Population-Based Approaches to Mental Health, Earmarked Taxes and Fees as an Innovative Financing Strategy

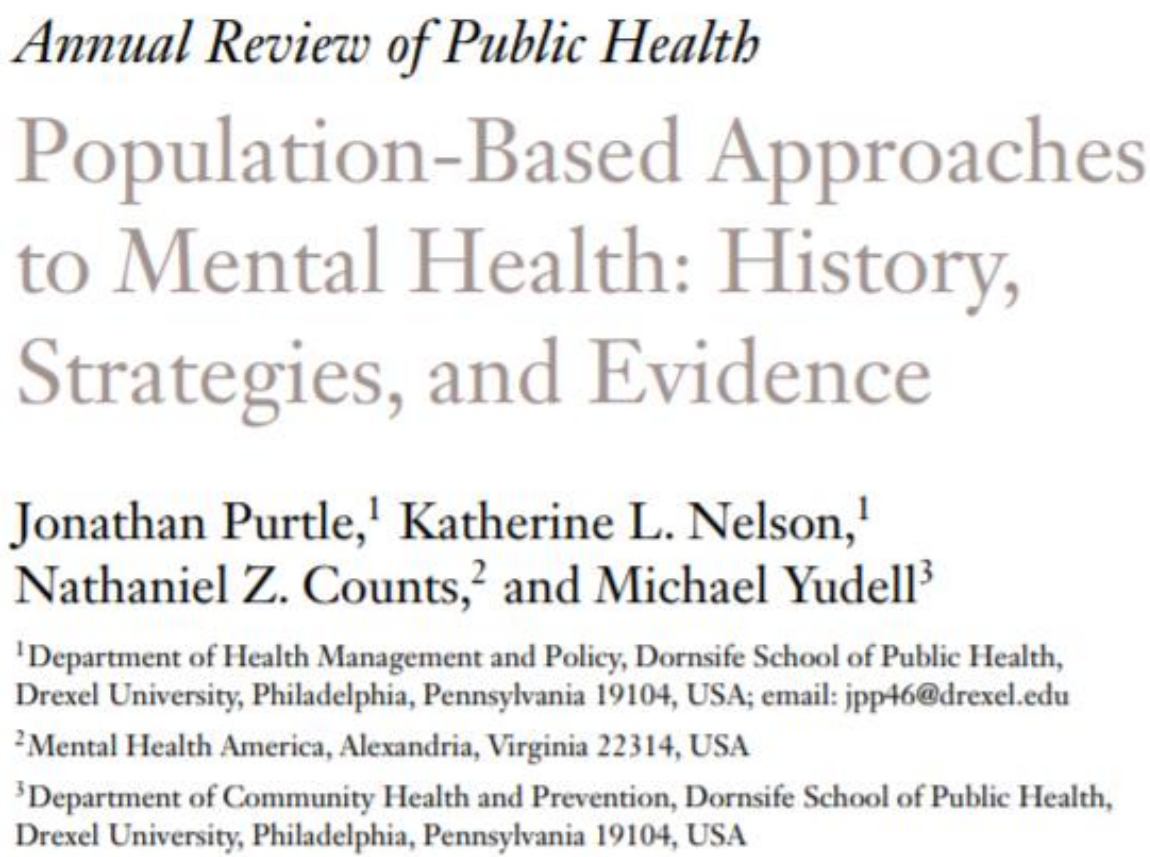
February 22, 2924

Jonathan Purtle, DrPH, MSc

Associate Professor, NYU School of Global Public Health

National Academies of Sciences, Engineering, and Medicine
Committee on a Blueprint for a National Prevention Infrastructure for Behavioral Health Disorders

"Approaches to addressing mental health issues in society have overwhelmingly focused on the provision of clinical services to individuals, not on fostering conditions that promote positive mental health, mental health promotion, or the primary prevention of mental illness."



Annual Review of Public Health

Population-Based Approaches to Mental Health: History, Strategies, and Evidence

Jonathan Purtle,[1] Katherine L. Nelson,[1] Nathaniel Z. Counts,[2] and Michael Yudell[3]

[1]Department of Health Management and Policy, Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania 19104, USA; email: jpp46@drexel.edu

[2]Mental Health America, Alexandria, Virginia 22314, USA

[3]Department of Community Health and Prevention, Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania 19104, USA

Purtle, J., Nelson, K. L., Counts, N. Z., & Yudell, M. (2020). Population-based approaches to mental health: history, strategies, and evidence. *Annual Review of Public Health*, *41*, 201-221.

Defining Population-Based Approaches to Mental Health

- Nonclinical interventions and activities intended to improve mental health outcomes, and the determinants of these outcomes, among populations that are defined by shared geography, sociodemographic characteristics, or source of clinical services utilization

Purtle, J., Nelson, K. L., Counts, N. Z., & Yudell, M. (2020). Population-based approaches to mental health: history, strategies, and evidence. *Annual Review of Public Health*, *41*, 201-221.

Table 1 Population-based approaches to mental health: domains, actors, and activities

Domain	Social, economic, and environmental policy interventions	Public health practice interventions	Health care system interventions
Key actors			
Core activities of approach			

Policy Implementation is Key to the Success of Population-Based Approaches to Mental Health

Purtle *et al.*
Implementation Science Communications (2023) 4:111
https://doi.org/10.1186/s43058-023-00497-1

