mental health and promote better lifestyle decisions that result in the work environment with better performance and less staff turnover.

With a categorical healthy coverage of both mind and body that is "parity," employers will need to understand that some costs may be replacements versus added costs. Lost work days due to mental health diseases could be reduced by providing access to mental health services and care. Organizations are actually more vulnerable by not having mental health coverage.

Instead of saying "What is the cost of treating a mental illness?" it is better to ask, "What is the cost of not treating a mental illness?" The treatment of mental health can decrease the overall cost of other physical illnesses, such as preventing or optimizing the care of related conditions like diabetes, HIV, or COPD.

Integrated Health Care at its Best Mental Health Parity/ Implementation Phase

When an individual is diagnosed with multiple sclerosis, part of the treatment plan prior to actually starting a drug with an expensive MS prescription involves asking the patient about their openness and need to first speak with a mental health practitioner. Insurance companies and the physical medical community recognize a current need to connect patients to all elements of the treatment program whether it's MS, or cancer or another debilitating or life threatening disease.

Assuring categorical health coverage including mental health parity means advocating for the Insurance Commission and Legislature to work for people of Michigan and not the lobbyists who influence their legislation away from providing total care for clients because of a specific diagnosis.

Mental Health parity is a vision for a better health care approach which is centered on a holistic treatment model for the individual. Advocates want you to join in this effort to:

1. Encourage your employer and insurance company to offer a mental health benefit as part of your health insurance coverage.
2. Ensure that the coverage of mental health benefit is the same as the physical health care benefit.
3. Encourage use of a health benefit that leads to a healthy life style, to prevent and to effectively manage chronic health conditions.
4. Ensure that the mental health interventions have demonstrated effectiveness.
5. Encourage universal access to health care.

Fair equivalencies of benefits with implementation of parity

The concept of fair equivalencies of benefits in implementing parity states that we don't single out a particular diagnosis. We don't single out one mental health diagnosis versus another mental illness, anymore than we would exclude an individual because of diabetes or a pregnancy. Physical and mental health conditions are worthy of holistic treatment that will benefit the individual and provide a more productive employee within the work site or an individual who is more complete in their relationships within a family unit.

Outcomes can illustrate that there is a significant upside to offering insurance that includes mental health parity. To encourage organizations and third parties like the UAW, the mental health community needs to show the impact of undiagnosed conditions like depression to employers that can result in absenteeism. It's projected by the year 2020 depression will be the second leading cause of disabilities.

Mental health parity can and should address preventive mental health care versus crisis treatment. A few minutes with an accessible on-line or on-call mental health practitioner is far

Integrated Health Care at its Best Mental Health Parity/ Implementation Phase

more cost effective than an ambulance ride to an emergency room or psychiatric access center because issues went unaddressed for a protracted period of time.

State regulations like MIOSHA provide guidelines so organizations will provide a safe and healthy environment. The rules and regulations may seem like a nuisance, but a safer environment contributes to less litigation and less absenteeism due to an injury and a general focus on the well-being all employees.

Similarly, the concept of fair equivalencies of benefits with mental health parity signifies a targeted support of the employee that positively values the complete individual, mind, body and spirit.

Local planning initiative – what’s ahead for Kent County

In the fall of 2009 groundbreaking will start on the new holistic integrated treatment facility named, “Heart of the City Center Health Center,” a group of healthcare practitioners will gather to have a ground breaking for a building that will house the first Integrated Health Care Treatment Model in Western Michigan. This group consists of three Kent County Healthcare providers:

Touchstone innovare

Cherry Street Health Services

Proaction Behavioral Health

This consortium brings mental health, physical health, and substance abuse treatment together in the concept of treating the mind, body and spirit. This concept positions Kent County as a statewide model for bringing together the concept of Integrated Health Care at its Best – Taking the Next Steps after Mental Health Parity.

Proponents of parity need to take care to not turn the advocacy energy toward proving lost savings. There are many benefits of parity and affordable access to health care for all that is positive and self-evident. It is the right thing to maintain an inclusive mentality.

Michigan law for those not covered

Parity is due to come into effect January 1, 2010, which could translate into another two or three years before total implementation is completed. Once in effect, it’s estimated that two million Michigan employees will not have access to the benefits of parity due to belonging to companies with 50 or less workers. These citizens represent a sizeable voting bloc within the State of Michigan.

For the employer, additional costs can make a difference on whether a health care plan is even offered. These smaller organizations need quality information on the pros and cons of mental health parity. An awareness of cost benefit will get the attention of small business owners.

