

California Institute for Mental Health

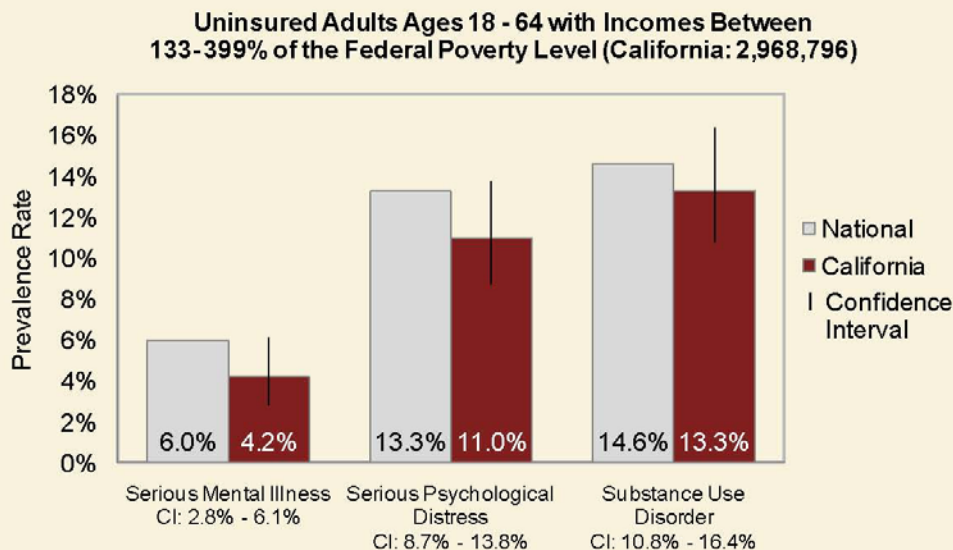
Prevalence of mental health and substance use disorders

An estimated 26.2 percent of American adults over age 18 – or one in four – has a diagnosable mental health disorder, and mental health disorders are the leading cause of disability for those aged 15-44. An estimated 22.2 million Americans over age 12 have an addiction to alcohol and drugs. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2010 National Survey on Drug Use and Health, one in five (20%) of people with a serious mental health condition are uninsured. A study published in the October 2011 issue of the journal *Psychiatric Services* indicates that 22.6 percent of people with frequent mental distress (indicative of mental illness) were uninsured, compared with 17.7 percent of those with frequent physical distress (indicative of chronic disease).

High Rates of Uninsured Among Health Insurance Exchange Population with MH/SU Disorders in California

In California, according to the 2009 California Health Interview Survey (CHIS), 13.5% of the population with incomes between 138% and 200% of FPL indicated that they had mental health problems or drug/alcohol problems. Of those, 12% were uninsured. For the population with incomes between 201% and 400% of FPL, 15.5% indicated a mental health or substance use problem. Of those, 19.9% were uninsured. (See table, below). According to the SAMHSA 2010 National Survey on Drug Use and Health, among uninsured adults ages 18-64 with incomes between 133-399% of FPL in California, 4.2% had serious mental illness, 11% had serious psychological distress and 13.3% had substance use disorder. (See graph, below).

Prevalence of Behavioral Conditions Among Health Insurance Exchange Population: California, US



CI = Confidence Interval
Sources: 2008 – 2010 National Survey of Drug Use and Health
2010 American Community Survey

California population with mental health/substance use disorders who were uninsured in 2009, by FPL

Federal Poverty Level	Percentage of CA population with mental health or substance use disorders	Percentage of MH/SUD population who were uninsured
138-200%	13.5%	12%
201-400%	15.5%	19.9%

2009 California Health Interview Survey

Unique Needs of This Population in Securing Insurance and Treatment

It is highly likely that targeted and appropriate eligibility, outreach, and enrollment services will be needed to ensure that this population is enrolled in newly available health benefits provided under the Affordable Care Act. A collection of evidence from states that have begun implementing health care reform suggests that consumers with behavioral health or substance use disorders are not well equipped to navigate the health insurance enrollment and reenrollment process or to make choices from among a large set of health plans on their own.

Why This Population Has Unique Needs

Because of cognitive deficits or co-morbid conditions, individuals with mental illness may be more reliant on assistance than others in navigating the health benefits exchange and enrollment process. Because some people with behavioral health and substance use disorders are difficult to reach and engage, and because many of the uninsured are not connected to family, to permanent places of employment or to primary care physicians or clinics, targeted outreach and enrollment is necessary for this population.

Evidence From Other States' Experience

Research confirms that enrollment processes are difficult for those with behavioral health problems. In Massachusetts after health care reform, only 2.6% of the population was still uninsured, but 22% of the uninsured had mental health or substance use disorders. Behavioral health patients in Massachusetts described the process for applying, completing information requests, and reapplying to MassHealth and Commonwealth Care as complex, burdensome and confusing. These patients described the experience taking between 45 minutes to 2 hours to complete the eligibility determination and enrollment forms, not including time for gathering, copying, and mailing supplemental verification documents like pay stubs, birth certificates, and proof of identity.

What Are The Consequences Of Not Fully Enrolling This Population?

Without treatment, individuals with a serious mental illness are at an increased risk of hospitalization, poor social and clinical functioning, and diminished quality of life. If an individual is uninsured, he or she is more likely to rely on expensive emergency services. Untreated mental illness can interrupt careers, resulting in disability, poverty, and long-term dependence, all of which are costly and unnecessary. Additionally, extensive data conclusively demonstrate the association between mental illness and other chronic disorders such as cardiovascular disease, diabetes, cancer, asthma and obesity. According to the Centers for Disease Control and Prevention, the occurrence, course and outcomes of chronic disease are affected by a co-occurring mental illness. Those who have a co-occurring mental illness tend to experience worse outcomes than others and their poorer health status correlates with higher healthcare costs.

Pro-Active Solutions

For all of these reasons, CiMH recommends that the required training for the Health Benefit Exchange Navigator/Assister program include specific curriculum components that address outreach, engagement and enrollment of individuals with mental health and substance use conditions, so that these consumers can be most effectively connected to health insurance coverage that is appropriate for their needs.

Proposal for Training Navigators and Assisters

CiMH has the expertise and background necessary to *develop this curriculum and to deliver the training.*

We believe that, in partnership, CiMH and the Health Benefit Exchange can improve access to and understanding of people with mental illness, substance use or co-occurring disorders.

CiMH is the California Coordinating Center for the SAMHSA-sponsored SOAR (SSI/SSDI Outreach, Access and Recovery) program. SOAR is an evidence-based program with proven efficacy in increasing access to benefits for eligible, but hard-to-reach individuals. We believe that with minimal effort the SOAR training curriculum could be adapted for the Navigator/Assister training, especially to address the needs of persons with mental health and substance use disorders.

SOAR provides a fully detailed training curriculum that emphasizes engagement of the client that will ensure that Navigators and Assisters who work with this population will have the skills and training required to gain the trust and respect of these clients.