Implementation Science Communications

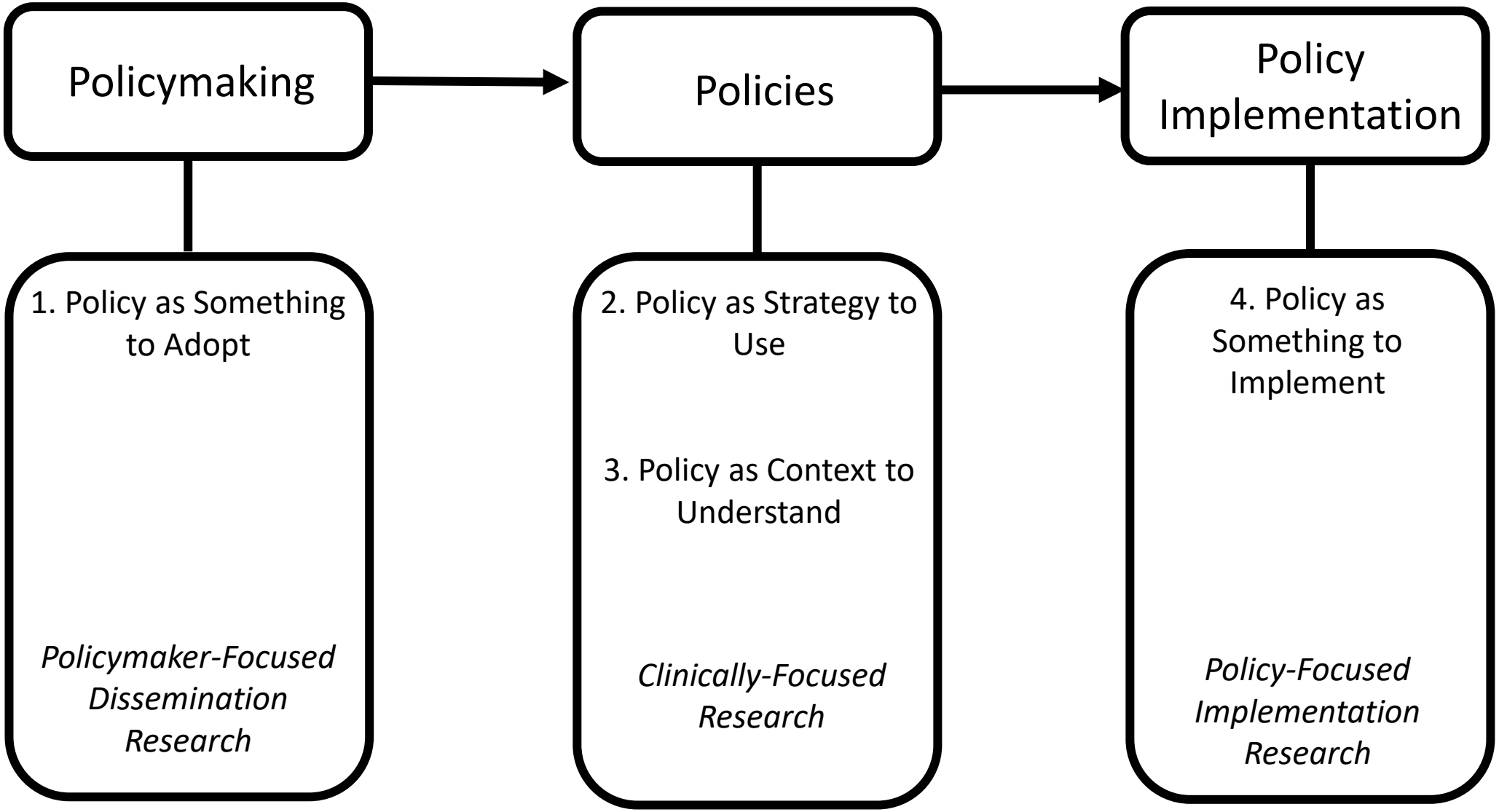
DEBATE

Open Access

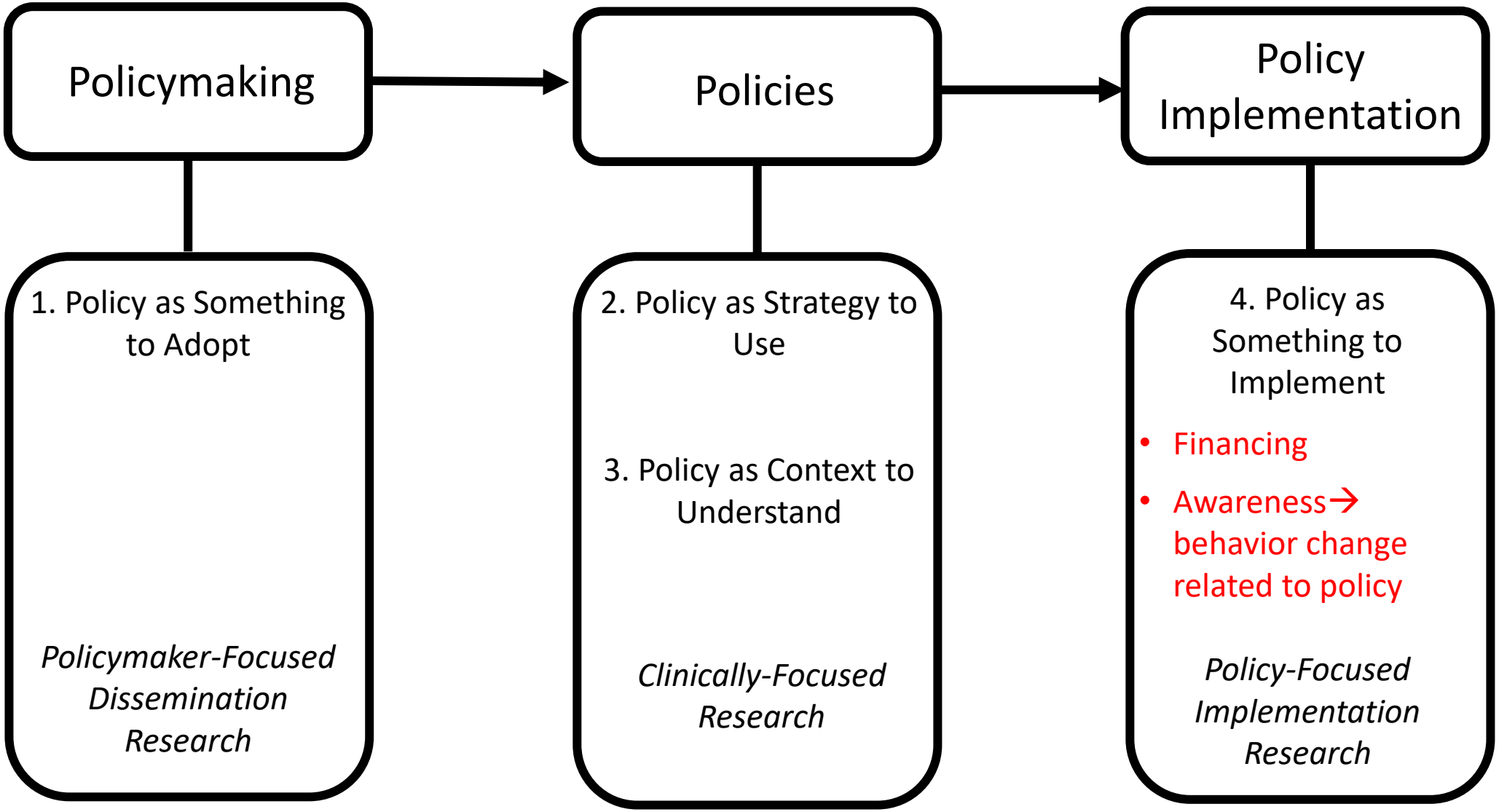
Four very basic ways to think about policy in implementation science

Jonathan Purtle[1*], Corrina Moucheraud[1], Lawrence H. Yang[2] and Donna Shelley[1]

