

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, over and over on this show we have mentioned the important roles states are going to play going forward with health reform. President Obama invited all the newly elected governors to the White House and told them that states should be given room to innovate as they work with and implement parts of health reform.

Margaret Flinter: Well, those are two words we would love to hear on this show, health reform and innovate but as you know Mark, many of the newly elected governors that join the President and Blair House last week are republicans and some of them want to see the law repealed. So really important to continue to emphasize the way the states can be part of the process since it seems to still be so much concern that this law suggests a federal overreach.

Mark Masselli: Well there is one thing that democrats and republicans all agree upon is the need to support community radio stations. You know this is our second week and the final week of the sixth annual WESU Holiday Pledge Drive, however little more halfway down Margaret of our goal of raising \$15,000 by December 12 and so we hope everyone gets on the phone, pulls your car over because you don't want to be driving and calling on your cell phone (860) 685-7700 or give us e-mail blast www.wesufm.org.

Margaret Flinter: It's a great idea and it is the holiday time, good time to part with may be a few of the dollars in your pocket for something that people love independent. We know Conversations listeners across the country are fans of community and college radio. You know the benefits and the pleasure that WESU provides us with hosting this show, so we are going to take this time a little bit away from reform and innovation to remind folks just how important it is to keep WESU going.

Mark Masselli: We really do support WESU and you can support us now sending your contributions, you know we have some wonderful T-Shirts. I am looking out them now they are very **hip** black with nice logos on them for the WESU all the way to left of your dial and we are excited about that. So give us some call at (860) 685-7700.

Margaret Flinter: Yeah, last year I bought one of those white shirts for my nephew, became his favorite, this year he gets a long sleeve black T-Shirt but the best gift is the gift of giving community radio, it's a gift of commercial free creative and free voice on the airways.

Mark Masselli: It is and thanks to everyone who has pledged so far, early a little more than halfway there, as we have said and bring us over the finish line today with your contributions. Give us a call right now at call at (860) 685-7700.

Margaret Flinter: And thanks to the incredible staff of community members and WESU students who volunteer their time to bring you these shows, we couldn't do it without them.

Mark Masselli: Now let's turn to today's guest who is going to speak with us about an area of health care we don't hear enough about, behavioral health and substance abuse services. We are happy John O'Brien from the Substance Abuse and Mental Health Service Administration can join us today.

Margaret Flinter: And no matter what the story, you can hear all of our shows on our website CHCRadio.com. Subscribe to iTunes to get our show regularly downloaded, or if you would like to hang on to our every word and read a transcript of one of our shows, visit us at CHCRadio.com. And think about becoming a fan of Conversations on Health Care on Facebook and follow us on Twitter.

Mark Masselli: And as always if you have feedback e-mail us at CHCRadio.com, we would love to hear from you before we speak with John O'Brien let's check in with our producer Loren Bonner with Headline News.

Loren Bonner: I am Loren Bonner with this week's Headline News. The Child Nutrition Bill is on its way to President Obama's desk for approval. The House of Representatives voted to send the President a bill that would enable more poor children to receive free meals at school, raise the nutritional quality of cafeteria lunches and reduce junk food and sugary beverages that sold in school vending machines. The bill which cleared the senate this summer with bipartisan support won the house with 247 democrats and 17 republicans voting for it. Before the house vote Speaker Nancy Pelosi commended First Lady Michelle Obama for her support.

Michelle Obama: For recognizing a perfect need in our country, and proper nutrition for our children. Children who have issues of having a proper nutrition have issues about being susceptible to diabetes.

Loren Bonner: The First Lady lobbied for the bill as a way to combat obesity and hunger. Almost half the bill's cost \$4.5 billion is financed by cut in food stamps but President Obama says he plans to find alternative ways to fund the bill without cuts to food assistance before they take effect. The nation's Healthy People 2020 have been released and the new blue print to improve America's health is taking it social and environmental policies into consideration for the first time. The new health goals for the next 10 years encouraged policies for states and communities that can help make people surroundings more conducive to

healthier life styles and through a new innovative challenge this year The Healthy People 2020 Program will begin helping communities electronically compare how their residents match up to the new health goals so that they can tailor their own work for improvements.

