PARTNERSHIP TO FIGHT CHRONIC DISEASE

PATIENT ADVOCACY LEADERS SUMMIT

# IMPROVING MENTAL HEALTH AND WELLBEING MAKES $EN$E FOR STATES

NAMI
National Alliance on Mental Illness

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

MHA
Mental Health America

*Thursday, October 5, 2017*
*WEBCAST*

# Andrew Sperling

**Director of**
**Federal Legislative Advocacy**

NAMI
National Alliance on Mental Illness

PARTNERSHIP TO FIGHT
CHRONIC DISEASE

# Rebecca Farley David

**Vice President of Policy & Advocacy**

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
*Healthy Minds. Strong Communities.*

PARTNERSHIP TO FIGHT CHRONIC DISEASE

# Debbie Plotnick

**Vice President for Mental Health and Systems Advocacy**

Mental Health America

PARTNERSHIP TO FIGHT CHRONIC DISEASE

# Today's Agenda

- What's the burden of mental illness and behavioral health issues?

- What's next on the federal policy front?

- What can we expect in the states?

- What's working now that can serve as models?

- What networks and resources are available to help advocates? (All)

PARTNERSHIP TO FIGHT CHRONIC DISEASE

# Who is PFCD

The Partnership to Fight Chronic Disease (PFCD) is a global coalition of patient, provider, community, business and labor groups, and health policy experts, committed to raising awareness of the **No. 1** cause of death, disability and rising health care costs: chronic disease.

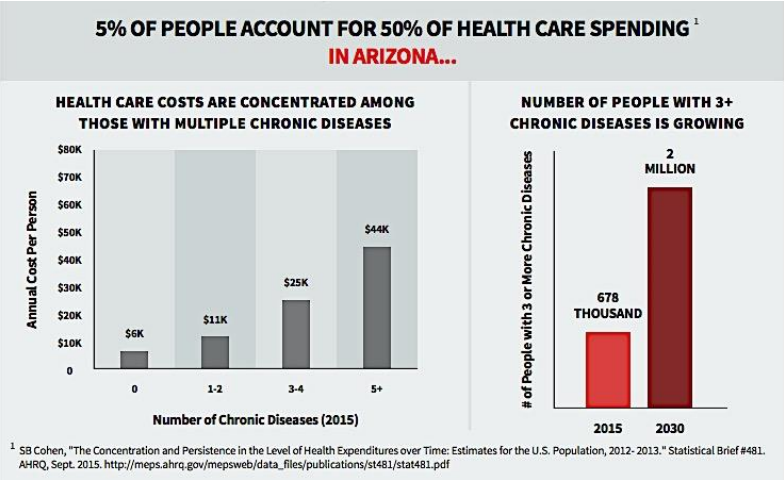
**POLICY PRIORITIES**

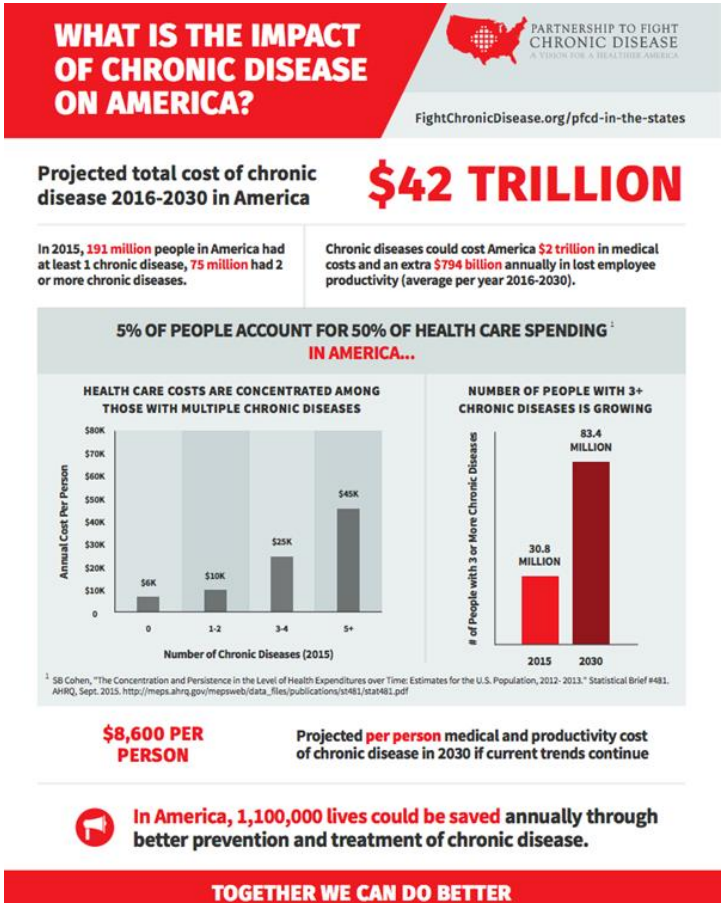
- ✓ **PRIORITIZE** prevention & management of chronic conditions
- ✓ **ENCOURAGE** innovation in treatment & delivery of care
- ✓ **IMPROVE** access to recommended care
- ✓ **PROMOTE** health across generations
- ✓ **TRANSLATE** knowledge into action

PARTNERSHIP TO FIGHT
CHRONIC DISEASE

# Chronic Disease Burden

## 1.1 MILLION American lives could be saved annually through better prevention and treatment of chronic disease




PARTNERSHIP TO FIGHT CHRONIC DISEASE

www.fightchronicdisease.org/pfcd-in-the-states

# Mental Health in America

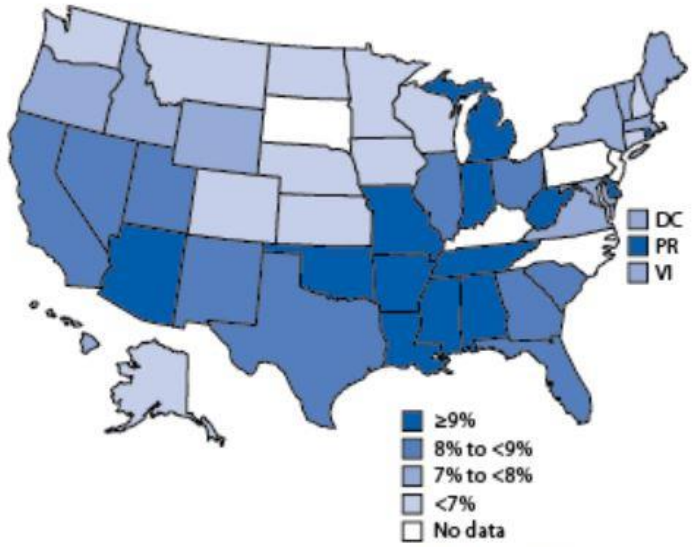



**FIGURE 1.** Prevalence of current depression among adults aged ≥18 years, by state quartile — Behavioral Risk Factor Surveillance System, United States, 2006

"We know that mental illness is an important public health problem in itself and is also associated with chronic medical diseases such as cardiovascular disease, diabetes, obesity, and cancer… we need to expand surveillance activities that monitor levels of mental illness in the United States in order to strengthen our prevention efforts."