Four Ways to Conceptualize Policy



Four Ways to Conceptualize Policy

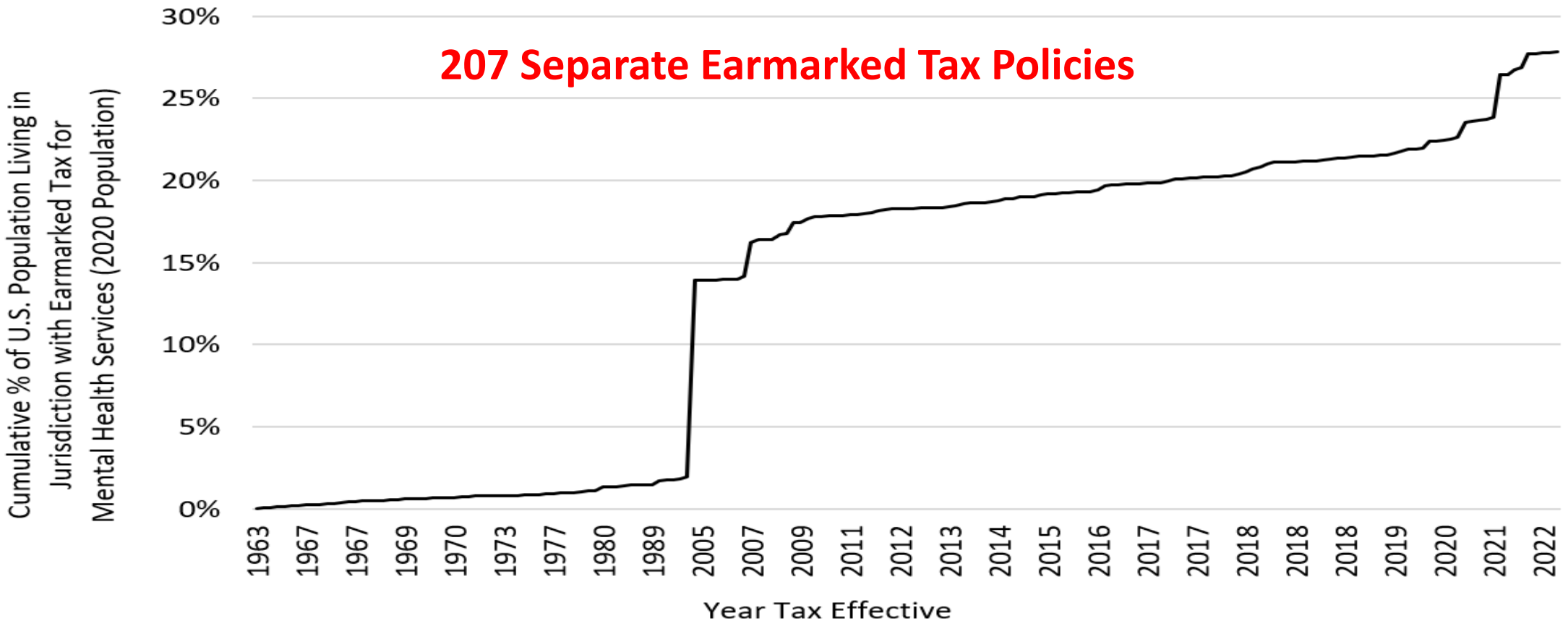


Promising Financing Strategy: Earmarked Taxes for Mental Health Services

Earmarked Taxes

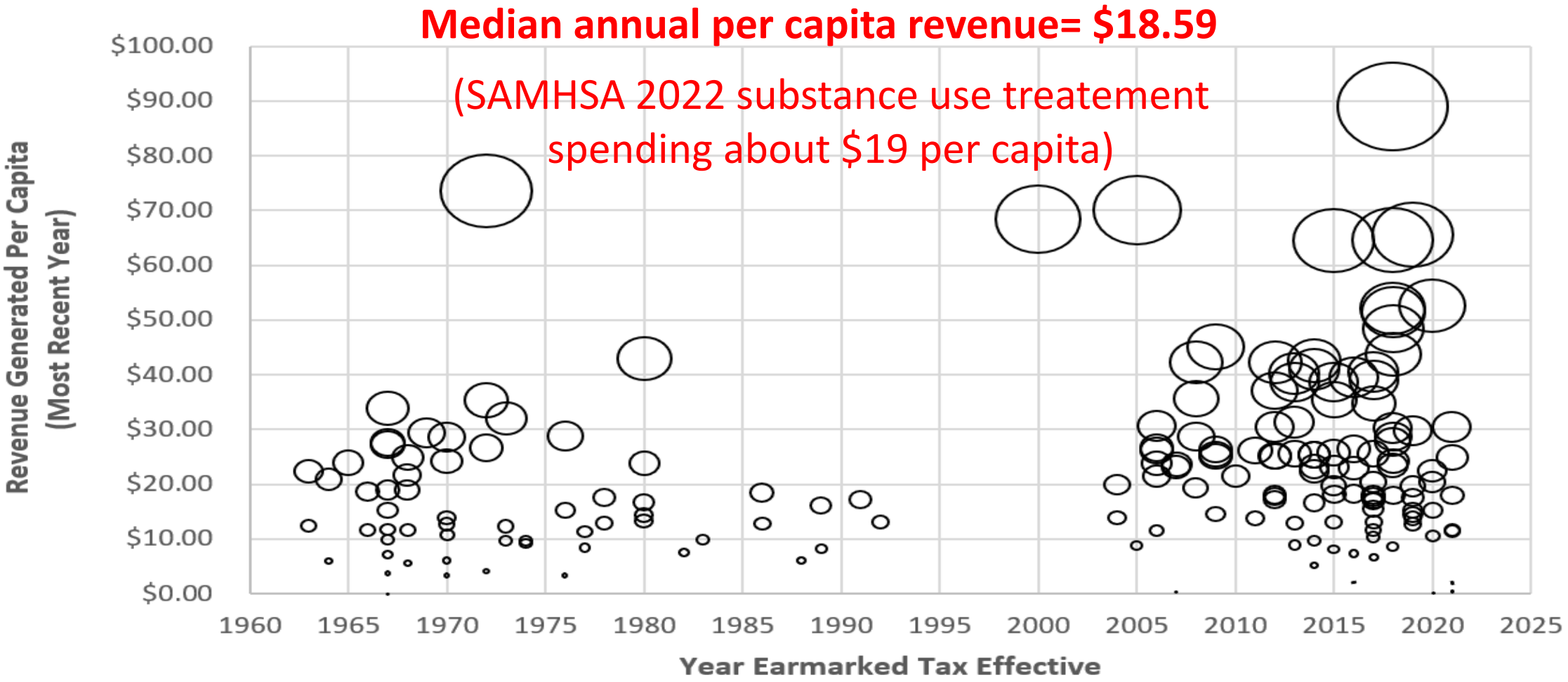
- What is an earmarked tax?
  - One for which revenue is dedicated to a specific purpose
- Earmarked taxes are a common financing strategy for policy issues that have broad public support (e.g., education, transportation)
- Revenue from excise taxes (e.g., alcohol, tobacco) are often (but not always) earmarked to offset externalities
- Earmarked taxes for mental health services and interventions have become increasingly common in the U.S.
  - Corresponds with declines in trust in government, decreases in support for general tax increases, and increased public concern about mental health

Cumulative Percentage of U.S. Population Living in a Jurisdiction with an Earmarked Tax for Mental Health Services



Purtle, J., Wynecoop, M., Crane, M. E., & Stadnick, N. A. (2023). Earmarked Taxes for Mental Health Services in the United States: A Local and State Legal Mapping Study. *The Milbank Quarterly*.

Effective Year of Tax Earmarked for Mental Health Services by Annual Per Capita Revenue Generated, n= 173 Taxes

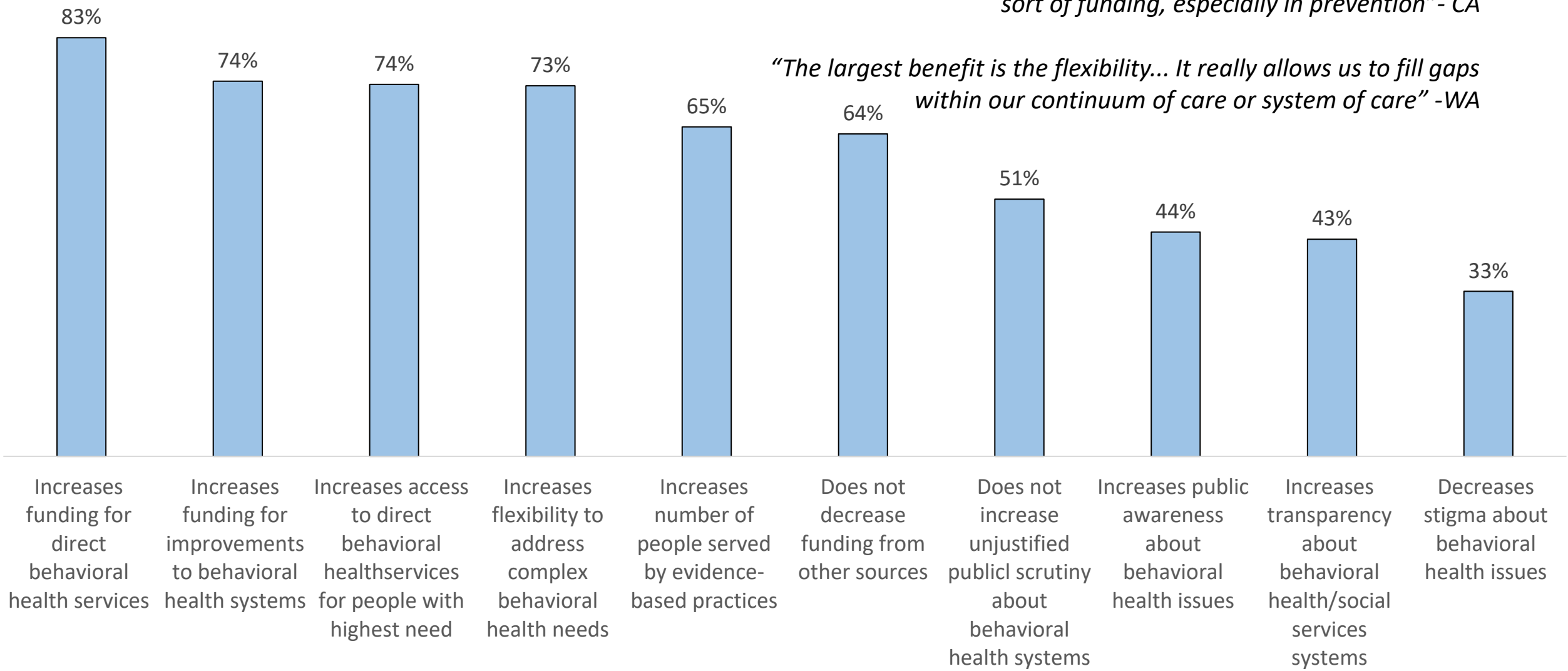


Purtle, J., Wynecoop, M., Crane, M. E., & Stadnick, N. A. (2023). Earmarked Taxes for Mental Health Services in the United States: A Local and State Legal Mapping Study. *The Milbank Quarterly*.