Mark Masselli: This is Conversations on Health Care. Today we are speaking with John O'Brien, a senior advisor in the Substance Abuse and Mental Health Service Administration and Agency in the Department of Health and Human Services that is working to improve the quality and availability of Mental Health and Substance Abuse Services. Welcome John, you know we are very interested in talking with you about our current state of Mental Health and Substance Abuse care in the country and how you think the area of health care will be affected by health reform but first perhaps you can tell our listeners exactly what your federal agency does and perhaps a bit of its history.

John O'Brien: Sure. SAMHSA was established in 1992 by congress and it was established as part of a reorganization of the federal administration on mental health services which was formally known as the Alcohol Drug Abuse and Mental Health Administration. So for the past 18 years we have worked closely with each state through our Block Grant Program and also work with communities through our Discretionary Grant Program to enhance the availability of both Prevention as well as Mental Health and Substance Abuse Treatment Services throughout the country.

Margaret Flinter: John, the Patient Protection and Affordable Care Act focused first on coverage getting insurance to people through Medicaid and the subsidized private insurances and exchanges and by eliminating denials and coverage limits. Then secondly it focused on transforming the delivery system. How adequate were the changes do you think in addressing the insurance coverage issues for individuals who need behavioral health and substance abuse services?

John O'Brien: Some of that has yet to play out since some of the implementation dates that will affect service coverage will not occur until 2014. The language in the legislation though holds significant promise. For instance, there is a provision in the law that requires that essential benefits which are services that will be provided by qualified health plans through the state exchanges must include Mental Health and Substance Abuse Treatment Services. In addition, there are a number of other services that are directly and indirectly related to Mental Health and Substance Abuse Treatment. They are also going to be required as part of the coverage of those plans.

Mark Masselli: You know John the clinical focus in Healthcare Reform was redesigning primary care, improving quality and safety and reducing hospitalizations and readmissions but carried in this of course is Mental Health and Substance Abuse Care. But this year it didn't seem to get as much explicit

attention particularly given the fact that behaviorally health issues are set to underline about half of the encounters that we have in primary care, your thoughts on that.

John O'Brien: A number of thoughts and Mark you are correct, there is a significant number of both hospitalizations and trips to the emergency room that are often related to either mental health issue or a substances issue. Data from a number of studies has indicated in some instances this is high as 15% to 17% of our missions are Mental Health or Substance Abuse related as it relates to EDs and more significant number of hospitalizations are also Mental Health or Substance Abuse related. The reasons of course for those admissions whether it's emergency room or hospital vary. But a significant portion of those are directly related to individuals who don't have insurance and therefore, they use the emergency room and they use hospitals as their primary care vehicles both in terms of some of the provisions that are in the Affordable Care Act as well as some of SAMHSA's programs are trying to change the tide of use of both emergency rooms and hospitalizations for behavioral health issues. And therefore we are looking at as well as our other partners within HHS looking at models that are going to work for primary care behavioral health integration. I think it's important again to remember since many of these individuals who not had insurance, many of them have not had a relationship with the primary care doctor. And so keen to making sure that there is coverage first and foremost key to the success I think of the Affordable Care Act for our constituents is to make sure that folks establish relationships with their primary care provider. It doesn't always have to be a physician but provider and be able to use that individual and be able use that healthcare provider in ways that they haven't before. I think an important fact is that those individuals that have Substance Abuse and those individuals that have a Mental Illness tend to have other chronic conditions. And so again it's important that they have access to healthcare because that will really help in terms of addressing some of those other chronic conditions in addition to their behavioral health needs.

Margaret Flinter: And John, I think we are going to try and explore those models in a moment a little bit further but first I would like to ask you about SAMHSA's plan of action going forward over these next couple of years. I understand you have laid out eight strategic Initiatives that are designed to reduce the toll and the burden of Mental Illness and Substance Abuse on individuals and communities around the country. Can you highlight a few of these initiatives for our listeners and perhaps also comment on any concerns on how they are likely to fair in the current context of the state budget deficits?