Integrated Health Care at its Best Mental Health Parity/ Implementation Phase

These employers should have specific data to quantify a sound body and sound mind philosophy for health general maintenance.

Michigan stakeholders – implementation of parity

Elected officials – Parity advocates need to meet face to face with local legislators who hold term limited office positions. Parity advocates should send letters and emails to these elected representatives. Parity advocates need to know the issues that are being addressed, provide materials, and have personal stories which are backed by facts.

Employers – Parity advocates should encourage their employer and insurance company to offer a behavioral health benefit as part of their health insurance coverage. The encouragement should address provision of a health benefit that leads to a healthy life style, prevention, and the effective management of chronic health conditions. Behavioral health interventions have demonstrated effectiveness.

As a norm, employers do not always understand or appreciate a benefit until they need to use them or a valued employee has a crisis. Employers and employees are sometimes shocked at their benefit plans when a crisis comes about. There may be an advantage of having some major Michigan employers, even those with self-insured insurance programs, implement a “pilot” parity program for their employees. If large self-funded employers are able to buy into the concept, the model can become attractive to small business owners.

Insurance – These players need to be informed and persuaded to establish the chronic care model. More effective screening needs to occur in general hospitals treating physical ailments to identify and address linking mental health issues.

Aetna of Michigan and Blue Cross Blue Shield of Michigan – These two giant organizations were invited and came to the conference at Meijer Gardens on June 14, 2009. Aetna on a national basis has been very forward in supporting the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Blue Cross/ Blue Shield was not in the forefront supporting Mental Health Parity, but the leadership understood the movement for change and was willing to engage change as it presented itself.

Unions – Parity advocates should encourage and support the parity initiative, helping them to remain neutral, even though the labor unions such as the UAW supported the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 on a national basis, however, in Michigan, the UAW and other Unions, along with the Economic Alliance of Michigan is solidly against the Michigan Legislature passing Mental Health Parity. With education of their employers, employees hopefully are not being reprimanded because of mental health concerns. Employees should be empowered to have responsibility and ownership of their premium costs. There should be discussions at union meetings and communication through newsletters supporting the benefits of parity and cost savings.

Other stakeholders – Discussions should be held at business and community levels, such as with economic clubs. Parity advocates should gain the support of state and local Chambers of

Integrated Health Care at its Best Mental Health Parity/ Implementation Phase

Commerce and the Economic Alliance of Michigan in the State. The national Chamber of Commerce was able to see the vision and support parity on a national basis. Networking should include Parity “Speakers Bureaus,” local United Way Speakers, and Employee Assistance Programs.

Local Community Mental Health Boards – Local County Community Health Boards should take a leading role in educating employers, unions and insurance companies regarding mental health parity and its benefits. The method should be to have a collaboration of community partners and businesses already supporting parity with local CMHs, (e.g., Kent County’s Network180), taking the lead to educate businesses and unions within the state. Mental Health practitioners have an opportunity to demonstrate that their treatment skills suited for improving lifestyle and coping strategies, and not just based on addressing severe chronic illnesses.

Stigma – Stigma will play a role in the process of parity implementation. A positive impact will be a greater acceptance of mental illness as an “illness” and not as a personality. Presenters often continue to reinforce an increasingly archaic and artificial separation between physical and mental health. Such separation initiates and perpetuates stigma. Parity closes the door on this dated thinking and opens the door for individuals to just discuss and understand their benefits under a single plan. Stigma is part of the reason of why there has been no parity. Yet a 1997 national poll found that 93% of the public want this discrimination to end.

The depressed person needs to be recognized as “any face” that can exist within a neighborhood or one’s own family, for people to realize how normal and un-scary mental illness is. It should be just as easy for an individual to acknowledge that he or she has mental illness as an acknowledgment about a heart condition. “Powerful and pervasive, stigma prevents people from acknowledging their own mental health problems, much less disclosing them to others.” (U.S. Surgeon’s Report 1999)