*—Ileana Arias, Ph.D., Principle Deputy Director, Centers for Disease Control and Prevention (CDC)*

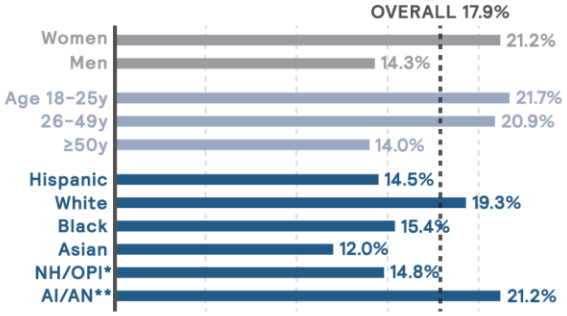
PARTNERSHIP TO FIGHT CHRONIC DISEASE

https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html

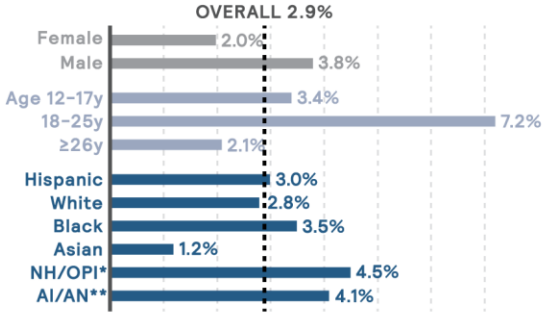
# Mental Health in America

## Costs and Outcomes of Mental Health and Substance Use Disorders in the US

### Nearly 18% of Adults in the United States Reported Having a Mental, Behavioral, or Emotional Disorder in 2015



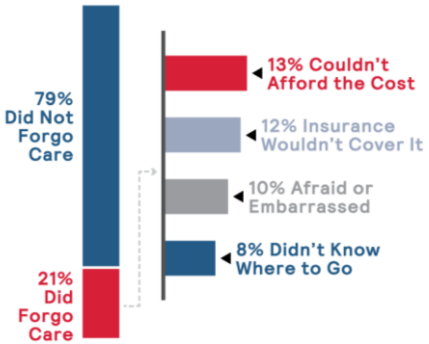

### Nearly 3% of People 12 Years or Older Reported Illicit Drug Addiction or Misuse in 2015




* NH/OPI = Native Hawaiian/Other Pacific Islander ** AI/AN = American Indian/Alaska Native

Note: Includes marijuana use

### 1 in 5 Reported That They or a Family Member Had to Forgo Needed Mental Health Services in 2016




### Mental Health and Substance Use Disorders Were the Leading Cause of Disease Burden in the US in 2015

*Disability adjusted life years (DALYs) rate per 100,000 population*

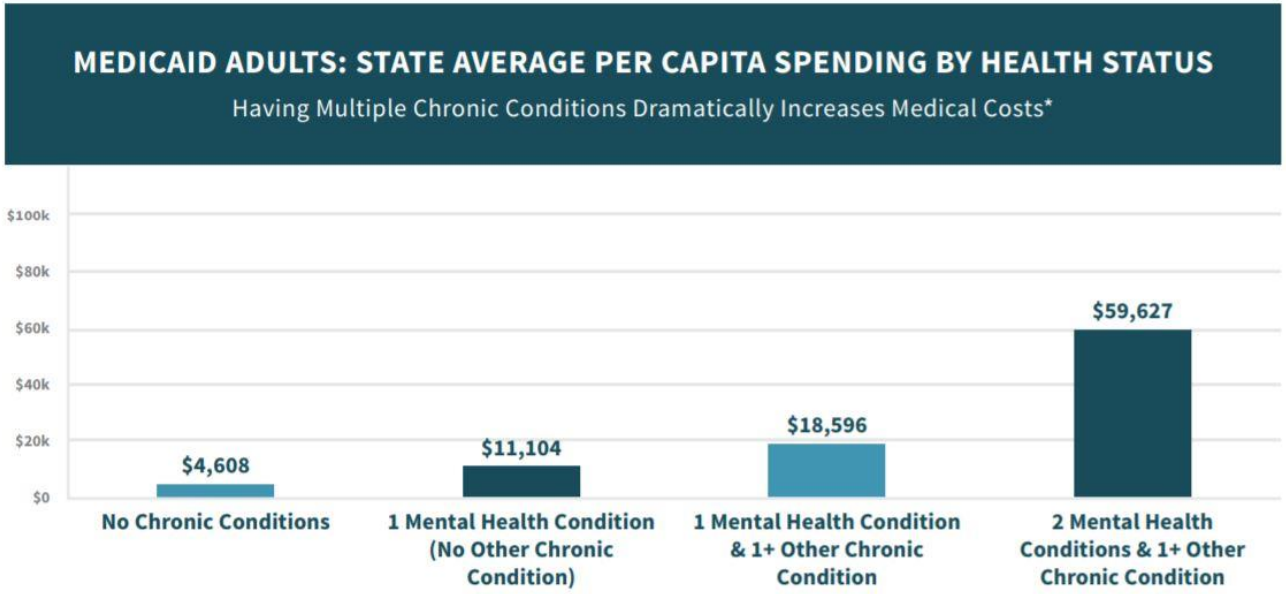

PARTNERSHIP TO FIGHT CHRONIC DISEASE

**Source:** Kaiser Family Foundation analysis. Original data and detailed source information are available at kff.org/JAMA_8-01-2017.
**Please cite as:** *JAMA*. 2017;318(5):415. 10.1001/jama.2017.8558

# Costs & Consequences


**TOTAL COST =**
**$3.4T IN MEDICAL +**
**$140.8B IN SOCIETAL COSTS**

**Societal Costs: Lost productivity (state employees), additional jail time (inmates), & nursing home stays (Medicaid).**




**Mental health conditions could cost up to**

**$3.5 trillion**

**by 2030**

# Potential Savings = LIVES + $

**Potential savings in medical and societal costs could amount to $22.8 billion per year, or $342 billion by 2030.**

PRISON SAVINGS

**SAVING $397.7 MILLION**

per year in extended jail time.
That's the same as

**10,363 FEWER YEARS OF PRISON**

PRODUCTIVITY COSTS

**REDUCING THE $3.6 BILLION**

a year in lost productivity among state employees with at least one mental health condition

