Turning Tide: The Future of Mental Health Care in America

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Sita Diehl
Director of State Policy and Advocacy
National Alliance on Mental Illness (NAMI)
Overview

- Mental health system background
- Turning Point: ACA and Parity
- Medicaid and mental health
- Private coverage and mental health parity
- Challenges, strategies & legislation
- Our ask
The nation’s largest grassroots mental health organization: individuals, families, supporters

- 50 states & DC
- 1,000 affiliates
- 100,000 + members

**Building better lives** for Americans affected by mental illness through support, education and advocacy
The nation’s mental health system is in *shambles*

“In NAMI’s view, we must modernize and transform our broken mental health system.

We need solutions that build strong community treatment networks, support individuals who are trying to change their lives, more effectively integrate care and preserve public health and safety.”

- Ron Honberg
The Commission finds that recovery from mental illness is now a real possibility. The promise of the New Freedom Initiative—a life in the community for everyone—can be realized. Yet, today’s mental health care system is a patchwork relic—the result of disjointed reforms and policies. Instead of ready access to quality care, the system presents barriers that all too often add to the burden of mental illnesses for individuals, their families and our communities.” - Michael Hogan, Commission Chairman

Goal 1: Americans Understand Mental Health Essential to Overall Health

Goal 2: Mental Health Care Consumer/Family Driven

Goal 3: Disparities in Mental Health Services Eliminated

Goal 4: Early Mental Health Screening

Goal 5: Excellent Mental Health Care Delivered and Research Accelerated

Goal 6: Technology Used to Access Mental Health Care
$4.35 Billion CUT
from state-funded Mental Health Services
2009 - 2012

- Medicaid strained
- Increased unemployment
- Increased demand for services
- Psychiatric hospital bed reductions & closures
Breaking Point...
“The Affordable Care Act will provide one of the largest expansions of mental health and substance use disorder coverage in a generation.”

• Beronio, et al, ASPE, 2013

“Expanding Medicaid will fill critical gaps in access to health and mental health care, reduce uncompensated crisis care and pave the way to recovery and economic self-sufficiency for millions of Americans.”

• Ron Honberg et al, NAMI, 2013
Medicaid and Mental Health

- Primary financing & delivery program for mental health
- Emphasis on early identification
- Evidence-based community treatment
- Recovery support services

Source: Garfield (2011) Mental Health Financing in the US: A Primer
Kaiser Commission on Medicaid and the Uninsured
Mental Health Parity & the ACA

- Mental health and substance use care: Essential Health Benefit (EHB) under the ACA
- Plans subject to EHB must comply with the Mental Health Parity and Addiction Equity Act (MHPAEA)
- Final MHPAEA rule for private health insurance released Nov, 2013. **Applies as of 7/1/2014**

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Improves lives, saves costs

- Half of all mental illness begins by age 14, three quarters by 24*
- Average of 8-10 year delay to diagnosis, lost opportunity
- 1 in 4 parents - difficulty obtaining mental health services for child
- Early identification/intervention improves outcomes, saves costs

Mental Health Screening

- Early and Periodic Screening, Diagnosis and Treatment
  - Medicaid requirement
- American Academy of Pediatricians mental health screening with EVERY well-child exam

* AAP Mental Health Toolkit: [www.aap.org/mentalhealth](http://www.aap.org/mentalhealth)
Early Identification/Intervention Initiatives & Legislation

- **NC**: Assuring Better Child Health and Developmental Program (ABCD)
- **SC**: Quality though Technology and Innovation in Pediatrics (Q-TIP)
- **SC H3567**: Extends age of children’s services from 18 to 21
- **VA: HB2322**: Community college mental health screening (2013)
- **VA: HB206**: 4-year colleges required to feature student mental health resources on website
- **VA: SB239**: College violence prevention: procedures to identify and report threatening or aberrant behavior. Includes notification of family.
- **NE: LB 556**: Behavioral health screening and referral required for child and youth physicals (2013)
ACA Medicaid Opportunities

- MI/SUD: 40 percent of Medicaid expansion population
- 13.4M newly eligible people with MI/SUD Medicaid + Marketplace
- The ACA coverage mandate motivates people who are eligible but not enrolled (EBNE)

Innovations promote better care & reduce costs

- Medical Home and Behavioral Health Home:
  - Best practice models: MO, TN
- Medicaid Emergency Psychiatric Demonstration
  - (SLC states: AL, MD, MO, NC, WV)
- Home and Community Based Care, 1915i option
  - (SLC states: TX, LA,
Challenges and Strategies

• **Outreach and enrollment**
  - MI/SUD most likely to be eligible, but not enrolled

• **Mental health workforce shortage, strategies:**
  - Integrated care
    • Use of allied professions
    • Expert consultation
    • Cross training
    • Loan repayment programs
  - Peer support
  - Telehealth

• **Narrow networks**

• **OOP cost containment**
People with mental illness die younger

Integrated care incorporates mental health care into primary care settings and primary care into mental health care settings to improve quality of care.

Early MH treatment in primary care to prevent decline.

SMI routine medical care in CMHC to manage chronic co-morbid conditions.

