

Special Webcast

Mental Health in the Face of Addiction

July 1, 2021

THE CONFERENCE BOARD 

 spring health



# Some of the critical questions and issues we will be answering today

- Quick intro
- Reviewing the “current state” of increasing needs and inadequate supports
- Case Vignettes: Dan, Rob, and Luca
- Designing a better approach to supporting team members
- Q&A



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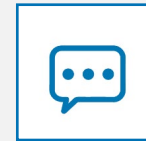
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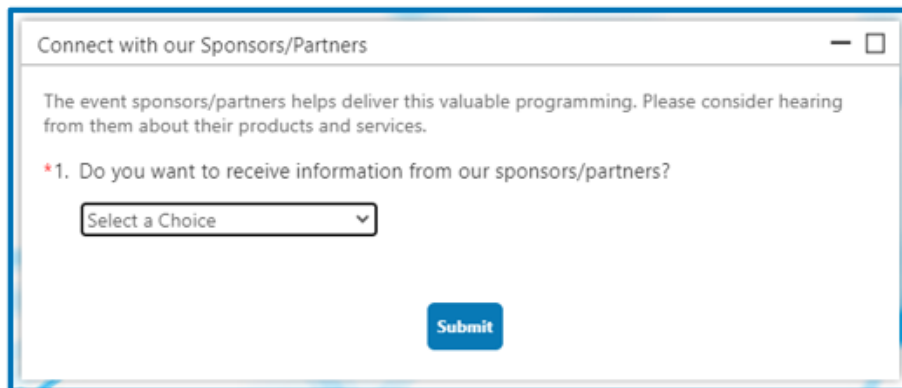


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# Today's Speakers



**Daniel Harrah, LCSW**  
National Director of  
Clinical Partnerships  
*Spring Health*



**Regina Brayboy  
(Moderator)**  
Senior Fellow, Human Capital  
*The Conference Board*



## MEET THE SPEAKER

# Dan Harrah, LCSW

National Director of Clinical Partnerships, Spring Health

### Education/Credentials:

- Holds a Bachelor's Degree in Psychology and a Master's Degree in Social Work, both from the University of Michigan
- Licensed Clinical Social Worker and holds an active Insurance Producer license

### Experiences:

- Deep experience in direct clinical practice with individuals with SUDs (inpatient psychiatric setting)
- Experience with Blue Cross Blue Shield as a Senior Medical Management Trainer
- Has spent the last 6+ years working with Fortune 500 companies to promote physical and emotional wellbeing in the workplace, most recently as Sr. Behavioral Health Consultant with Mercer

### About Dan:

- Loves hanging out with his family in Chicago, including his wife, 4-year old daughter, and 80 lb mastiff mix





# Current State: Increasing needs and inadequate supports





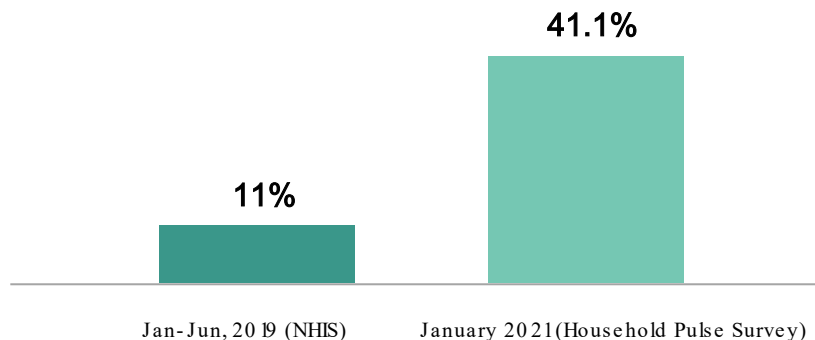


# Increasing Needs

## Increasing Suicide and Substance Use Deaths

Deaths by suicide, overdoses, and alcohol-related cirrhosis have been increasing dramatically in the United States-accounting for nearly 160 k deaths in 20 18-up from 65k in 1995-these “deaths of despair” are highly preventable