Perceptions of the Impacts of Taxes Earmarked for Behavioral Health Services, N=276

"[The tax] fills the gap for many areas that don't have dedicated sort of funding, especially in prevention"- CA

"The largest benefit is the flexibility... It really allows us to fill gaps within our continuum of care or system of care" -WA



Purtle, J., Stadnick, N. A., Wynecoop, M., Walker, S. C., Bruns, E. J., & Aarons, G. A. (2023). A Tale of Two Taxes: Implementation of Earmarked Taxes for Behavioral Health Services in California and Washington State. *Psychiatric Services*, appi-ps..

JAMA Health Forum™

Viewpoint

Earmarking Excise Taxes on Recreational Cannabis for Investments in Mental Health

An Underused Financing Strategy

Jonathan Purtle, DrPH, MSc; Kylie Brinson, MPH; Nicole A. Stadnick, PhD, MPH

Purtle, J., Brinson, K., & Stadnick, N. A. (2022, April). Earmarking excise taxes on recreational cannabis for investments in mental health: an underused financing strategy. In *JAMA Health Forum* (Vol. 3, No. 4, pp. e220292-e220292). American Medical Association.

Estimating the Impacts of Earmarking 25% of a State's Recreational Cannabis Excise Tax Revenue for Mental Health

State
Alaska
California
Colorado
Illinois
Massachusetts
Michigan
Nevada
Oregon
Washington

Estimating the Impacts of Earmarking 25% of a State's Recreational Cannabis Excise Tax Revenue for Mental Health

State	Percent Change in State Mental Health Agency Spending
Alaska	+ 2.3%
California	+ 1.5%
Colorado	+ 10.1%
Illinois	+ 0.9%
Massachusetts	+ 1.4%
Michigan	+ 0.2%
Nevada	+ 8.8%
Oregon	+ 3.1%
Washington	+ 11.1%

Estimating the Impacts of Earmarking 25% of a State's Recreational Cannabis Excise Tax Revenue for Mental Health

State	Percent Change in State Mental Health Agency Spending	Number of Additional National Suicide Prevention Lifeline Encounters
Alaska	+ 2.3%	24,914
California	+ 1.5%	481,327
Colorado	+ 10.1%	311,962
Illinois	+ 0.9%	35,229
Massachusetts	+ 1.4%	52,468
Michigan	+ 0.2%	9,840
Nevada	+ 8.8%	106,784
Oregon	+ 3.1%	135,180
Washington	+ 11.1%	476,352

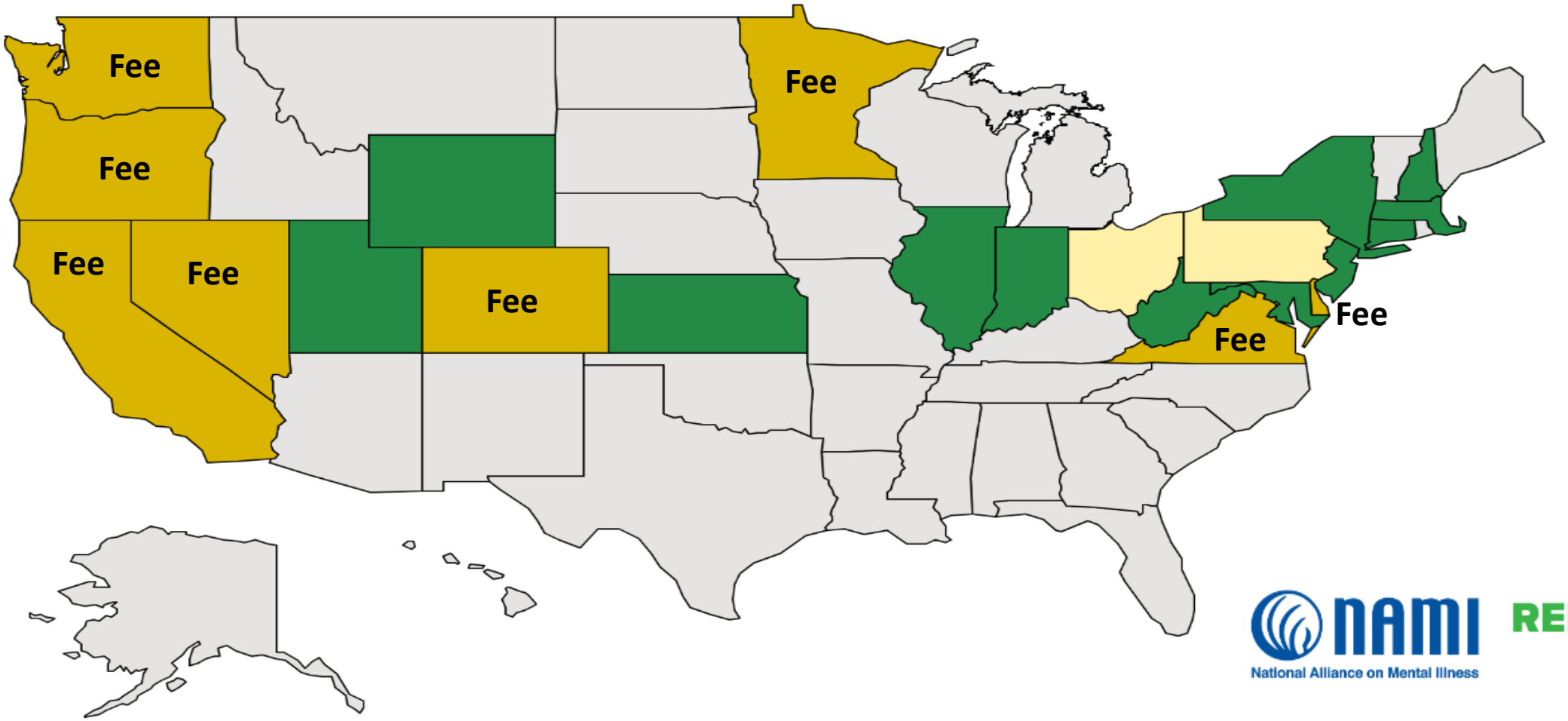
Estimating the Impacts of Earmarking 25% of a State's Recreational Cannabis Excise Tax Revenue for Mental Health

State	Percent Change in State Mental Health Agency Spending	Number of Additional National Suicide Prevention Lifeline Encounters	Number of Additional Mobile Psychiatric Crisis Unit Encounters
Alaska	+ 2.3%	24,914	738
California	+ 1.5%	481,327	14,267
Colorado	+ 10.1%	311,962	9,247
Illinois	+ 0.9%	35,229	1,044
Massachusetts	+ 1.4%	52,468	1,555
Michigan	+ 0.2%	9,840	292
Nevada	+ 8.8%	106,784	3,165
Oregon	+ 3.1%	135,180	4,007
Washington	+ 11.1%	476,352	14,120