# Poor Health and Economic Mobility

Health Affairs Blog

HOME TOPICS JOURNAL BRIEFS EVENTS PODCASTS ARCHIVE

HEALTH EQUITY

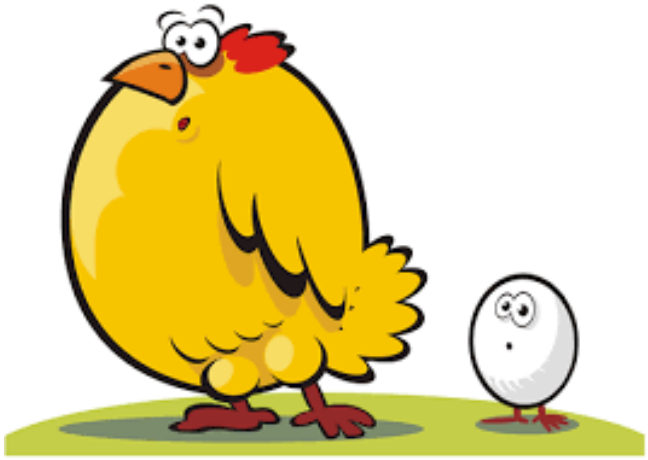
ASSOCIATED TOPICS: POPULATION HEALTH

## The United States Can Reduce Socioeconomic Disparities By Focusing On Chronic Diseases

Kenneth Thorpe, Kathy Ko Chin, Yanira Cruz, Marjorie A. Innocent, and Lillian Singh

August 17, 2017

- **Mental health is determined by a range of socioeconomic, biological and environmental factors.**
- **Onset of chronic illness reduces income by 18%.**
- **Lower income populations disproportionately affected.**



PARTNERSHIP TO FIGHT CHRONIC DISEASE

# Federal Policy Landscape

Andrew Sperling
Director of Legislative Advocacy
National Alliance on Mental Illness
asperling@nami.org

# Trump Administration Initiatives

- Appointment of Elinor McCance-Katz, MD as HHS Assistant Secretary for Mental Health & Substance Abuse
- Convening of the Interdepartmental Serious Mental Illness Coordinating Committee (HHS, HUD, DoL, VA, SSA) – August 31 meeting, NAMI CEO Mary Giliberti is on the outside stakeholder panel
- July 27 public meeting on parity implementation and enforcement and additional parity guidance
- CMS Center for Medicare and Medicaid Innovation (CMMI) RFI on priority setting – deadline November 20

National Alliance on Mental Illness

# ACA Repeal & Replace
# Graham-Cassidy-Heller-Johnson

- Repeal individual and employer mandates
- Combine advanced premium tax credits and cost sharing reduction subsidies into a state block grant
- Create state flexibility to waive major ACA requirements including Essential Health Benefits (EHBs), restrictions on premium ratings based on health status, age, gender, etc.
- Convert the Medicaid program into a “per capita” cap
- Major impact on behavioral health
- Future Senate vote?

National Alliance on Mental Illness

# Busy Fall in Congress

Must pass legislation includes:

- Childrens' Health (CHIP) Reauthorization
- Medicare Extenders Package
  - Medicare Advantage (MA) Special Needs Plans (SNPs)
- FY 2018 spending bills (current funding resolution runs through December 8)
  - $2 billion increase for the NIH at stake
- Debt Limit Extension

National Alliance on Mental Illness

# Concerns & Priorities for Mental Health Advocates

- Changes to Medicare Part D Low Income Subsidy (LIS) cost sharing as a "pay for" for either CHIP or Medicare Extenders
- Permanent reauthorization for MA Special Needs Plans (SNPs), including:
  - Dual Eligible D-SNPs
  - Chronic Disease C-SNPs
  - Institutional I-SNPs
- Securing a bipartisan budget agreement that:
  - Lifts the current BCA caps on discretionary spending,
  - Avoids sequestration, and
  - Ensures equity for Non-Defense Discretionary (NDD) spending.

National Alliance on Mental Illness

# Concerns & Priorities for Mental Health Advocates

- Passing HR 3168 for permanent reauthorization for MA Special Needs Plans (SNPs), including:
  - Dual Eligible D-SNPs
  - Chronic Disease C-SNPs
  - Institutional I-SNPs
- House consideration of the Senate passed CHRONIC Act, S 870 (Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care)
  - Permanent reauthorization of all 3 SNPs,
  - Expands CMMI Value-Based Insurance Design
  - Expands supplemental benefits in MA plans, including enhanced disease management,
  - Loosens restrictions on telehealth
  - Eliminates barriers to care coordination for ACOs

National Alliance on Mental Illness

# Concerns & Priorities for Mental Health Advocates

- Opposing changes to Medicare Part D Low Income Subsidy (LIS) cost sharing as a “pay for” for either CHIP or Medicare Extenders
- Securing a bipartisan budget agreement that:
  - Lifts the current BCA caps on discretionary spending,
  - Avoids sequestration, and
  - Ensures equity for Non-Defense Discretionary (NDD) spending.

National Alliance on Mental Illness

# Other Legislative Priorities

- Behavioral Health Information Technology Act (S 1732 & HR 3331) – Senators Whitehouse & Portman and Representatives Jenkins & Matsui, encourages CMMI to undertake a behavioral health information technology demonstration
- Addressing 42 CFR Part 2 as barrier to care coordination and integration - requirements should be aligned fully with the HIPAA and allow for use and disclosure of patient information for treatment, payment, and health care operations (TPO).
  - Overdose Prevention & Safety Act (HR 3545 – Representatives Tim Murphy & Blumenauer)
  - Protecting Jessica Grubb's Legacy Act (S 1850 – Senators Manchin & Capito)