Average Share Of Adults Reporting Symptoms Of Anxiety Disorder And/Or Depressive Disorder, January-june 20 19 Vs. January 20 21



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>



# Increasing Needs (SUD specific)



## The need is rising

25% of essential workers (13% of all) increased substance use as a result of the pandemic



## Costs are overwhelming

More than 1/3 of high level of care claims for Substance Use Disorders are out-of-network (OON), often driving an individual's yearly costs well over \$100k



## Best-in-class care is crucial

30% readmission rates for programs without high touch patient navigation

20M

American Adults  
Suffer from Alcohol  
Use Disorders

3rd

Alcohol use is the  
3rd leading cause  
of death

18%

YoY increase in  
overdose deaths in  
the US in 2020

70%

Of individuals using  
illicit drugs are  
employed



# The SUD Care System is Badly Broken

Access to proper SUD care is burdensome and ineffective for members  
Available support is often reactive and inadequate



## Late Detection

Many substance use disorders go undiagnosed, **unaddressed** and untreated until they become acute or **critical**



## Lack of Precision

Most carriers do not recommend **specific levels of care**, forcing individuals to navigate and decide **on their own** - opening the door for bad actors



## Poor Experience

Carrier processes are **ineffective and cumbersome**: member uncertainty, denials of care, and frequent readmissions



# Meet Dan, Rob, and Luca





# Different needs require different care

SUD can present itself in many shapes



**Dan (employee)**

- Worried he's drinking too much, hopes to cut back
- Can't remember last time he went a week without drinking
- No noticeable physical symptoms yet



**Rob (19 years old)**

- Has an RX for Adderall to treat ADHD
- Started taking more and more, scripts running out earlier. Started cocaine with friends
- His parents "find out" and his doctor recommends he talks to a counselor/get an assessment



**Luca (Spouse)**

- Currently in PHP treatment at an OON facility in California
- In and out of facility based care for the past 2 years
- Has been "kicked out" by his wife, he is homeless
- Takes benzodiazepines and alcohol, never agreed to MAT



# Member Experience Map - Late Detection

Current State

Dan (employee)



Dan does not seek care, but continues to worry about his alcohol use and whether it's going to eventually impact his physical health.



Months later he starts to notice deteriorating sleep quality which he attributes to "work stress".



Begins taking medication (prescribed by his PCP) occasionally for sleep- and continues to drink to cope with stressors.



# Member Experience Map - Lack of Precision

Current State

Rob (19 years old)



Rob's parents call around to other parents looking for any program that might be able to help Rob.

A neighbor recommends a wilderness treatment facility in California, which has been denied by insurance due to being "experimental".

The facility has asked for a 60k deposit for 2 months treatment. Rob's parents take out a second mortgage to cover the cost of care.



# Member Experience Map - Poor Experience

Current State

Luca (Spouse)



Luca continues to cycle through high level of care OON treatment and refuses to try MAT treatment.



His wife's insurance carrier begins to outreach Luca (3 months after first OON admission).



Luca answers the phone and is asked by the insurance care manager what he needs help with and Luca replies "nothing" and blocks the number to prevent future outreach.



# The current system fails members

Late detection and a lack of high quality guidance



**Dan (employee)**

Does not seek care, waits until substance use impacts his physical health.



**Rob (19 years old)**

A friend recommends an experimental facility, denied by insurance. Parents pay OOP. Rob resumes use upon return



**Luca (Spouse)**

3 months after Luca's first OON admission, insurance carrier begins to outreach; Luca blocks the number

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**A lack of proactive, personalized guidance to high quality interventions leads to very poor outcomes**

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# A Better Approach to Supporting Your Team





# Challenging the Status Quo

## Traditional Approaches

- Lack of education and awareness; SUD needs are stigmatized and not discussed
- Lack of proper triage; issues unaddressed until acute
- Default to expensive, less effective treatment options, often OON
- Non-existent guidance and support for members



## A Better Approach

- Customized, broad, leadership led anti - stigma and education campaigns
- Proactive early detection and triage
- Linking patients the *right* care- whatever that may be for them- across the full spectrum of high quality, curated solutions
- Support from a licensed counselor every step of the way- from early detection to recovery