Estimating the Impacts of Earmarking 25% of a State's Recreational Cannabis Excise Tax Revenue for Mental Health

State	Percent Change in State Mental Health Agency Spending	Number of Additional National Suicide Prevention Lifeline Encounters	Number of Additional Mobile Psychiatric Crisis Unit Encounters	Number of Additional Coordinated Specialty Care for First-Episode Psychosis Patients
Alaska	+ 2.3%	24,914	738	880
California	+ 1.5%	481,327	14,267	17,003
Colorado	+ 10.1%	311,962	9,247	11,020
Illinois	+ 0.9%	35,229	1,044	1,244
Massachusetts	+ 1.4%	52,468	1,555	1,853
Michigan	+ 0.2%	9,840	292	348
Nevada	+ 8.8%	106,784	3,165	3,772
Oregon	+ 3.1%	135,180	4,007	4,775
Washington	+ 11.1%	476,352	14,120	16,827

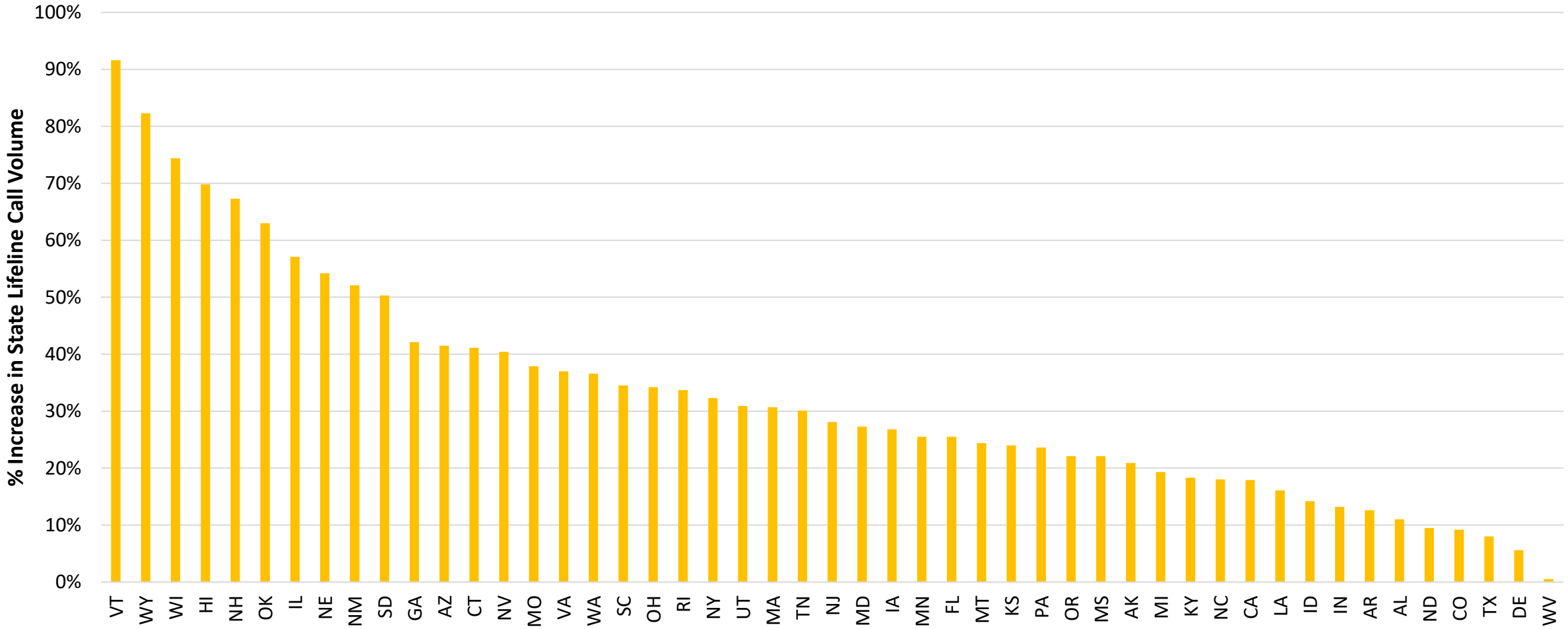
988 is a Federal Initiative, But Implementation is State/Local



NAMI
National Alliance on Mental Illness

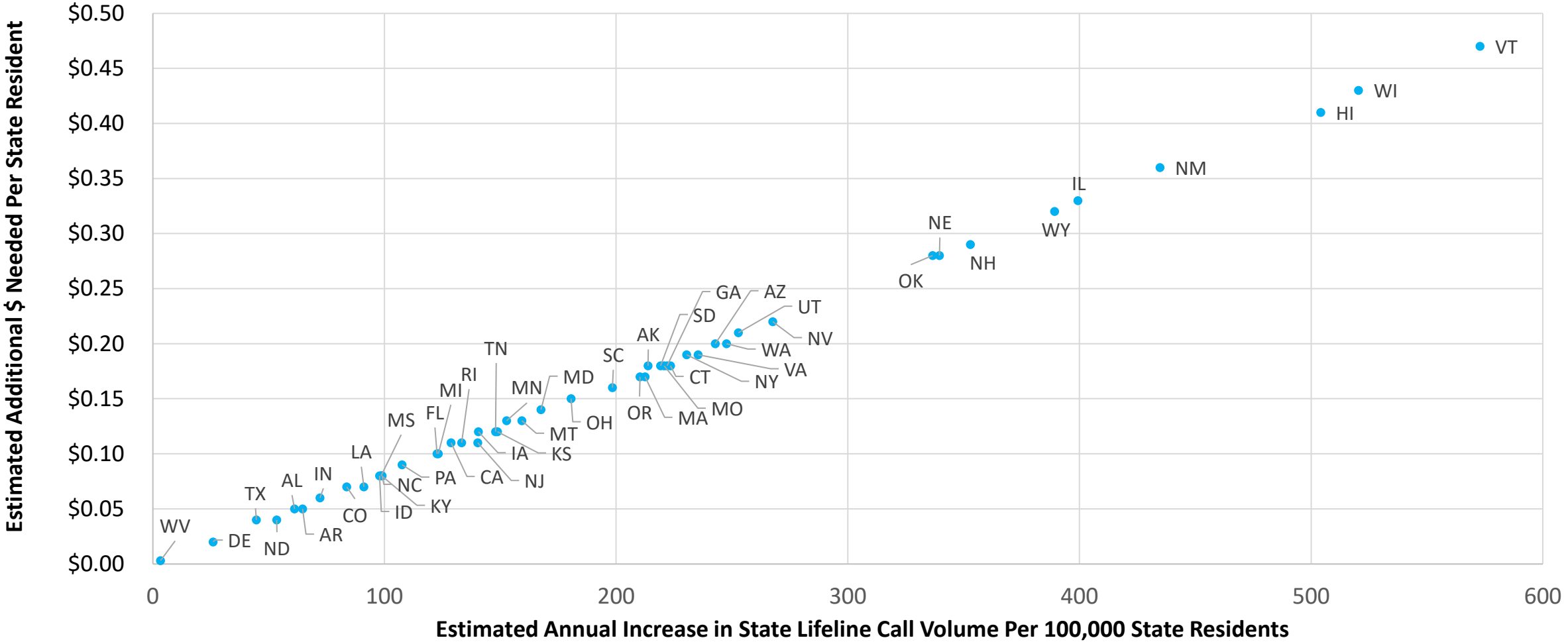
REIMAGINE
Crisis Response

State Variation in % Increase In Lifeline Call Volume Between August-November 2021 (pre-988 implementation) and August-November 2022 (post-988 implementation)



