# Looking Back and Looking Ahead: Meeting the Test of Our Times

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> The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little.
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> – Franklin D. Roosevelt

I knew when Linda Rosenberg stepped down as president and CEO of the National Council for Behavioral Health, I would have big shoes to fill. During her tenure, Linda helped put behavioral health on the map.

She was an early and vocal proponent for parity, ensuring that treatment for mental illnesses and addictions is offered on par with physical health conditions. She successfully advocated for full inclusion of mental illnesses and addictions in the Affordable Care Act and helped secure funding for integrated health care. Today, integrated physical and behavioral health care is becoming the expectation, not the exception.

Under Linda's leadership, the National Council helped shape the Excellence in Mental Health Act, which created the Certified Community Behavioral Health Clinic (CCBHC) demonstration project in eight states. CCBHCs are remaking specialty behavioral health care in this country. She brought Mental Health First Aid to the United States, and today more than 1.7 million people are able to start a conversation with someone experiencing a mental health or addiction crisis and refer them to community resources and professional help, if needed.

Linda leaves a legacy of hope. Yet for all we have accomplished in the past 15 years, there is still much to do. By all indicators, our economy is strong. The stock market has hit record highs, and unemployment is at a 50-year low.[1] However, demand for affordable housing, food assistance, and mental health and addictions services is up. We must address the systemic issues driving this crisis, and income inequality is at the top of the list.

In the United States, the top 10% now average more than nine times as much income as the bottom 90% and the disparities are even starker among the nation's highest earners.[2] The top 1% of American earners have nearly doubled their share of national income over the past 50 years, while an estimated 140 million people, 43.5% of the total U.S. population, are either poor or low-income.

Wealth affects health and not just for those who are poor. Countries with higher levels of inequality have a higher risk of schizophrenia incidences.[3] Researchers theorize that greater inequality negatively impacts social cohesion and capital and increases chronic stress.

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In fact, according to figures compiled by the National Bureau of Economic Research, raising the minimum wage and the earned-income tax credit by 10% each could prevent about 1230 suicides annually.[4] As suicides and drug overdose deaths continue to climb, American life expectancy has dropped for the third straight year,[5] something that has not been seen in this country in more than a century.

We need programs that pave a path out of poverty. We also must address the lack of access to mental health and addiction treatment. Only 43% of all people living with serious mental illnesses like schizophrenia, bipolar disorder, and major depression receive behavioral health care and only one in 10 Americans with a substance use disorder receives treatment in any given year.[6] Today, access has replaced stigma as the most significant barrier to a healthier America.[7]

CCBHCs are one answer. Since first launched in 2017, CCHBCs in eight states have dramatically increased access to mental health and addiction treatment,[8] expanded capacity to address the opioid crisis,[9] and established innovative partnerships with jail diversion and hospitalization-reduction programs to improve care and reduce recidivism.[10] CCBHCs provide a comprehensive range of mental health and addiction services regardless of an individual's ability to pay and are supported by a prospective payment system, the same type of funding received by federally qualified health centers.

The CCBHC model will expire in July 2019 if legislation is not passed to extend the demonstration program. The Excellence in Mental Health and Addiction Treatment Expansion Act[11] would renew the demonstration program in the original eight states for two years and expand it to 11 additional states. We must keep up the drumbeat of support for this critical initiative.

We must also continue to fight for full implementation of mental health parity. More than 10 years after the Mental Health Parity and Addiction Equity Act was passed, people are still being denied needed care. Steven Johnson writes in Modern Healthcare, "Evidence has found states lack consistent definitions of what constitutes mental health and substance use disorders, how they are covered by insurance, and how much effort should be given toward enforcing compliance."[12] In March, a federal judge in Northern California ruled that United Behavioral Health, the unit of UnitedHealth Group that administers treatment for mental illnesses and addictions in private health plans, had discriminated against patients with mental and substance use disorders to save money.[13]

Treatment is important but prevention is too, and that begins early. We must support and expand programs like the Nurse-Family Partnership (NFP) and universal pre-kindergarten (pre-K). The NFP provides intensive prenatal and postnatal home visitation by registered nurses to low-income first-time mothers. Research reveals that the NFP helps improve women's prenatal health, children's subsequent health and development, and parents' economic self-sufficiency.[14] One researcher estimated that by 2031, NFP enrollments that took place between 1996 and 2013 will have prevented an estimated 500 infant deaths, 10,000 preterm births, 42,000 child maltreatment incidents, 36,000 youth arrests, and 41,000 person-years of youth substance abuse, among other outcomes.[15] Universal pre-K supports children's academic achievement, especially for disadvantaged children residing in small towns and rural areas,[16] and improves children's access to health care.[17]

We can no longer wait for people to become ill before we treat them. We must move our interventions upstream and address the social determinants of health that impact the development of mental illnesses and addictions. We must treat mental illnesses and addictions the same way we treat cancer or heart disease, by providing evidence-based care when and where it is needed.

We have come a long way in the past 15 years, but we cannot rest on our laurels. The people we serve are counting on us to get this right.

Let me know what you think… Write to me at ChuckI@TheNationalCouncil.org. I look forward to hearing from you.

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