National Alliance on Mental Illness


# Innovations in Mental Health Delivery: What's Working & How Can You Connect with Advocates in Your Community?

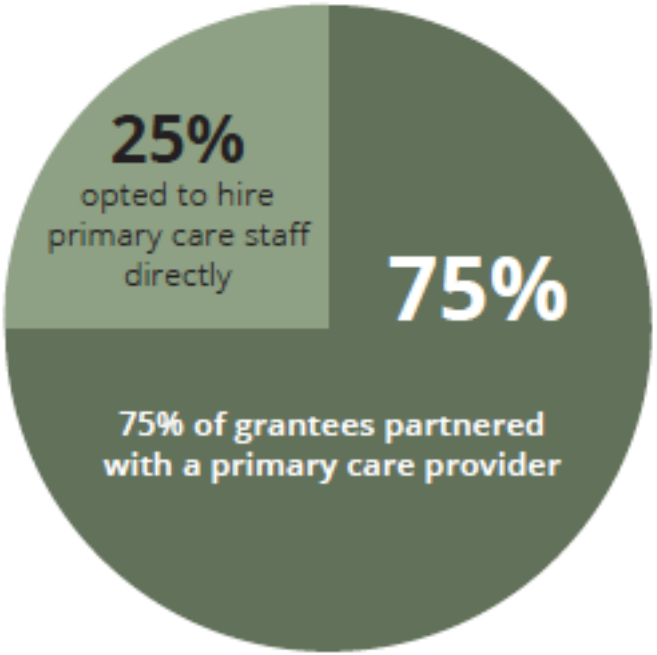
Rebecca Farley David

# Primary and Behavioral Health Care Integration (PBHCI)

- Funded by Congress since 2009 ($50 million in FY2017)
- History of strong bipartisan support
- Goals:
  - Advance the adoption of integrated care
  - **Lower participants' chronic disease risk indicators (hypertension, obesity, smoking, etc.)**
  - Support behavioral health organizations in addressing clients' physical health needs
  - Foster partnerships between primary and behavioral health care

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

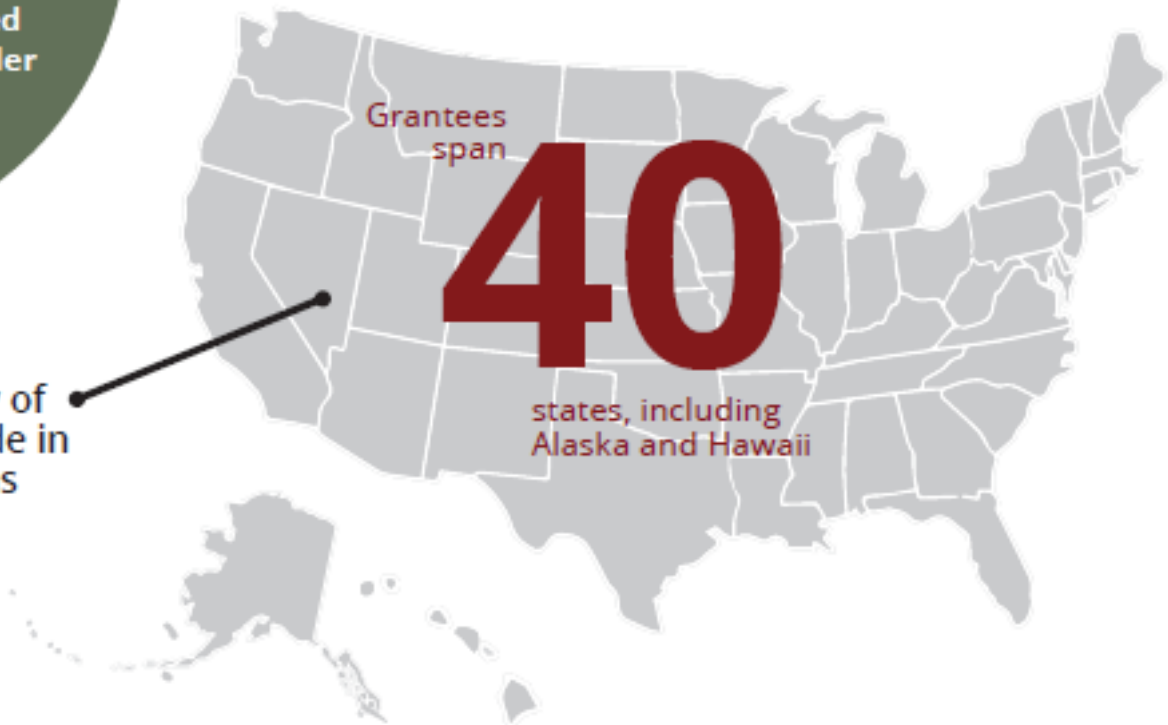
# Who PBHCI Grantees Are




**8**
cohorts of grantees funded by SAMHSA since 2009

**213**
PBHCI projects

**87,000+**
patients enrolled




MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds, Strong Communities.

"An African American male patient came to the Center for Mental Health seeking mental health treatment. **As the new part of the intake process, each patient is referred to receive primary care services with a complete history and physical.** This client met with the nurse practitioner for his physical exam. During his physical exam, it was noted he was having cardiac issues, although he did not report feeling ill. **He was quickly referred to the Emergency Room where he was diagnosed with Acute Cardiac Syndrome** and was hospitalized. Patient is now receiving treatment and incredibly happy for the intervention."

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

# Cost savings: an example

- 170 clients enrolled in PBHCI
- After one year in the program, they:
  - Spent 86 fewer nights homeless
  - Had 50 fewer mental health hospitalizations
  - Spent 17 fewer nights in detox
  - Had 17 fewer ER visits

HERITAGE
Founded in 1956 Rooted in the community
BEHAVIORAL HEALTH CENTER, INC.

These outcomes resulted in **$213,000** saved per month, or **$2,500,000** saved in a year.

# Tele-behavioral Health

- More than a million telemedicine consultations are estimated to have occurred in the U.S. in 2016 for **tele-psychiatry alone**
- In 2016, the Department of Veterans Affairs announced the creation of  a network of Mental Health Telehealth Resource Centers to **provide behavioral health care** for veterans
- According to the National Business Group on Health (August 2017):
  - 56% of employers in 2018 plan to offer telehealth for behavioral health services as a covered benefit
  - 96% of employers will make telehealth services available in states where it is allowed next year

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

# Early Intervention
# One example: RAISE

- Demonstrated efficacy of Coordinated Specialty Care model (CSC)
  - Medical & non-medical interventions & supports, incl. work w/ family & supported education/employment
- Pockets of excellence in U.S.
- Dissemination challenges:
  - Coverage/payment
  - Transitions to regular care
  - Education/awareness among providers, families, at-risk youth, health care system at large