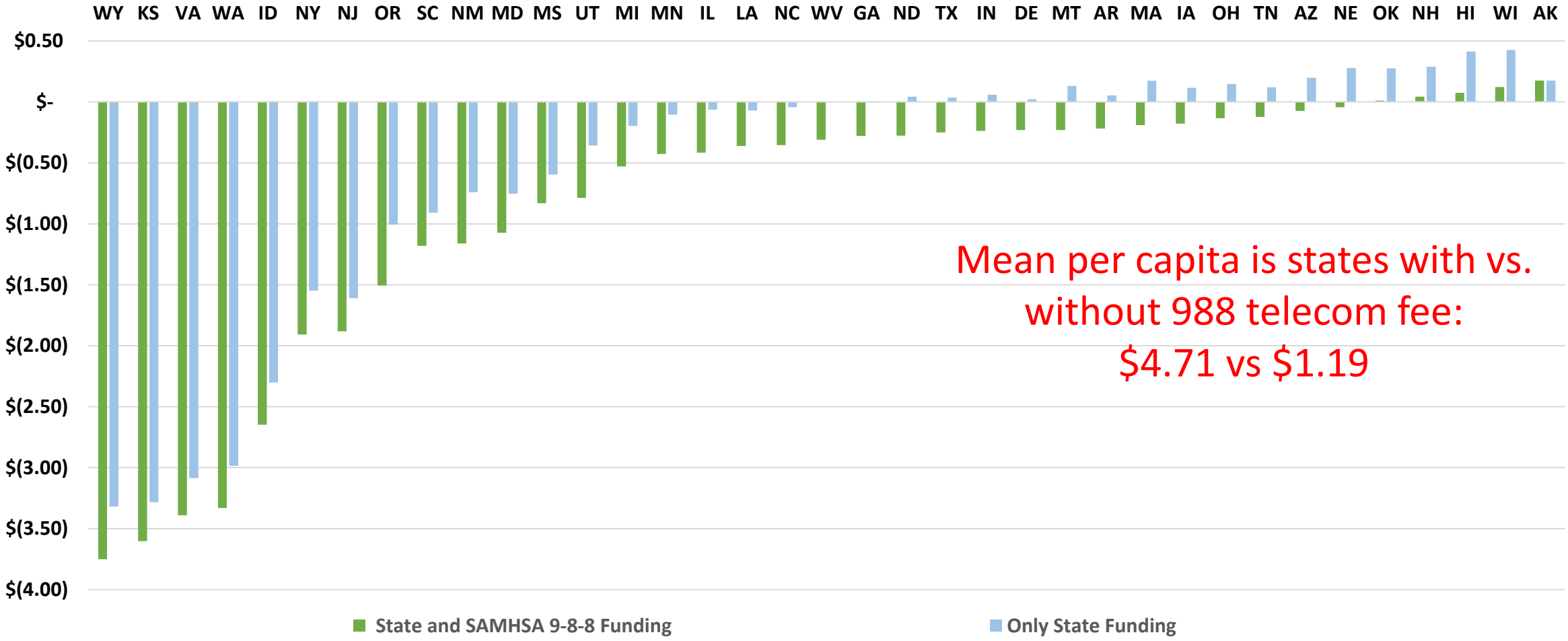
Purtle, J., Ortego, J.C., Bandara, S., Goldstein, A., Pantalone, J., Goldman, M. Implementation of the 988 Suicide & Crisis Lifeline: Estimating State-Level Increases in Call Demand Costs and Financing. *Journal of Mental Health Policy and Economics.* 2023, 26, 85-95.

Estimated Additional $ Needed Per State Resident Annually to Meet Estimated Annual State Increase In Lifeline Call Volume (cost per call estimate= $82, SAMHSA)



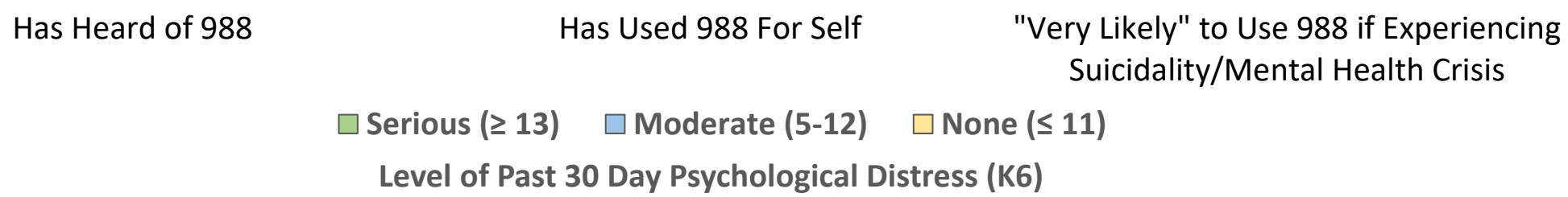
Purtle, J., Ortego, J.C., Bandara, S., Goldstein, A., Pantalone, J., Goldman, M. Implementation of the 988 Suicide & Crisis Lifeline: Estimating State-Level Increases in Call Demand Costs and Financing. *Journal of Mental Health Policy and Economics.* 2023, 26, 85-95.

Difference between Estimated Additional $ Needed Per State Resident Annually to Meet Estimated Annual State Increase In Lifeline Call Volume and $ Earmarked for Lifeline Centers in Response to 988



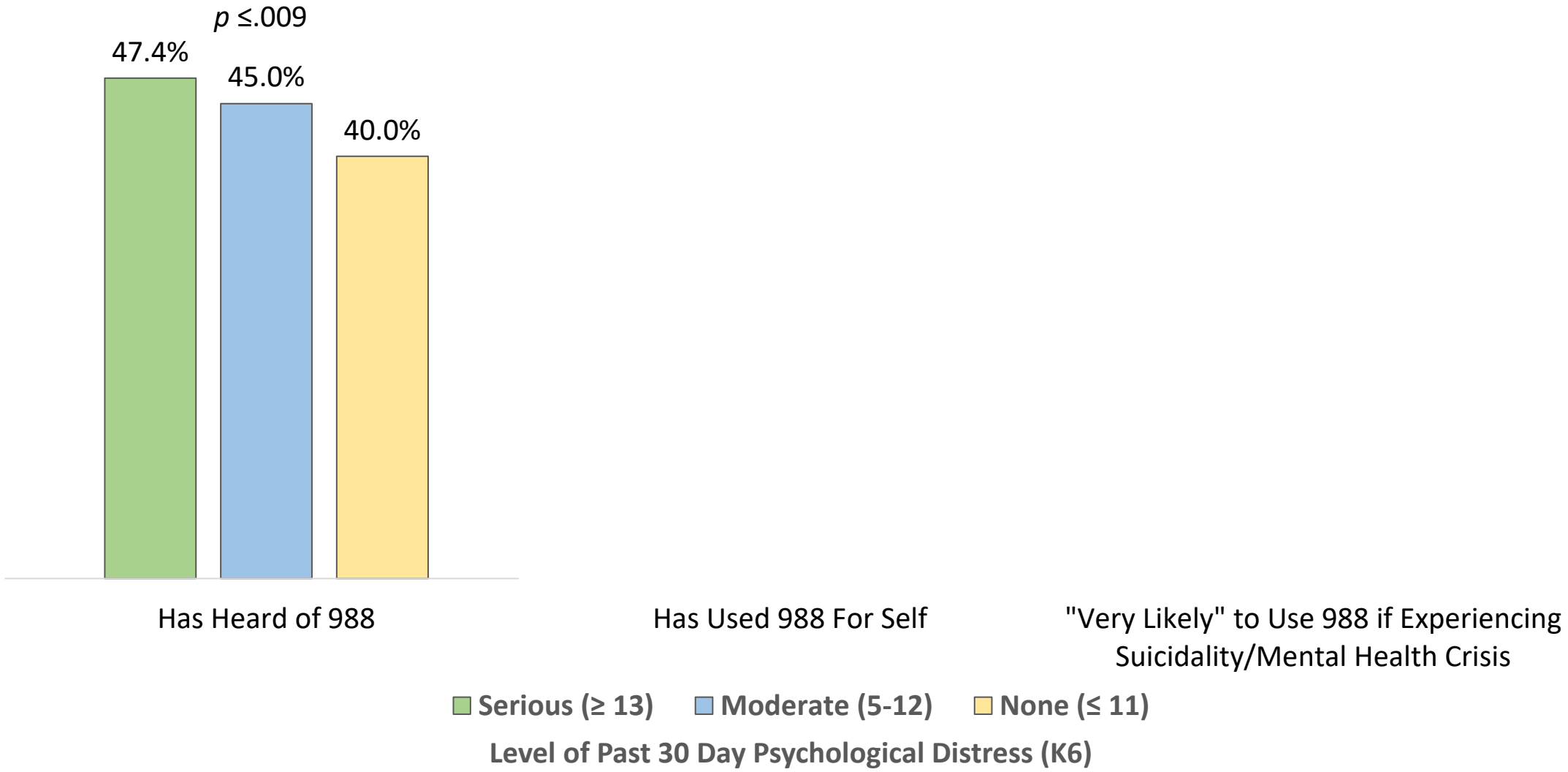
Purtle, J., Ortego, J.C., Bandara, S., Goldstein, A., Pantalone, J., Goldman, M. Implementation of the 988 Suicide & Crisis Lifeline: Estimating State-Level Increases in Call Demand Costs and Financing. *Journal of Mental Health Policy and Economics.* 2023, 26, 85-95.

