

**Event Summary**  
**“Healing Mind and Body: Behavioral Health and Reform”**  
July 17, 2009

The Alliance for Health Reform, with support from The Robert Wood Johnson Foundation and the Open Society Institute, held a briefing at the Columbus Club in Union Station, Washington, DC. This briefing addressed how mental illness, substance abuse and addiction disorders are being addressed by leading health reform proposals, and offered suggestions to be addressed in the future.

**Ed Howard**, executive vice president at the Alliance for Health Reform, extended a welcome from Senators Rockefeller and Collins to those in attendance. He also thanked the panelists for their participation and the Robert Wood Johnson Foundation and the Open Society Institute for sponsoring the event. Mr. Howard explained that now is a critical time in health care reform, and that today’s discussion would focus on understanding how proposals could “treat” behavioral health both legislatively and clinically.

The first panelist, **Charles Ingoglia**, vice president of public policy at the National Council for Community Behavioral Healthcare, reviewed the two approaches Congress has considered in expanding mental health coverage: Medicaid expansion and the creation of insurance exchanges. Mr. Ingoglia noted that one in five Americans reports having had a mental health problem. Many people affected don’t receive any treatment; expanding coverage is an important element of health care reform and has “huge implications” for those living with these disorders. If every needing treatment received it, he said, the number of people served by America’s public mental health system would increase by 50 percent. Mr. Ingoglia then reviewed the behavioral health provisions of the House Tri-Committee bill, the Senate HELP Committee bill, and the Senate Finance Committee proposal. He noted that, in contrast to the 1993 health reform debate, substance abuse and mental health are explicitly included in all reform discussions and proposals, and he is hopeful this will mean good news for those affected when a final reform bill is passed. Concluding, Mr. Ingoglia noted that while there are ongoing concerns about the scope of reform proposals, “we are starting at a good place” to accomplish successful behavioral health reform.

The second panelist, **Eric Goplerud**, research professor in the Department of Health Policy at George Washington University Medical Center, noted that not only patients themselves, but also their family members, are affected by mental illness and substance abuse. He then highlighted how medical costs are much higher for those living with an untreated behavioral disorder. Dr. Goplerud explained how other medical conditions are identified much more often than addiction and dependence disorders, even though “the science is strong for the screening and treatment steps for these disorders.” He then detailed ways to achieve savings in disorder treatment and management, as well as in society at large. For example, the Washington State Medicaid program saved \$170 per member per month in inpatient costs by stepping up substance abuse treatment, and saved \$215 per member per month in outpatient costs. In California, treating substance abuse more aggressively reduced ER visits by 39 percent, hospital stays by 35 percent, and overall health care costs by 26 percent. Dr. Goplerud closed by applying these concepts to the House Tri-Committee and Senate HELP

bills, noting that the design of the ultimate reform bill will have a considerable impact on access to addiction and dependence disorder treatment.

The third panelist, **Mike Hogan**, PhD, commissioner of the New York State Office of Mental Health, began by discussing the importance of behavioral health reform as an important element of overall health reform. Mental health is an essential component of overall health in both children and adults, he emphasized. For example, Dr. Hogan discussed how adverse childhood experiences can have a negative and often exponential effect throughout a person's lifetime. He then noted the importance of integrated health care, saying that "mental health treatment is a prerequisite to achieving our health goals." However, integrated care is not now as prevalent as it should be. Dr. Hogan closed by outlining recommendations for successfully integrating care, including screening, treatment and measurement. "We have a historic opportunity," he said, to integrate and improve mental health services.

A lively question and answer session followed.