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

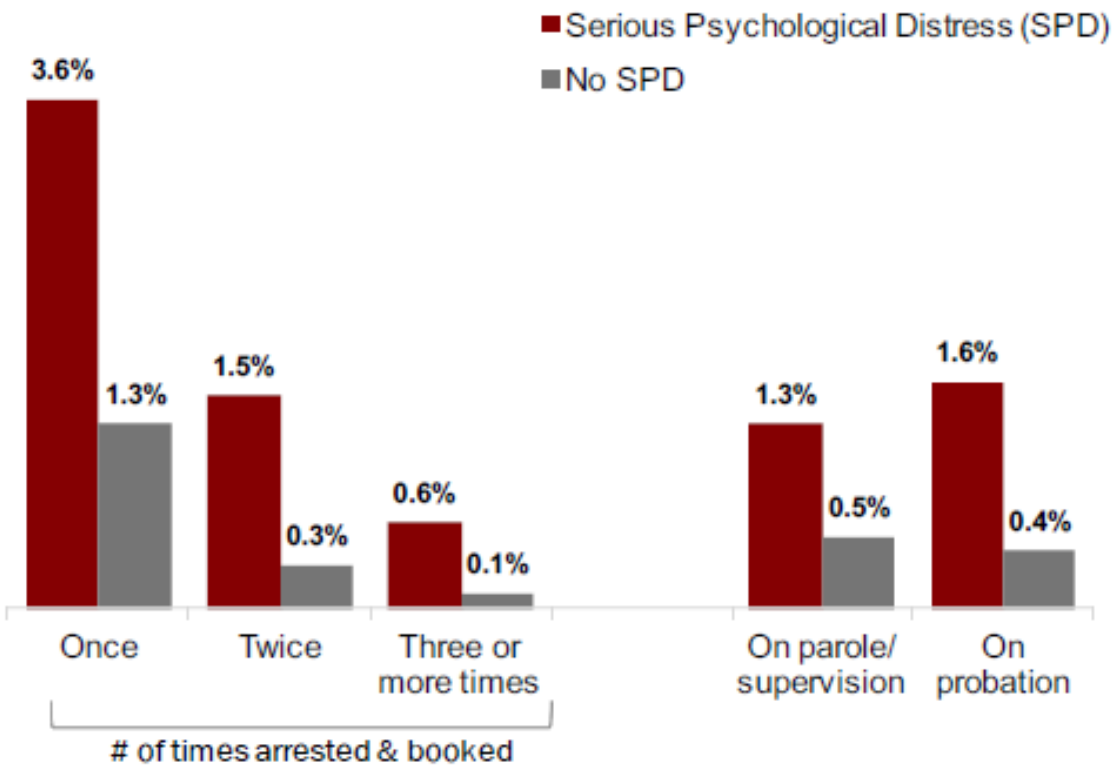
# Ideas from the field

- Assess scope of Medicaid benefit → SPA needed?
- Medicaid wraparound for CSC services not covered in commercial insurance? (Illinois)
- Insurance coverage mandate (similar to many states' mandates for autism, etc)?
- The ACT example: a dedicated funding stream through state budget for finite # of slots? (e.g. Connecticut, others)

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

# Contact with Criminal Justice System

## UNITED STATES 2015




*People who experienced Serious Psychological Distress (SPD) are more likely to have been arrested or be on parole or probation in the past year.*

*Source: National Survey of Drug Use and Health (NSDUH) 2015*
*Survey does not include current institutionalized population*

# Kansas City Assessment & Triage Center

After being picked up by law enforcement or referred by a local hospital, clients can stay at the center for up to 23 hours, providing enough time for KC-ATC employees to provide mental health and substance use treatment and develop post-treatment plans, like provider referrals, emergency housing preparation and prescriptions.

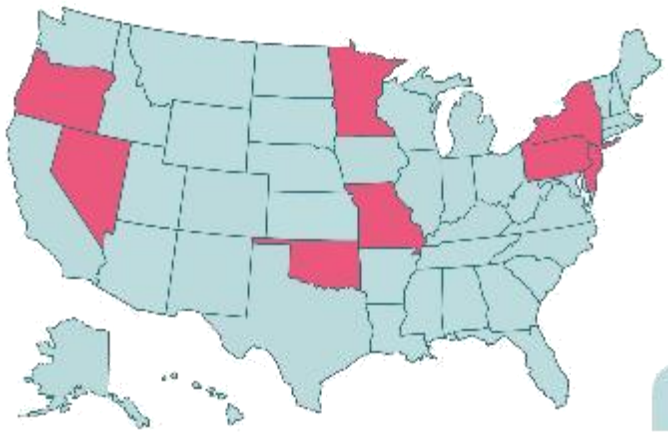
MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

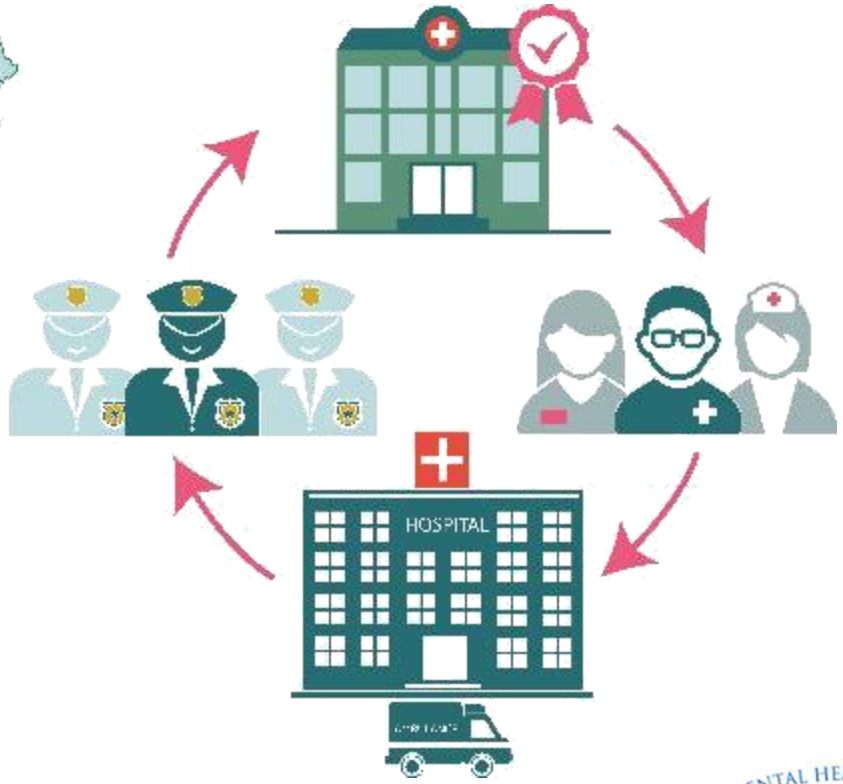
CCBHCs

# Certified Community Behavioral Health Clinics

**- Setting the standard of care for the behavioral health services industry -**

Missouri ✧ New Jersey ✧ New York ✧ Oregon ✧ Minnesota ✧ Oklahoma ✧ Nevada ✧ Pennsylvania






CCBHCs are required to coordinate with other sectors such as primary care, law enforcement, hospitals, and other health and social services.

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

# Connecting with us in your community

**National Council**

State Associations

Behavioral Health Centers

Board

Staff

Clients

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

# HILL DAY

OUR VOICES ARE LOUDER TOGETHER

October 2-3, 2017
Washington, D.C.