Nationally Representative Ipsos Survey of U.S. Adults, English and Spanish, June 2023, N= 4,942



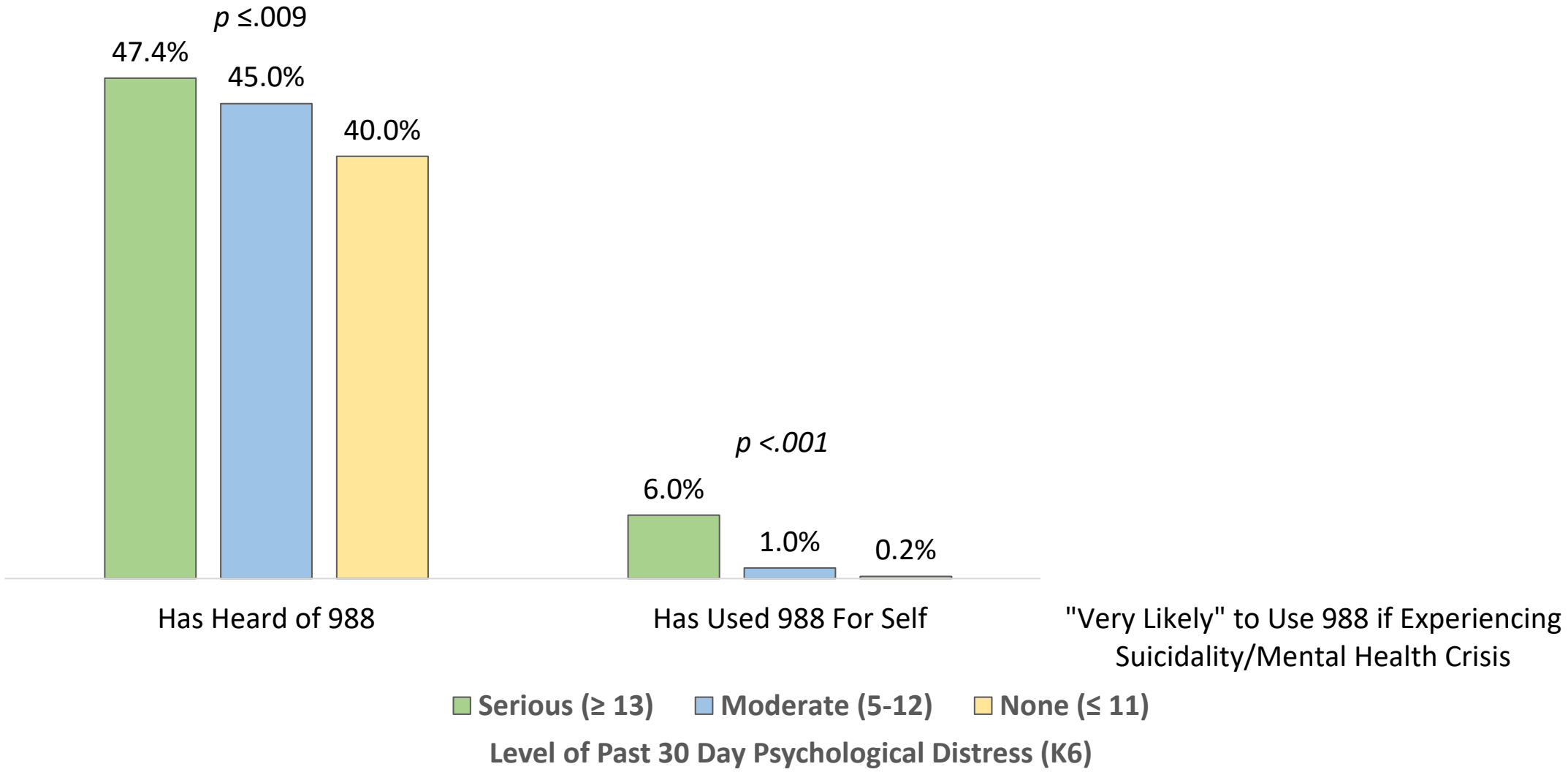
Purtle J, McSorley AM, Adera AL, Lindsey MA. Use, Potential Use, and Awareness of the 988 Suicide and Crisis Lifeline by Level of Psychological Distress. *JAMA Network Open*. 2023 Oct 2;6(10):e2341383.

Nationally Representative Ipsos Survey of U.S. Adults, English and Spanish, June 2023, N= 4,942