Recent activity within Kent County –

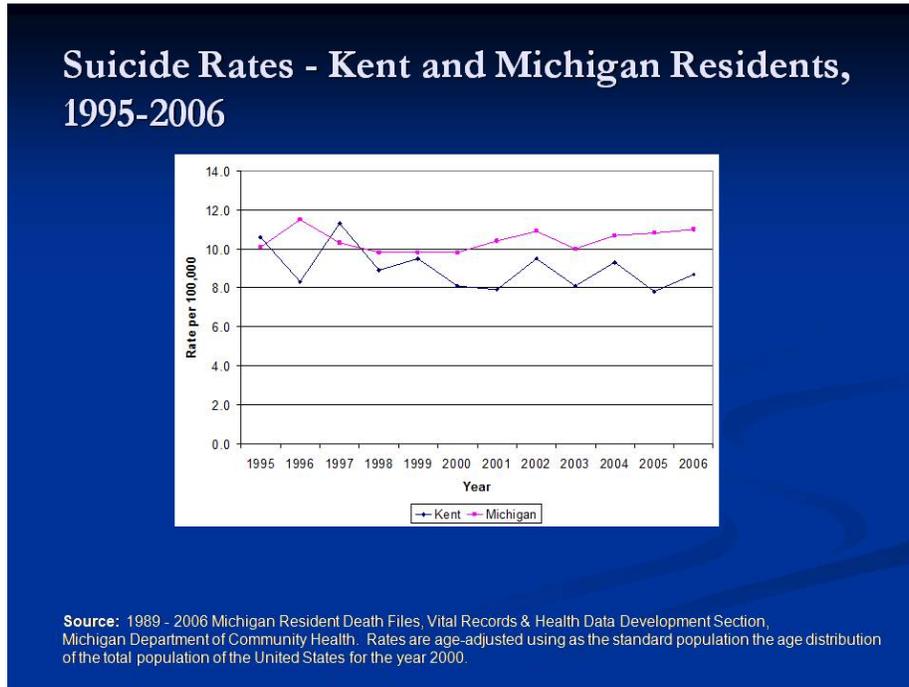
On October 3, 2009, the Kent County Mental Health Parity Discussion Group and the Grand Rapids Hip Hop Coalition teamed up to present to the community a first ever program aimed at young adults in this community to de-stigmatized seeking mental health treatment. The event was both educational and fun. The idea came about after the death of Titus “Baatin” Glover, a young singer, of Slum Village, a popular Hip Hop singing group, who died earlier this year at the young age of 35. Baatin Glover was diagnosed with Schizophrenia and Bi-Polar disorder. Paul Ippel (Executive Director, Network180) and Greg Dziadosz Ph.D., (Executive President, Touchstone Innovare) spoke about how to access the system when one needs to address critical issues of emotional or mental Health.

The event at Rosa Parks Circle in Grand Rapids was virtually rained out, but that did not stop 60 spectators from braving the rain and elements to watch a tremendous show and hear the testimonies of people recovering from mental illnesses. It is this type of out of the box thinking that will help pass the torch to the youth of our community and to display that Mental Health Parity is truly about the mind, body and spirit.

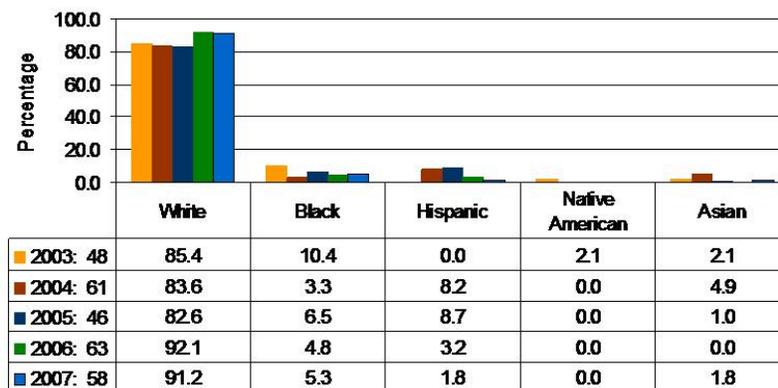
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View within Kent County – depression, mental health, substance use, and suicide

The data is vividly clear. Suicide crosses all boundaries. Suicide and depression affect local residents regardless of race, age, and lifestyle.



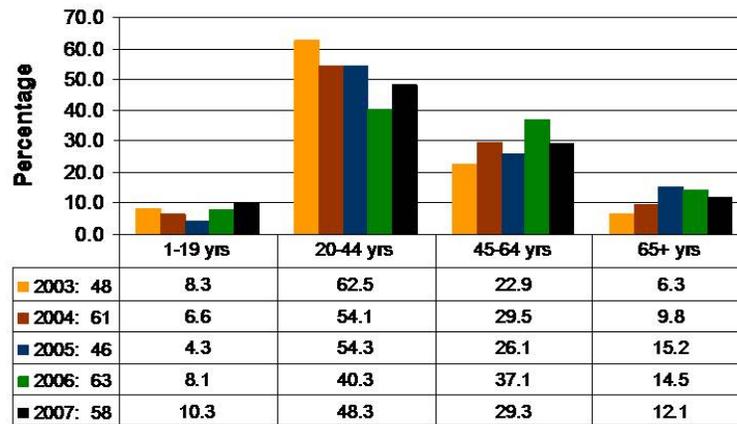
**Kent County
Suicide Cases by Race, 2003-2007**