#HillDay17

# Connect with us!

www.thenationalcouncil.org

Rebecca Farley David
Vice President, Policy and Advocacy
National Council for Behavioral Health
RebeccaD@thenationalcouncil.org


MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

# What's happening in the states and what needs to happen

Debbie Plotnick

Mental Health America

B4Stage4

# MHPAEA was just the first step


Mental Health America

B4Stage4

# States are strengthening parity

## States are enacting their own laws

- States that have enacted legislation to strengthen and complement MHPAEA, include: IL, TN, TX, MT
- States with bills pending include: PA, IL (even stronger), CT, MN
- States with coalitions building include: OH, CO, GA, MO, IN
- Start or support a parity law in your state

# Medicaid and Behavioral Health


Medicaid is the single largest payer for mental health services in the United States and is increasingly playing a larger role in the reimbursement of substance use disorder services.

Medicaid.gov

## Evolving State Plans

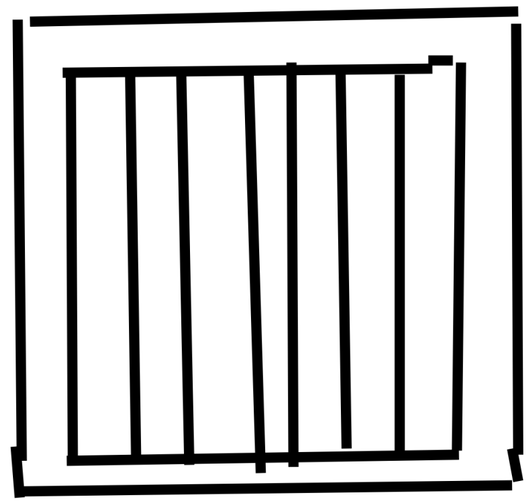
- Redesign that includes recovery supports, NY: peer specialists, innovative crisis services, peer-run respite, housing support
- More than 30 states paying for Peer Services
- Integration innovation, Vermont's Model of Care
- State waivers that have becoming models for other states, such as Indiana
- Waivers work requirements, multiple states including WI, AK, KY, ME, UT
- Waiver request for drug testing, Wisconsin
- Waiver formulary request change: Massachusetts

# We're Trapped in Stage 4 Thinking

**Mental Health Conditions…**

**… are the only chronic conditions…**

**… that as a matter of public policy…**

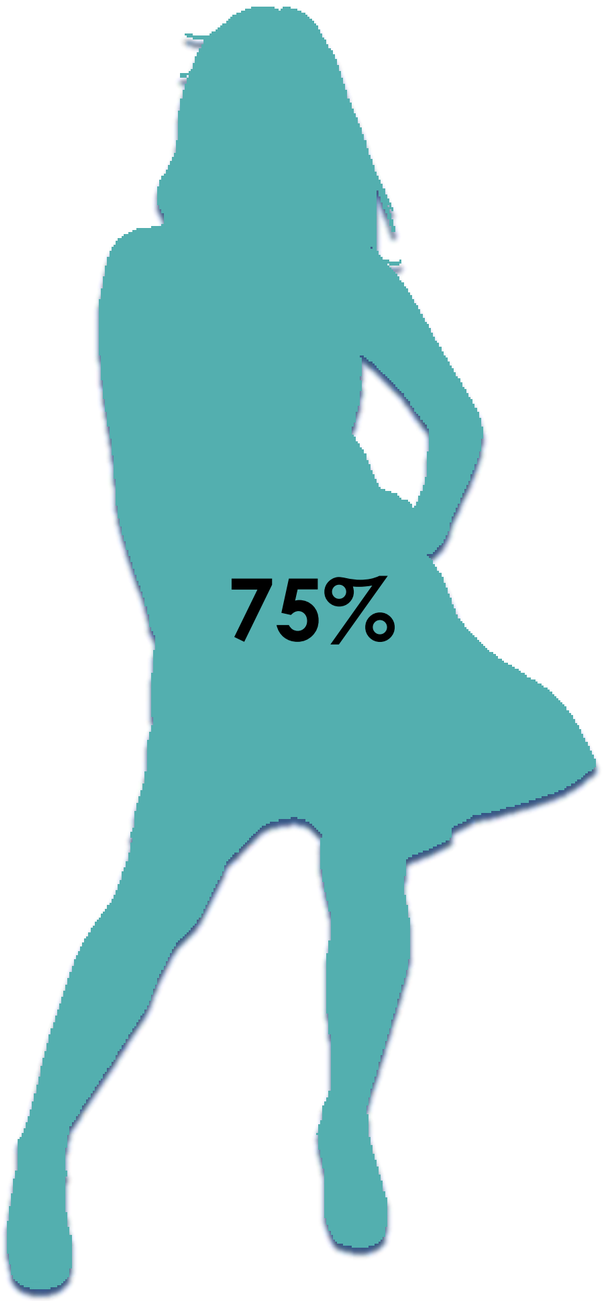


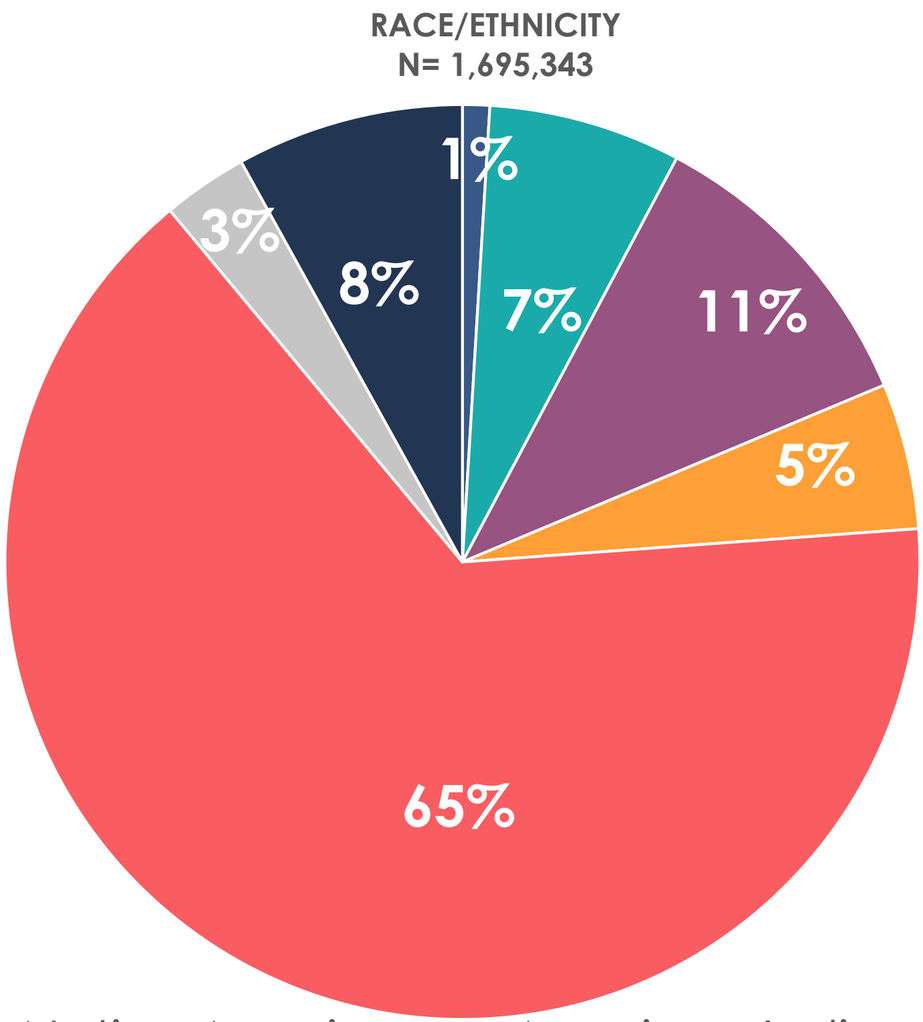
**… we wait until Stage 4 to treat, and then often only through incarceration.**