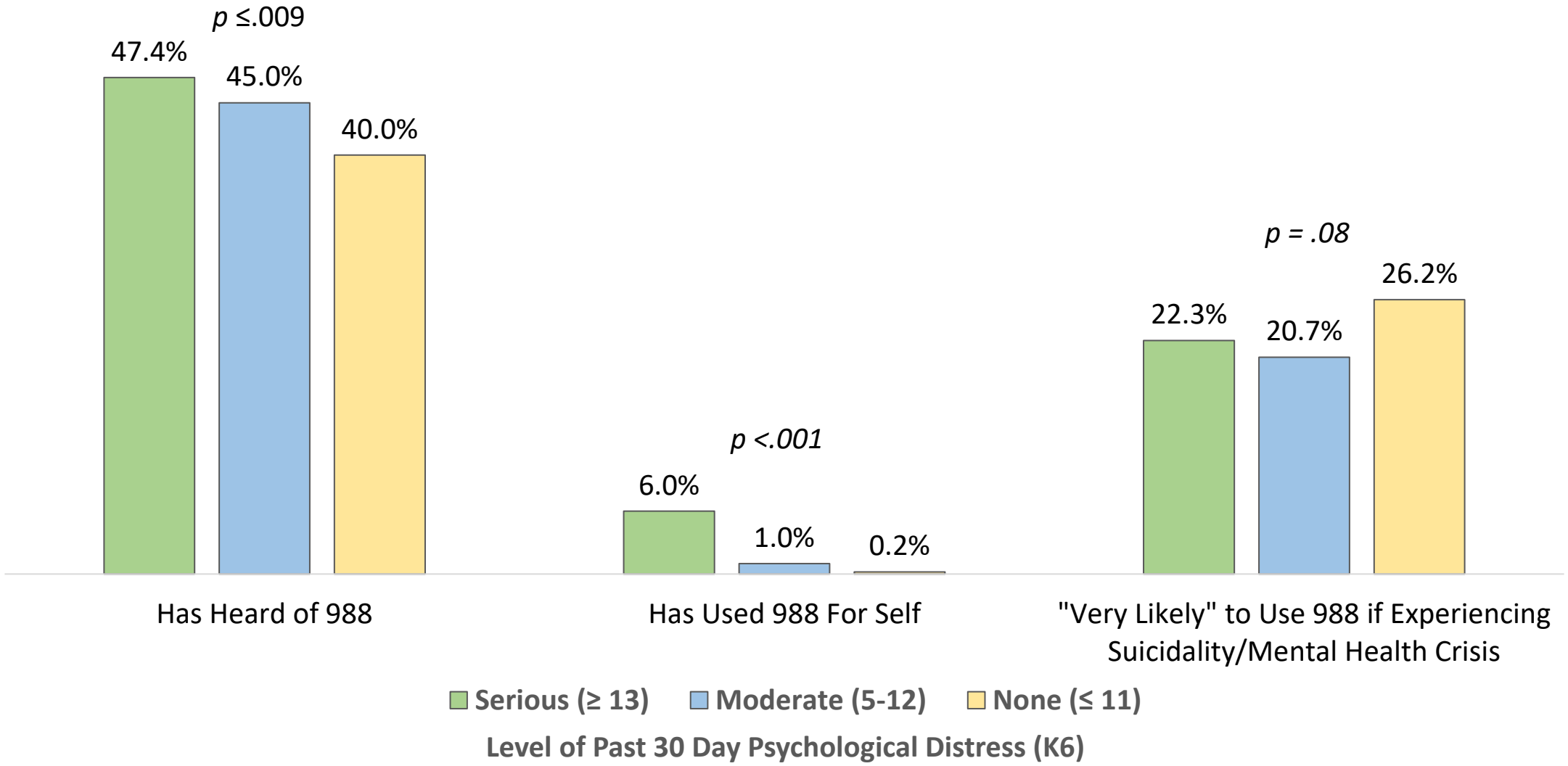
Purtle J, McSorley AM, Adera AL, Lindsey MA. Use, Potential Use, and Awareness of the 988 Suicide and Crisis Lifeline by Level of Psychological Distress. *JAMA Network Open*. 2023 Oct 2;6(10):e2341383.

Nationally Representative Ipsos Survey of U.S. Adults, English and Spanish, June 2023, N= 4,942



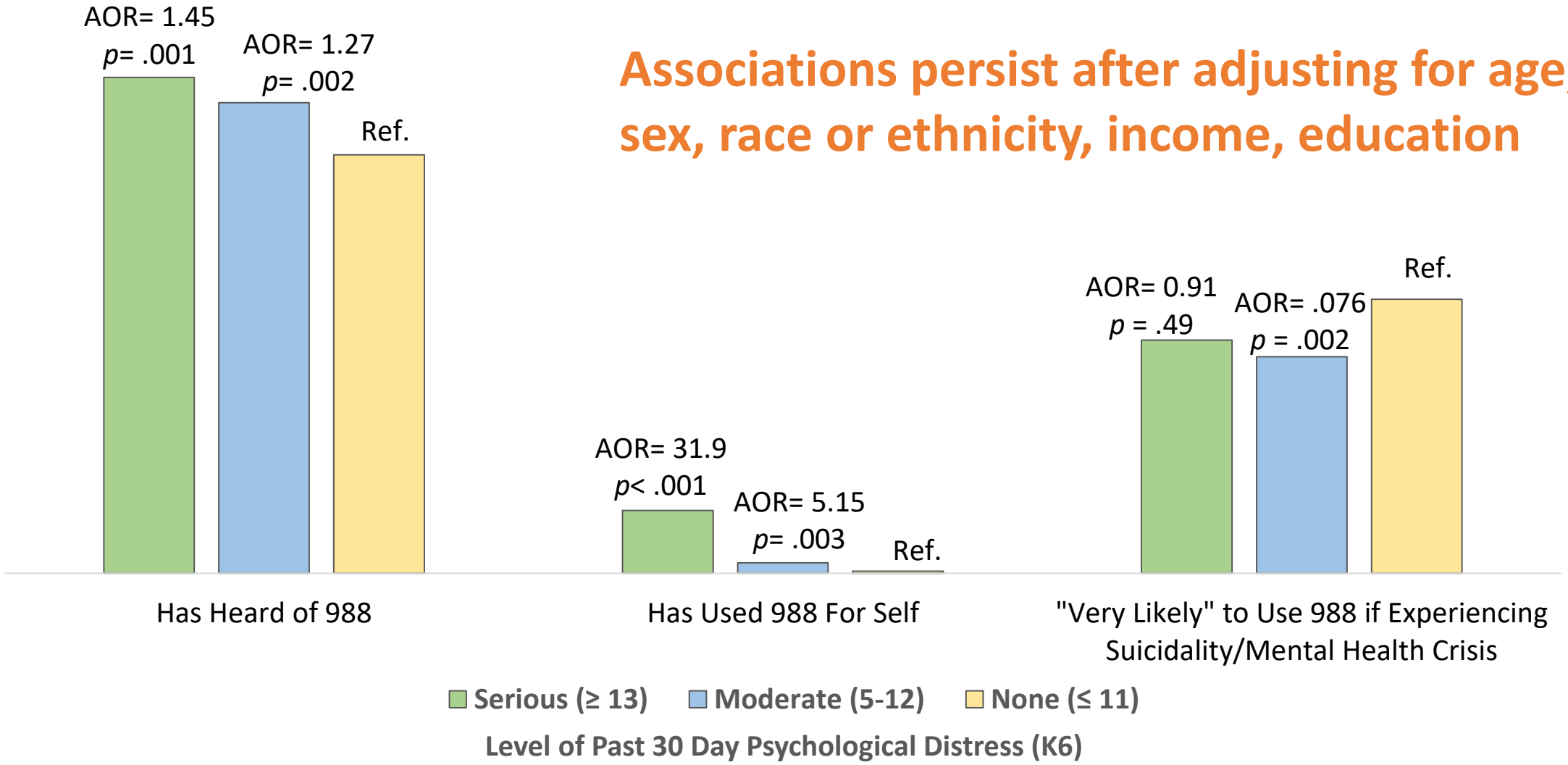
Purtle J, McSorley AM, Adera AL, Lindsey MA. Use, Potential Use, and Awareness of the 988 Suicide and Crisis Lifeline by Level of Psychological Distress. *JAMA Network Open*. 2023 Oct 2;6(10):e2341383.

Nationally Representative Ipsos Survey of U.S. Adults, English and Spanish, June 2023, N= 4,942



Purtle J, McSorley AM, Adera AL, Lindsey MA. Use, Potential Use, and Awareness of the 988 Suicide and Crisis Lifeline by Level of Psychological Distress. *JAMA Network Open*. 2023 Oct 2;6(10):e2341383.

Nationally Representative Ipsos Survey of U.S. Adults, English and Spanish, June 2023, N= 4,942



Associations persist after adjusting for age, sex, race or ethnicity, income, education

Purtle J, McSorley AM, Adera AL, Lindsey MA. Use, Potential Use, and Awareness of the 988 Suicide and Crisis Lifeline by Level of Psychological Distress. *JAMA Network Open*. 2023 Oct 2;6(10):e2341383.

Thank You!

- Jonathan.Purtle@NYU.edu

Defining Population-Based Approaches to Mental Health

- Defining Interventions and Activities:
  - Population-based interventions are nonclinical, exclude direct services
  - Health care system-level interventions that address mental health, however, are considered population-based because the intervention is at the system-level
  - Social, economic, and environmental policies are considered population-based
- Defining Outcomes and Determinants:

- Defining Populations:
  - Group of individuals, in contrast to the individuals themselves, organized into many different units of analysis
  - Examples of "groups:" Geopolitical (counties, states, counties), sociodemographic characteristics (e.g., ethnic or sexual minorities)