

Promote Prevent Commission
The State of the State: Behavioral Health
April 04, 2017

Rep. Jim Cantwell: Introduction

Senator Markey: Call to action:

Begins by honoring the role of first responders. Stresses the death toll from opioid overdoses and the impact of fentanyl --the equivalent of a Vietnam War and a half every year. Stresses the importance of bipartisan cooperation: passed legislation with Rand Paul expanding access to MAT - law did not have any funding; passed legislation for 500 million towards funding the bill. Also working with Marco Rubio for TA for fentanyl detection coming into the country.

Our “sick” care system needs “CPR:”

Coverage: PPACA – coverage of BH treatment for 2.8 million people

Prevention: Trump’s proposed budget cuts 100m from SAMHSA budget and the Prevention Fund. MA has been leader in fighting the “sledgehammer” to these programs. Begins with prevention, begins with mental health block grants coming back to the states

Research: NIH needs funding to ID those prone to BH disorders

We must work to fully implement parity laws ensuring MH and BH programs receive funding. “Think about the first use, not simply the last use.”

The opioid epidemic is a man made epidemic: borne of greed of big pharma and fed by the FDA. Dr. Scott Gottlieb doesn’t believe in using FDA to minimize risks of opioid prescription. Questions whether DEA has jurisdiction over physicians/pharmacies. Sen. Markey vigorously opposes his nomination. This commission gets to the heart of this problem, the interaction between mental health and substance abuse. Truly an unprecedented issue.

HHS Secretary Marylou Sudders:

The good news: MA has many resources, largest of which is human capital. 2nd healthiest state in the nation and the 1st nationally in health insurance coverage. One of the healthiest states for older adults. Some of the toughest gun safety laws in the country. Highest rates of mental health pediatric screenings in the country. One of the lowest rates of suicides.

For the first time we are seeing a decrease in rx of opioids.

One of the highest % mental health clinicians that accept any insurance.

50% of BH issues start before age 14, 75% before age 24. One of leading causes of disability is mental health disorders. Life expectancy is 25 years lower than the average person, and they are dying from uncomplicated medical issues that are not getting addressed.

Issues to stress: parity, stigma. Ex. Of suicide and the difficulty of early identification without stigmatizing. Creating opportunities for social emotional learning with our children. This is her primary message, and to integrate physical and mental health care.

Ought to anchor ourselves to these good bills: Ch. 321 created Children's BH advisory council was to create system for mental health consultation in schools. Promoted BH screening. Gun safety law contains section on resilience for children in schools. STEP act contains significant pieces around promotion/prevention. What can we improve, fund, and advance. Great programs as well, ex, MCPAP for Moms. Come back to the issue of stigma. Never use the term "the mentally ill" nor "addicts," rather people with addiction. Out of Sandy Hook came the Sandy Hook Promise; we often know children on the path to trouble; how to create environments promoting healthy development. HHS is eager to help.

Q from Jim Vetter regarding the normative effect of integrating mindfulness in the curriculum.

Secretary's response: Pilot, evaluate, and then must build to scale. Cannot be seen as an add-on, must be added to core curriculum, added to culture of learning. Look to other states for examples.

Q from Jim Vetter regarding opportunities for connection between HHS and DESE:

Secretary's response: Must also come from the schools, within the schools to effectively build the culture. HHS eager to help.

DPH Commissioner Bharel:

Acknowledges national public health week. Entire mission of DPH is upstream. MA has many accolades to its health. Must address health inequities and social determinants of health if we are to live up to collective values. Commissioner hopes she will think about this piece as we come up with recommendations. In Massachusetts, Still ZIP code is the number ONE factor that affects how well and how long we will live.

Prevention -opioid epidemic: High correlation between substance use and mental health. At least half of those seeking treatment for each have concurrent issues. Also urges to focus on stigma. Has been a priority for Baker administration. Successfully implemented emergency department recovery coach training program. Established core competencies on prescription management practices. Covering 8500 prescribers being educated each year as part of their license. Continue to expand substance use treatment beds. Relaunched PMP system. MA connected through system to 28 states to share appropriate data. Increased training of naloxone. 50,000 ppl now trained in MA to administer this. Over 1900 sober beds as well. #StatewithoutStigma get the message out as a medical illness that it is.

Suicide prevention: early prevention is key component –crucial part of DPH. Greatest number suicides fall within 35-64 age group. 56% of those who attempt suicide have history of MH/substance use illness. DPH works raising awareness of signs and symptoms of SI/depression. Look for early warning signs. MA is a founding member of Coalition for Suicide Prevention. Statewide advocacy for Veterans empowerment. EOEA community based services, DESE suicide prevention training. Promote integration of suicide prevention training.

Violence prevention; including sexual/domestic violence. Promote health, safety and well being. Fund, provide TA, support, education, outreach, training, and data to these programs. DPH is taking an expanded role in domestic violence.

DMH Commissioner Mikula:

Incidence of mental health conditions: 2.5% children from birth to age 8 at high risk or have a mental illness. Juvenile court clinics studied 831 children – collected ACES data- 68% had 1 or no aces. In MA, 12% had 1 or no ACES. 68% had 4 or more. Bias in prevention towards early childhood through high school and young adulthood. Among young adults, 5.4% have a serious mental illness. In MA, this is 288,000 individuals. Lifespan 53 for SMI, 43 yrs for concurrent substance abuse. 20% of MA residents 65+ have a BH condition, 177,000 people by 2020. 50% receive MH care from their PCP. 65+ will be 14% of the population, making up 20% of reported suicides. Too often fall into own boxes –Mental Health clinicians treat mental health issues, substance abuse specialists treat substance abuse conditions. **Significant interfaces currently exist:** Healthcare – given role of PCP/pediatrician, screening is one of the most important things you can do. Mandated in Rosie D remedy. Psychopharmaceuticals prescribed more by pediatrician than by psychiatrist. Then established psychiatric hubs that are payer blind that give real time consultation (this is MCPAP). Also MCPAP for moms: moms prone to depression have a resource as well. Interface with MassHealth is profound. Connection between MH and criminal justice: Individuals in HOC/Prisons with high rates of incidence. Not sufficient, but have network of court clinicians without rival in the country. Help IDing who needs help with what, when, and how.

Chief Justice Carey:

Role of the trial courts. Very different animal today – have adapted what they do in terms of changing business practices and looking at holistic needs. See Powerpoint presentation for detailed notes.

Rep. Jim Cantwell: Wrap Up

Next Meeting May 9th.