John O'Brien: The few that I think are most noteworthy are certainly the prevention strategic initiative. And when we talk about prevention we certainly talk about prevention of use of both alcohol as well as other substances, as well as the promotion of emotional wellness. And so our initiative that's focused on prevention really does look at working with both states and communities where

individuals, families, schools, state-based organizations are going to take action to promote emotional health and reduce the likelihood of substance abuse, and reduce the likelihood of mental illness. Obviously the health reform implementation initiative is first and foremost in my mind because of my role in there are a lot of things that SAMHSA is well as our HHS partners are looking at as well, in order to be able to provide access to better health and behavioral health services. We have our health information technologies, strategic initiatives and to the extent that we can get providers and individuals that consume services to use health information technology in order to be able to be more efficient and more accurate about the information that's available to health care providers.

Mark Masselli: Today we are speaking with John O'Brien, a senior advisor of the Substance Abuse and Mental Health Service Administration. You know John, SAMHSA has a well deserved reputation for engaging consumers in its planning and programming and I know you have encouraged public engagement and feedback on the development of your new strategic plan. What scene emerged that was of interest was the concern about the behavioral health workforce. And I think we all know that on the medical side there is an acute shortage looming and from our own experience running a community health center we are very aware of the shortages that are existing in for psychiatrist and the therapist and the like. Was this addressed at all under health reform and is there a national effort underway in the professional schools and training programs to address this?

John O'Brien: Great question Mark. Yes, interestingly enough when we started the strategic initiatives back in spring, there were 10 of them. And one of them was workforce and after much discussion both with stake holders which included both our provider community and consumer groups and organizations recovery as well as our other HHS partners. We felt that workforce was part of many of the other initiatives so that it didn't make sense to necessarily have a standalone workforce initiative. But that is part of healthcare reform we needed to think about the workforce implications there as part of trauma and justice. We needed to think about a workforce that understood those issues there as well. Obviously some of the work that's being done by HHS especially though HRSA who has received a significant amount of funding for increasing the behavioral health workforce and as well as the healthcare workforce will be ruled out over the next six months to a year. But we also believe and SAMHSA has put a significant amount of effort in this over the past decade, the ability for peer workers, those individuals that have a shared recovery experience to be able to perform a number of activities, provide a number of services that individuals with behavioral health need.

Margaret Flinter: John, I would like to now go to that the issue of innovative models and certainly one promising area for better access and effectiveness of care is this colocation and integration of primary care and behavioral health both

by collocating behavioral health within the primary medical care area but also the reverse bringing the primary care provider into the behavioral health or substance abuse treatment area. Tell us about this initiative, what's the state of the science on outcomes and what further policy changes might be needed to accomplish this change?

John O'Brien: Let me give you a little background of what we are doing here and then get the outcomes and the policy piece. We have been fortunate, SAMHSA has been fortunate enough over the past year and a half to have implemented our Primary Care and Behavioral Health Integration project. And the way that we approach our Primary Care and Behavioral Health is what we call bidirectional so that it is not just behavioral health professionals or behavioral health staff located in primary care clinic or federally qualified health center or even a rural health center but it's also having experience in trained primary care clinicians and not only just doctors but nurses, physicians, ex-standards etc. in behavioral health organizations. In many instances significant portion of the population that have mental health or substance abuse disorder needs to see their treatment providers. So there are mental health centers there are substance abuse treatment providers as their health homes as their medical homes. And in many instances those organizations have actually employed medical staff who have provided general healthcare, primary care to those individuals. So we feel like it needs to be a balanced and a bidirectional approach and it is that bidirectional approach that not only SAMHSA is advocating for and also investing our energies and resources but some of the other federal agencies. The outcomes are significant. One is if we just think about it from the prevention perspective, having primary care physicians or primary care staff begin to screen people when they walk in the door for mental illness and/or for substance abuse disorders is huge and the ability to be able to do some prevention, to do some early identification will have some longer lasting effects in terms of the costs for these services and costs for general health care services over time but also for significant improvement in people's lives. Second, we also see that by providing primary care to these individuals where at least some of the initial results from our SAMHSA's efforts have shown that providing primary care has made significant changes in people's blood pressure in terms of their body mass index and in terms of some of their other health indicators. You may or may not know this but individuals especially with mental illness tend to die 25 years younger than their general counterparts. And we are hoping that in 10 years we are going to actually increase that number by 10 years with the improvements that are falling under the Affordable Care Act.