Mental Health America

B4Stage4

# www.mhascreening.org 2015-2017





MHA Mental Health America

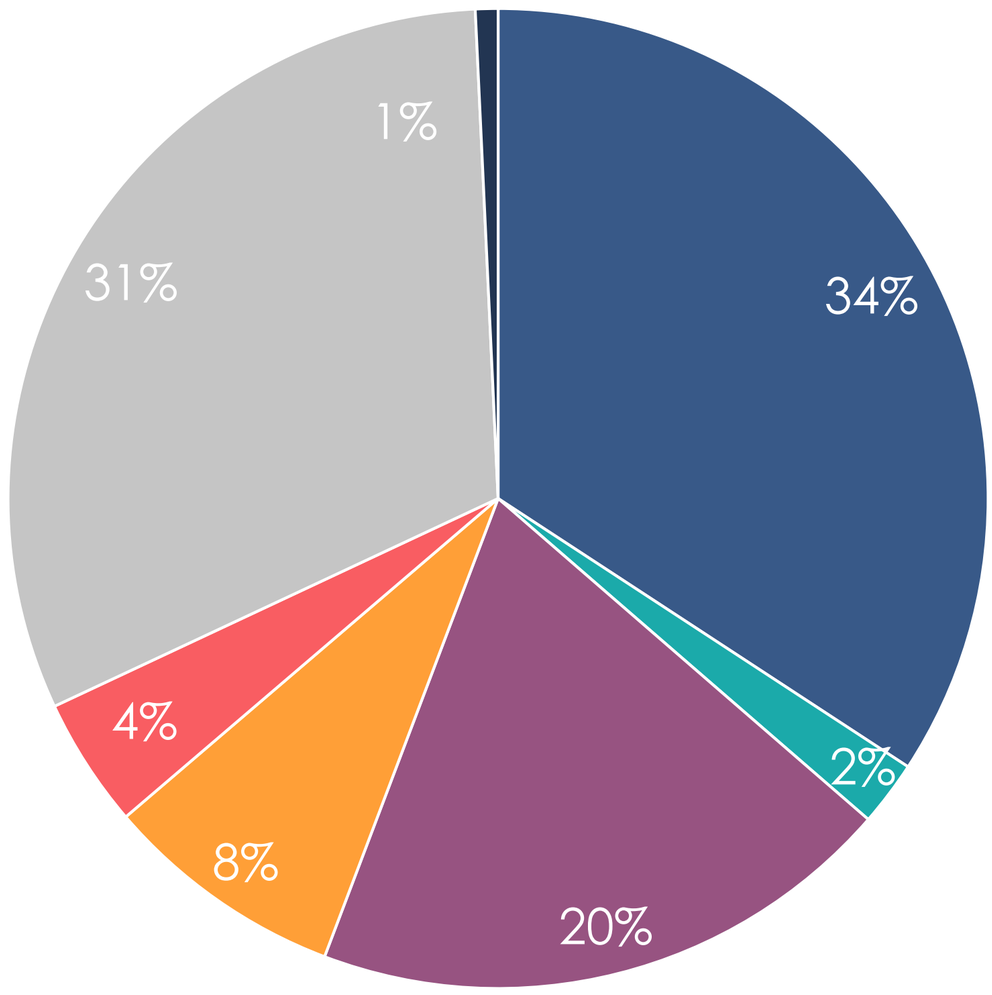
B4Stage4

# MHA Online Screening Tools

- Depression (PHQ-9)
- Anxiety (GAD-7)
- Bipolar (MDQ)
- PTSD (PC-PTSD)
- Youth Screen (PSC-YR)
- Parent Screen (PSC)
- Alcohol and Substance Use Screen (CAGE-AID)
- Psychosis Screen (Ultra-High Risk) (PQ-B)
- Work Health Survey
- Eating Disorder (SWED)

