



Adoption
 Asian American Family Services
 Avondale House
 Bering Omega Community Services
 Care for Elders
 Career and Recovery Resources, Inc.
 Catholic Charities of the
 Archdiocese of Galveston-Houston
 ChildBuilders
 CHILDREN AT RISK
 Christ the Good Shepherd Catholic Church
 Coalition of Behavioral Health Services
 Collaborative for Children
 Council on Alcohol & Drugs Houston
 Communities In Schools
 Cypress Creek Hospital
 DePelchin Children's Center
 Family Services of Greater Houston
 Fort Bend Regional Council on
 Substance Abuse, Inc.
 Gateway to Care
 Good Neighbor Healthcare Center
 Gulf Coast CHIP Coalition
 Harris County Healthcare Alliance
 Healthcare for the Homeless-Houston
 Houston Area Association for the
 Education of Young Children
 Houston Area Women's Center
 Houston Endowment
 Houston Food Bank
 IntraCare Hospitals
 Jewish Family Service
 Justice for Children
 Legacy Community Health Services, Inc.
 MHMRA of Harris County
 Memorial Hermann Healthcare System
 Mental Health Association of
 Greater Houston
 Montrose Counseling Center
 NAMI Metropolitan Houston
 Neighborhood Centers Inc.
 Northwest Assistance Ministries
 Rockwell Fund
 San Jose Clinic
 SEARCH
 South County Community Clinic,
 DBA The Community Clinic
 Spaulding for Children
 Target Hunger
 Texas Children's Hospital
 The Arc of Greater Houston
 The Arrow Project
 The Center for Success and
 Independence
 The Menninger Clinic
 The Women's Home
 United Way of Greater Houston
 Wesley Community Center
 West Oaks Hospital
 YMCA of Greater Houston

Behavioral Health: Full Equalization of Behavioral Health Services

Position Statement approved by One Voice on September 8, 2006

Issue/Concern: The behavioral health (mental health and substance abuse) restrictions in many health plans—including inpatient day limits and disproportionately high deductibles or co-payments—are arbitrary and discriminatory. Studies have shown that employers' equalization of behavioral health benefits can result in increased productivity and decreased absenteeism.

Specific Policy Recommendation(s):

- ★ Require employers to provide behavioral health benefits fully equal to those provided for other physical illnesses.

How does this issue/recommendation relate to prevention and early intervention or maximizing federal funds for health and human services? When people cannot readily access needed behavioral health services through their private health plans, they are faced with tough decisions that may include: leaving their behavioral health issues untreated, resulting in loss of productive work time or potentially forcing them into dangerous and costly crisis situations; paying excessive out-of-pocket expenses that strain their ability to cover other important family financial obligations; or seeking care through the public mental health system. In each of these cases, the lack of early treatment for behavioral health issues can have a detrimental impact on the individual, his/her family and co-workers, and society at-large. Untreated behavioral health issues in children and adults have been linked with high emergency room utilization, incarceration, and increased risk for involvement in the child welfare system. The economic impact of mental illness and substance abuse disorders combined is estimated to be over \$30 billion in Texas alone.

Several groups, including the National Business Group on Health, have recommended that employers equalize their behavioral health benefits. Passing this legislation in Texas would be a win-win-win situation for: 1) employers, who would likely experience decreases in absenteeism and sick days taken, increases in productivity, and possible decreases in other healthcare costs; 2) the state, which could see a reduced burden upon the public behavioral health system and other state systems because of the increased availability of these services in the private sector; and 3) employees and their families, who would no longer have to suffer in silence or pay backbreaking co-pays or deductibles just to access the mental health care that every Texan deserves.

Supporting Facts/Research/Resources:

- ★ 87% of Americans cite lack of insurance coverage as a top reason for not seeking mental health services. (*APA Survey 2004*)
- ★ Mental illness and substance disorders combined as a group represent the 3rd leading cause of long-term disability and 5th leading cause of short-term disability for employers in the United States. (*Leopold, "A Year in the Life of a Million American Workers. MetLife Group Disability", 2003*)
- ★ A comprehensive study of the equalization of behavioral health benefits under the Federal Employees Health Plan found that the cost impact of equalizing these benefits was approximately one percent. (*Goldman, et. Al, "Behavioral Health Insurance Parity for Federal Employees", 2006*)

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Position Statement approved by One Voice on September 8, 2006 (cont.)

Supporting Facts/Research/Resources:

- ★ At McDonnell Douglas, absenteeism dropped 44% for employees treated for substance abuse issues; When the Kennecott Copper Corporation provided mental health counseling for employees, its hospital, medical, and surgical costs decreased 48.9%. (GWCMHPC, Inc. "*Good Mental Health Coverage Brings Big Returns to the Workplace*", 2000) *Facts*", 2000)
- ★ After North Carolina equalized behavioral health benefits and implemented managed care, mental health costs decreased from 6.4% of overall healthcare costs to 3.1% after 6 years; hospital days paid by the plan were reduced by 70%. (Bachman, *Mental Health Parity: "Just the Facts"*, 2000)

Legislative Outcome: SB 568 passed Senate and House Insurance Committee. Died in Calendars.

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