Mark Masselli: That's a very important goal. But John implementing health reform is largely going to be left up to the states or they are at least going to be their starting point forward. In addition to continuing the work that SAMHSA does with the public and private sector. How do you plan to work with the states on developing strategies for implementing some of the new provisions under health reform?

John O'Brien: We work very closely with our states, our state mental health administrators, our state substance abuse authorities. We believe that it's those individuals and particular those organizations have some very significant content knowledge that's going to be very helpful to those other agencies that are designing the state health insurance exchanges in some cases that will be the medicaid agency, in other cases it's going to be the insurance commissioner and others that may actually be a newly established free standing entity. But again states are going to be critical in the rollout and the implementation around healthcare reforms. We recently just finished roadmap for our state mental health authorities and our state substance abuse authorities that identified 8 or 9 steps that they should be thinking about now, meaning over the next 12 months as they get ready to work with their partners at the state level to begin to design their health care reform systems. Now we know that there are number of things that we don't know around health care reform just because the regulations and also some of the discussions haven't occurred that will give some additional guidance to states around implementing health care reforms. As that information becomes available we plan again on updating that roadmap so that our state mental health and substance abuse authorities can take full advantage of how to best implement health care reforms in their states.

Margaret Flinter: Very exciting and John we would like to ask all of our guests this question. When you look around the country and the world, what do you see in terms of innovation and who should our listeners at Conversations be keeping an eye on?

John O'Brien: To the best your listeners can keep an eye on SAMHSA in terms of some of our innovations I think that would be tremendously important, but I think kind of going back to some of the earlier questions that the centers for Medicare and Medicaid services are going to be critical in this health care reform process and I think that some of the innovations that are going to be coming out of their shop as a matter of fact they just created a shop on innovations are going to be tremendously important. So between SAMHSA and I think the CMS that would be a great place for your listeners to keep tracking it.

Mark Masselli: Today we have been speaking with John O'Brien the senior advisor at the Substance Abuse and Mental Health Service Administration, thank you so much for joining us today John. Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea focuses on Health Leads, a non-profit organization that those beyond prescribing medications to tackle urban patients' health problems at their source. The idea for Health Leads developed back in 1996 when Rebecca Onie then a Harvard undergraduate began working in the housing unit at a Greater Boston Legal Services. There she witnessed first hand the connections between poverty and health problems and doctors struggling to give low-income patients the comprehensive care they needed. In an effort to fill

these gaps Onie founded Health Leads in the Boston Medical Center pediatrics department with the help of Dr. Barry Zuckerman. For the last 15 years doctors who have partnered with Health Leads have been writing their patients prescriptions for a wide variety of community resources such as affordable housing, adequate food, and job training. Student volunteers stationed at family help desk in hospital waiting rooms then work with patients to connect them with the services they need. This can mean everything from directing patients to local food pantries and soup kitchens to helping them sign up for a reduced price child care program. In addition to linking patients to crucial resources these student volunteers are also learning valuable skills that Health Leads hopes will shape them into the health care leaders of tomorrow. In 2010 83% of Health Leads graduates entered jobs or graduate studies in the field of health and poverty with 94% of them reporting that Health Leads had a high or very high impact on their post-graduate plans. One alumni, Mia Lozato, now a resident at the University of California, San Francisco explained my classmates think you write a prescription and you are done. I ask can the patient read the prescription. Does she have the health insurance to fill it? Does she need transportation to the pharmacy? Does she have food at home to take with the prescription? Health Leads currently has 600 under-graduate volunteers working with over 5000 families. Since it started in Boston the organization has expanded its reach to Baltimore, New York City, Providence, Rhode Island and Washington DC and aims to reach over 23,000 families by 2014. By connecting urban patients with local resources they need to stay healthy. Health Leads holistic approach to care moves beyond treatment to tackle illness and disease where they begin in our communities. Now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Messalli: I am Mark Messalli, peace and health.

Conversations on Health Care, broadcast from the campus of Wesleyan University at WESU, streaming live at Wesufm.org and brought to you by the Community Health Center.