Source: Kent County Medical Examiner,

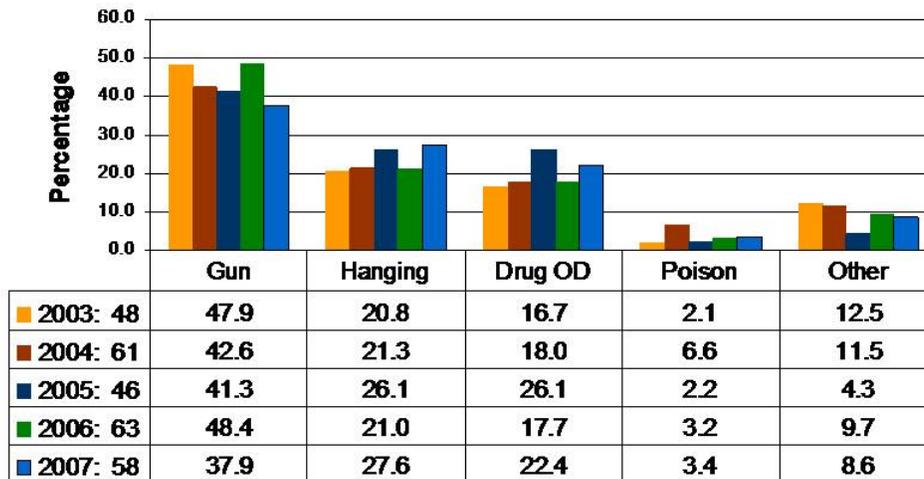
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**Kent County
Suicide Cases by Age, 2003-2007**



Source: Kent County Medical Examiner,

**Kent County
Suicide Cases by Method Used, 2003-2007**



In 2007, "Poison" is carbon monoxide poisoning, while "Other" (n=5) consists of asphyxia (n=1), fall (n=1), stabbed (n=2), and other (n=1)

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Brief

I. Mental Health Parity and Addiction Equity Act of 2008

The Act requires that annual or lifetime limits on benefit payments for mental health treatment offered by group or lifetime for mental health treatment offered by group health insurance plans be no lower than limits for medical and surgical treatments. But the federal law is quite limited. It does not require any insurer to offer mental health or substance abuse coverage, however, if a plan offers such in-network coverage, the plan must be provided at parity in accordance with the 2008 Act, and it does not apply to employers with 50 or fewer employees.

II. There Should be Universal Access to Health Care regardless of Diagnosis

The cost of insurance resulting from parity implementation should be reasonable for the insured. Numerous studies in recent years by actuarial accounting firms, government agencies, and private institutions have found that the cost of equal mental health insurance is small, usually less than 1% of premiums. Among the many reports confirming this are studies from the Congressional Budget Office, the Institute of Mental Health, the Rand Corporation, and Coopers & Lybrand, which did an analysis specific to Michigan in 1998. Mental Health parity will not be the ultimate answer, but will provide a good start.

III. Mental Health Treatment Works

It is very important to demonstrate the importance of patient centered, face to face, MTM (medication therapy management). Data can be collected that measures outcomes including: the effectiveness of services, the efficiency of services, service access, and satisfaction from the individuals served and other stakeholders. The data should be reliable, valid, complete, and accurate. While high health costs are a concern for insurers, everyone pays the price. Research examining six major medical conditions – including hypertension, diabetes, lung diseases, arthritis, found only severe heart disease to be associated with more disability and interruption of daily functioning than depression. Locally, we know the number of suicides per 100,000 individuals. The incidents occur within the under 18 year old age group as well as within age groups of 65 and above. Suicide affects all lifestyles, cultures and age groups. It occurs within school children and within professional settings inclusive of seemingly well adjusted adults. Mental health can and should be better positioned to support individuals when they are most vulnerable. Mental health parity can make a difference.

IV. Providing equal coverage for all illnesses makes good economic sense.

A National Institute of Mental Health study found that mental health disorders cost over \$300 billion annually from a loss of productivity and other direct and indirect health care costs. When people receive the proper treatment for their mental health disorders, they have at least a 75 percent rate of success, surpassing the recovery rates for other medical problems, such as coronary disease which only has a 50 percent success rate (according to the American Psychological Association).

In the year 2020, the ideal medical office or clinic will include both the services of a medical doctor and a mental health practitioner. Individuals will be treated holistically. The economics will make sense. Parity will be fully implemented. During the next decade, Michigan should join other forward planning states in changing its health delivery philosophy.