# MHA Screeners by Age 2015-2017

**N= 1,691,091**

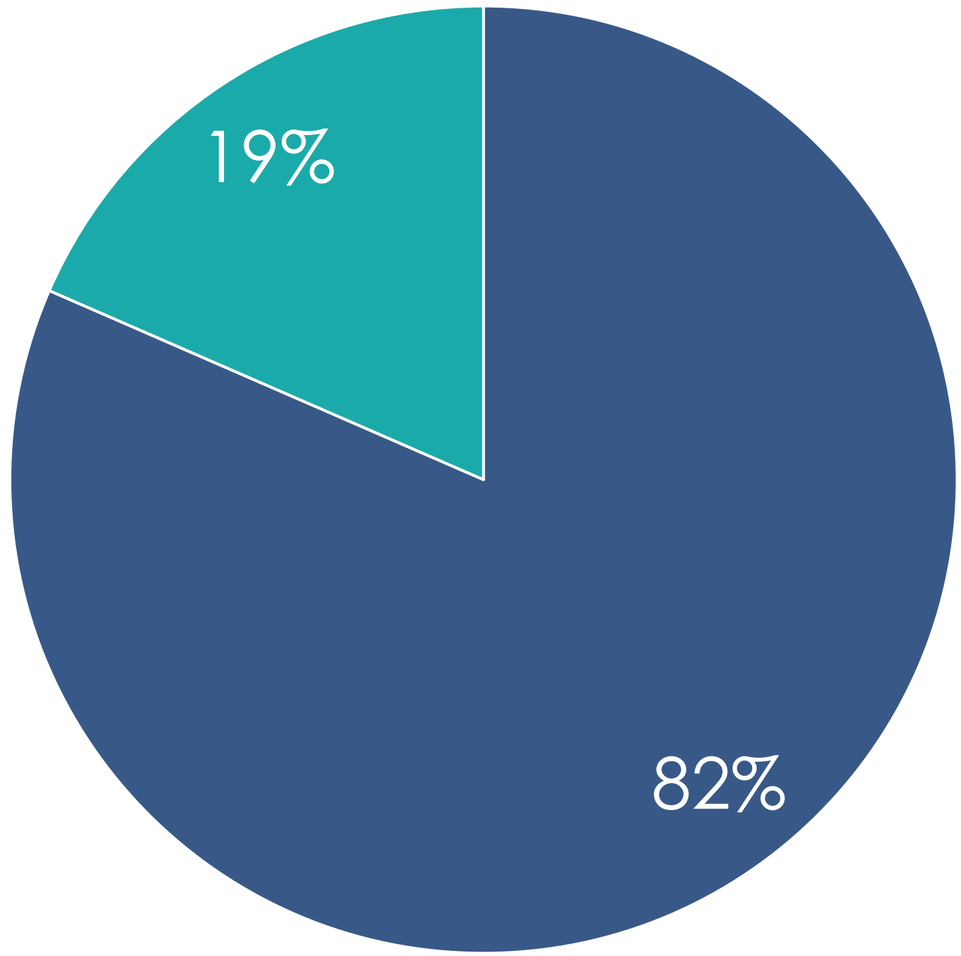



Mental Health America

B4Stage4

# MHA Screener Results 2015-2017

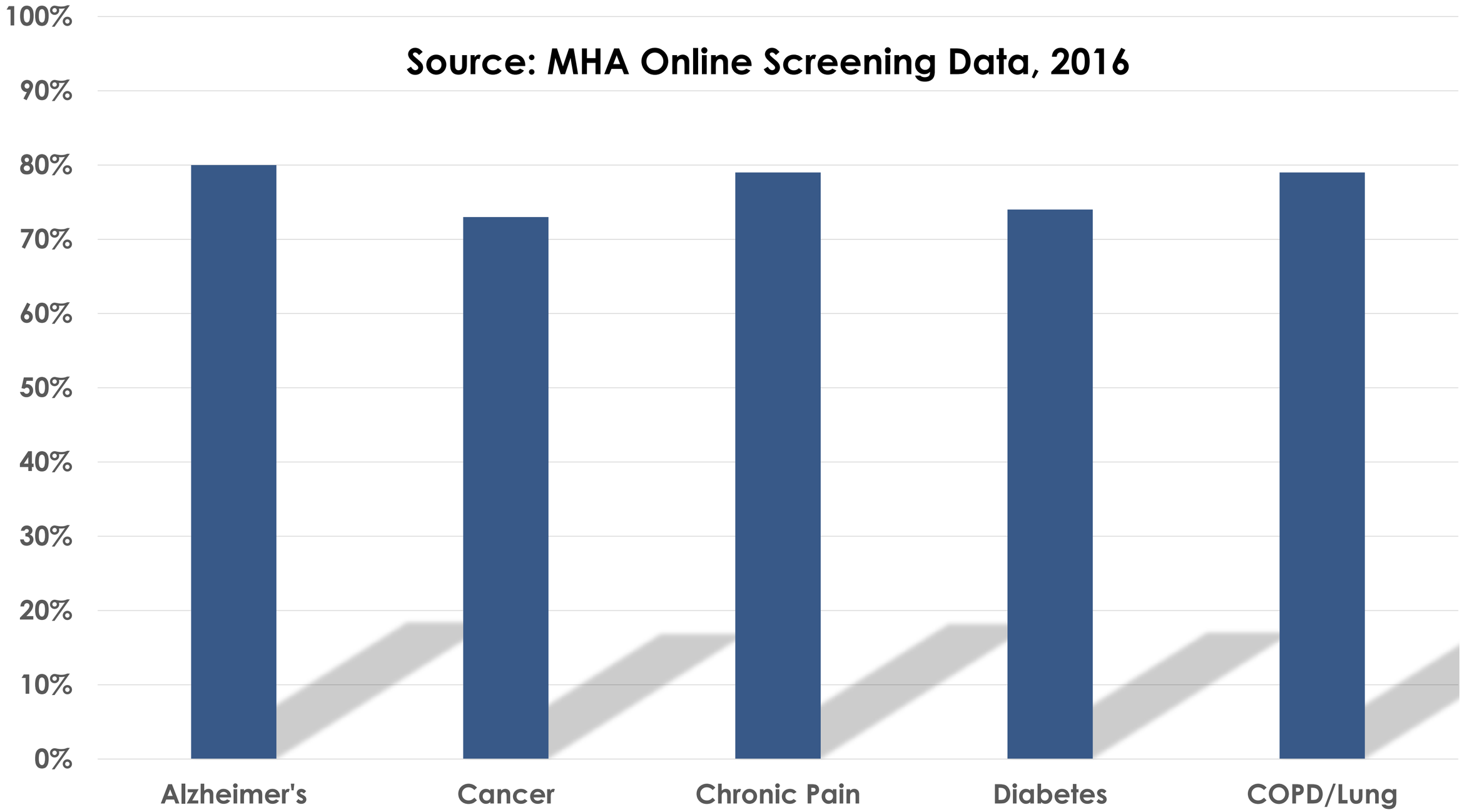
n= 2,339,888




Mental Health America

B4Stage4

# MHA Screeners With Chronic Conditions Who Are Positive For Mental Illness




Mental Health America

B4Stage4

# Integration and Recovery: MHA Peer Support Specialist Certification

**Lived Experience**

**Training by Affiliates and Partners**

**Credentialing by MHA as a Nationally Certified Peer Specialist to work as a valued member of a clinical care team.**

center for peer support

KAISER PERMANENTE®


MHA Mental Health America

B4Stage4

# Contact Us

Mental Health America
500 Montgomery Street
Suite 820
Alexandria, VA 22314

Facebook.com/mentalhealthamerica

Twitter.com/mentalhealtham

Youtube.com/mentalhealthamerica

dplotnick@mentalhealthamerica.net

PARTNERSHIP TO FIGHT CHRONIC DISEASE

PATIENT ADVOCACY LEADERS SUMMIT

# QUESTIONS?

NAMI
National Alliance on Mental Illness

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

MHA
Mental Health America

*Thursday, October 5, 2017*
*WEBCAST*

PARTNERSHIP TO FIGHT CHRONIC DISEASE

PATIENT ADVOCACY LEADERS SUMMIT

# IMPROVING MENTAL HEALTH AND WELLBEING MAKES $EN$E FOR STATES

NAMI
National Alliance on Mental Illness

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

MHA
Mental Health America

*Thursday, October 5, 2017*
*WEBCAST*