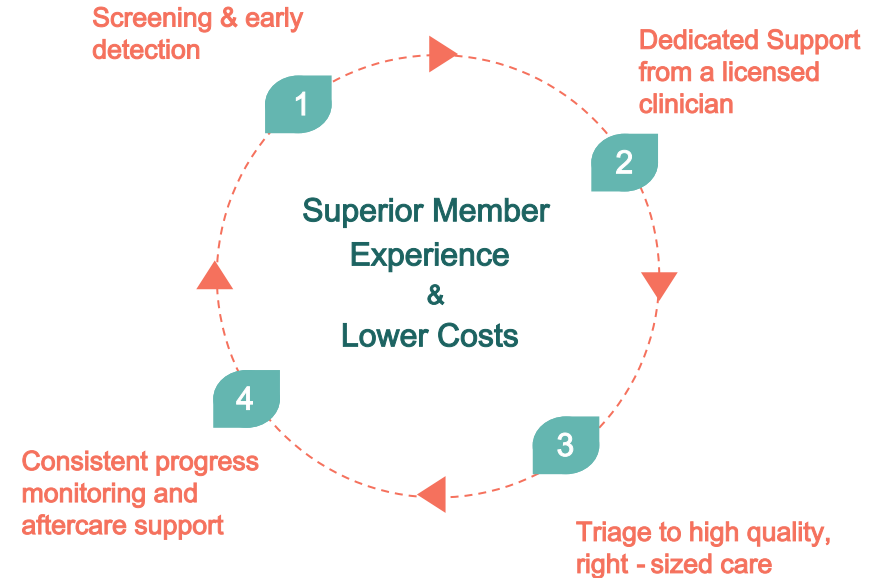
# A proactive, member - centric solution for SUD care

This moment calls for **highly visible, guided** pathways to **appropriate** care

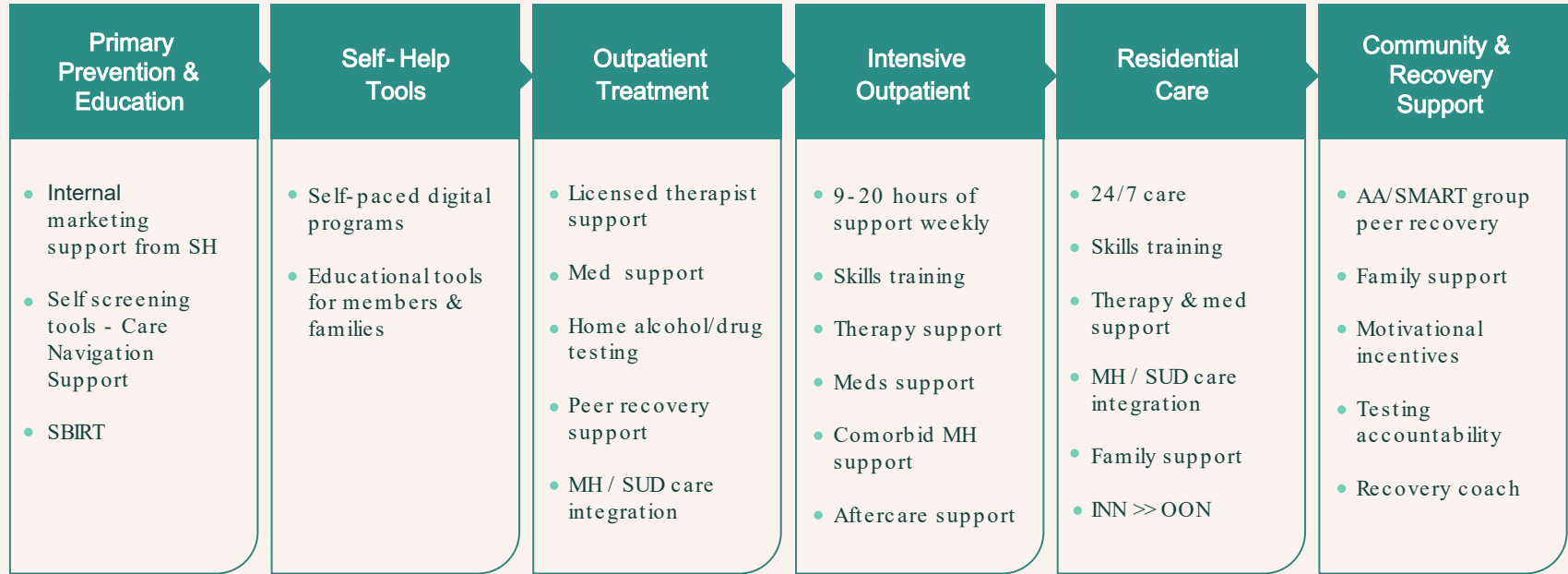
Earlier *screening* combined with high-touch guidance can better support members from detection to care delivery