Components:

- Universal screening
- Navigators
- Co-location
- Health homes
- System-level integration

“Integrated care allows patients to feel that, for almost any problem, they have come to the right place.”

– Alexander Blount, Center for Integrated Primary Care
Integrated Care Challenges

• How to pay for collaborative and coordinated care?
  – Primary care providers can call into a referral line to consult with a child psychiatrist.
  – Promote cross training and triage.
  – Consultation time not typically paid by health insurers.

• Solution: Bundled payment?
  – Pay for episode of care rather than distinct services
    • Patient Centered Medical Homes
    • Accountable Care Organizations
    • Other Medicaid payment reforms
  – Pay for value: evidence-based practice
    • Will payment reform drive professional education/training?
Legislation: Integrated Care & Evidence Based Practice

Integrated Care
KY HB 527
MS SB2829
Community mental health centers authorized to provide primary care
LA HB 281 (2013)
Authorizes Behavioral health and primary care delivery under one license.

Suicide Intervention
KY SB72
Requires training for a range of service providers on suicide assessment, treatment and management

Outcomes: Is it working?
TX SB 126 (2013)
Mental Health System Monitoring and Improvement: Cross system data collection including health, mental health, education, criminal justice.

Protect Access to Medication
NC402 prior authorization limits access to psychiatric medications
AR 1185 therapeutic substitution allows substitution by pharmacist (2013)
Evidence-based, Medicaid reimbursable

Qualified peer support providers:
1. Assist with daily management
2. Social/emotional support
3. Linkage to services
4. Long term support

Appropriate use of peer support specialists can enhance mental health workforce capacity
1. Hospital/crisis/respite
2. ACT/IDDT
3. Supported employment/housing
4. Support groups, peer centers
5. Integrated Behavioral/Primary care

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• Rapidly emerging strategy to stretch capacity
  Range of technologies
    Telephone, email, visual, texting
• Commercial insurance is innovating
• Permitted in most state Medicaid programs
  Payment reform will help: ACO, bundled payment, health home
• Policy barriers:
  - Place-based billing practices
  - Limit on number of services per day
  - State based licensure
  - 44 state bills in 2014
• Consumer concerns:
  - Augment, not replace face to face
  - Privacy issues

Telehealth
TN SB 2050/HB1895
Requires coverage of telehealth. Clinician must provide visual contact, not just telephone, fax or email.
Hospital
VA HB 1232
Establishes online registry of public and private psychiatric beds in hospitals and crisis stabilization units

Civil Commitment
VA HB743/SB 576
Extends Emergency Commitment Order to 12 hrs. and Temporary Detention Order to 72 hours

Transportation to Involuntary Inpatient Care
TN SB 117 (2013)
Allows family and friends to transport when approved by provider conducting assessment for invol. care.

Family Involvement
SC SB 117 (2013)
Requires provider to offer patient opportunity to involve family. Aligns with recent HHS OCR guidance on HIPAA – permissive, not exclusionary standard
Crisis Services

- 24/7 statewide crisis line
- Mobile crisis response
- CIT law enforcement
- Walk-in, respite services
- Crisis stabilization units
  - 24/7, short term, voluntary
  - Evidence-based intervention, triage, stabilization
  - <16 bed, Medicaid reimbursable
- Social detox centers
  = Reduced state psychiatric inpatient utilization

TX Crisis Redesign (2009)
- $82M invested
- Community Investment Incentive: 25% local match
- 175% rate of return *
- Aggregated economic activity increased by $33.80 per direct dollar invested *

VA HB1222 (2014)
- Mental health training
  - First responders
  - Law enforcement
  - Hospital emergency staff
ACA Marketplace & Employment

- **Essential Health Benefits**
  - Overlay with Mental Health Parity

- **Adult dependent coverage to age 26**
  - Critical years for adult-onset MI

- **Guaranteed issue**

- **No exclusions or rescissions**

- Publicly funded bridge services needed to promote *employment* and economic self-sufficiency
  - Case management
  - Supported employment
  - Peer support

- **Consider NAMI model bills for 2015**
Our Ask…

• Strengthen financing and delivery mechanisms
  – Medicaid expansion, private option or premium assistance
• Hold insurers accountable for full compliance with parity
  – Ensure equitable benefits and UM procedures
  – Ensure network adequacy
  – Contain OOP costs
• Encourage development of workforce capacity strategies
  – Integrated care,
  – Telehealth
  – Peer support
• Protect access to medication
• Create a bridge to self-sufficiency
  – Supported employment
Will we turn the tide?
Please act now!
NAMI stands ready to help.

Thank you!

Sita Diehl, MA, MSSW
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National Alliance on Mental Illness, NAMI
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Mental Illness: The Numbers

- 79.3 M Americans with mental illness
- 63.5 M (26.2%) adults, 18 and older have a mental health condition
  - 13.8 M (5.7%) adults, serious mental illness
- 15.8 million (21.4%) children and youth under 18
- 11M uninsured with MI/SUD in 2013
- 600,000 newly enrolled with serious mental illness
  - 6 percent of marketplace enrollees
  - 7 percent of the Medicaid expansion population
    - Suzanne Fields, SAMHSA
- 40 percent Medicaid expansion population with a behavioral healthcare condition
  - Ron Manderscheid