Members need quick access to a full-spectrum set of care solutions of proven quality, **without all of the operational burdens** imposed by carriers or risks associated with out-of-network care

## The Spring Health Approach



# Addressing SUD Requires a Full - Spectrum Solution



Personalized guidance through initial triage, accessing care, ongoing support, and clear billing expectations

# Member Experience Map

## Comprehensive SUD Screening and Navigation through Spring



Dan (employee)



Rob (19 years old)



Luca (Spouse)

### Spring SUD assessment and triage

After screening, a Licensed Care Navigator discusses recommendations/options

Recommended digital resources and directed to coaching for support, begins to reduce use

Directed to a high quality virtual IOP program, he completes the program in one month and steps down to aftercare

CN builds rapport with Luca and after 3 calls, he agrees to check in at a SUD facility and “give MAT a try” for the first time



# Q&A



# Upcoming Webcast Programming from The Conference Board



- [Integrated Healthcare Data - Turn it up to 11 \(July 14, 2021\)](#)
- [Why Inclusive Family-Forming Benefits Should Cover More than Just IVF \(July 30, 2021\)](#)
- [Human Capital Watch™: Work Recreated: How the COVID-19 Pandemic is Reshaping Employee Experience and Organizational Culture \(September 14, 2021\)](#)

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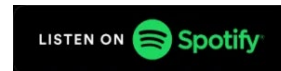


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Hosted by our CEO, **Steve Odland**, this bi-monthly series features in-depth interviews with thought leaders from The Conference Board to provide senior and C-suite executives with data-driven insights to prepare them for what's ahead.

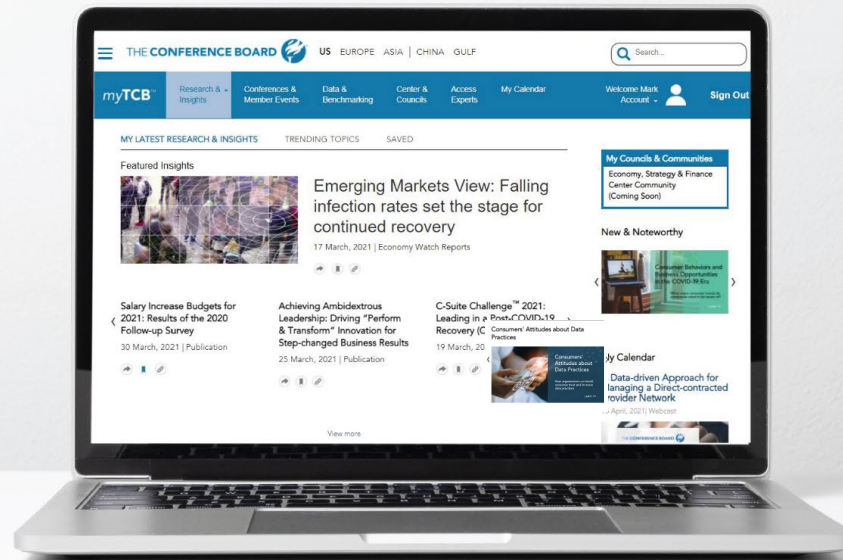
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