



Federal & State Issues Advocacy

11.16.17

MHIA
Mental Health America
B4Stage4

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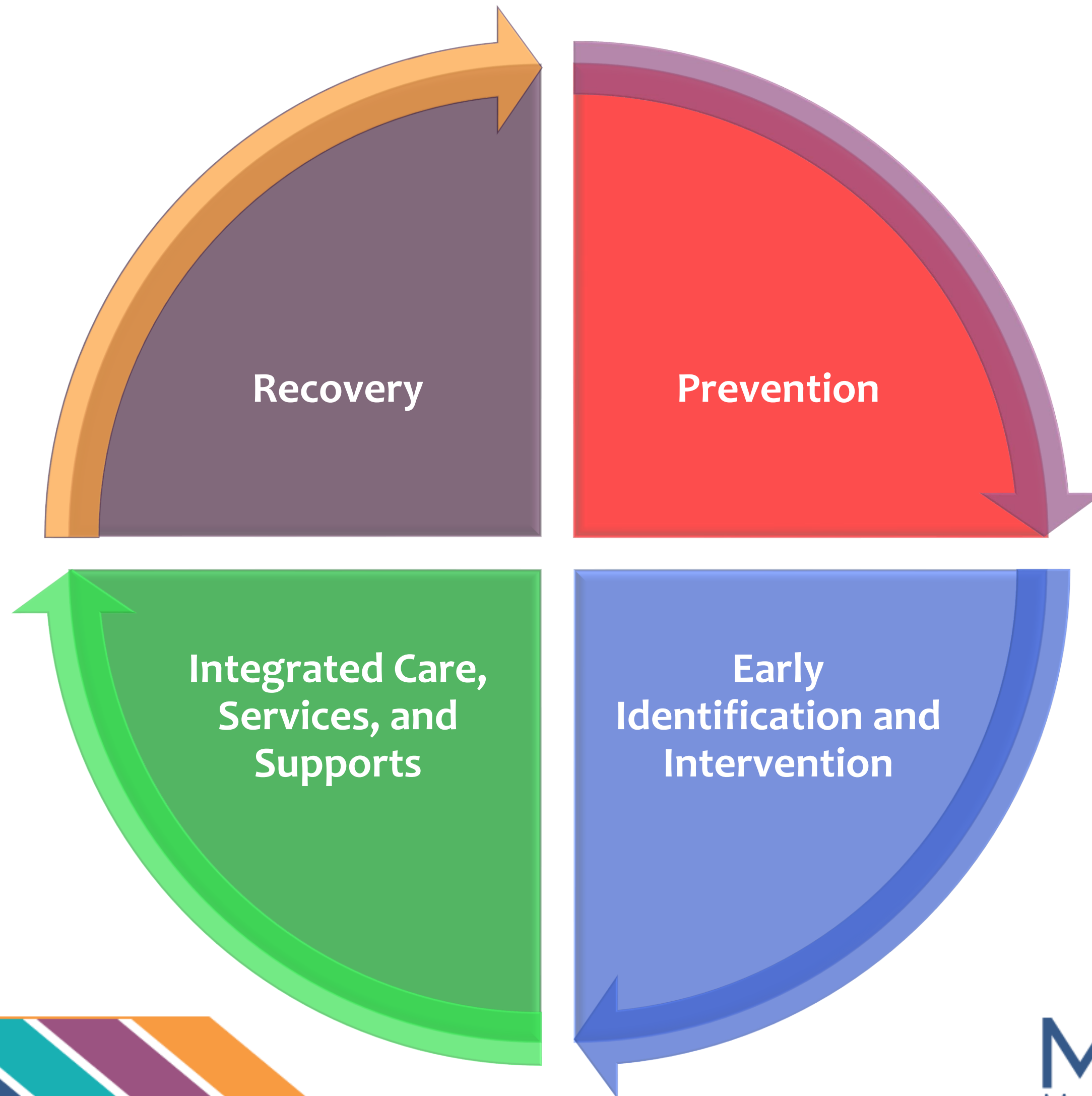
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MHA's Unique Brand: #B4Stage4

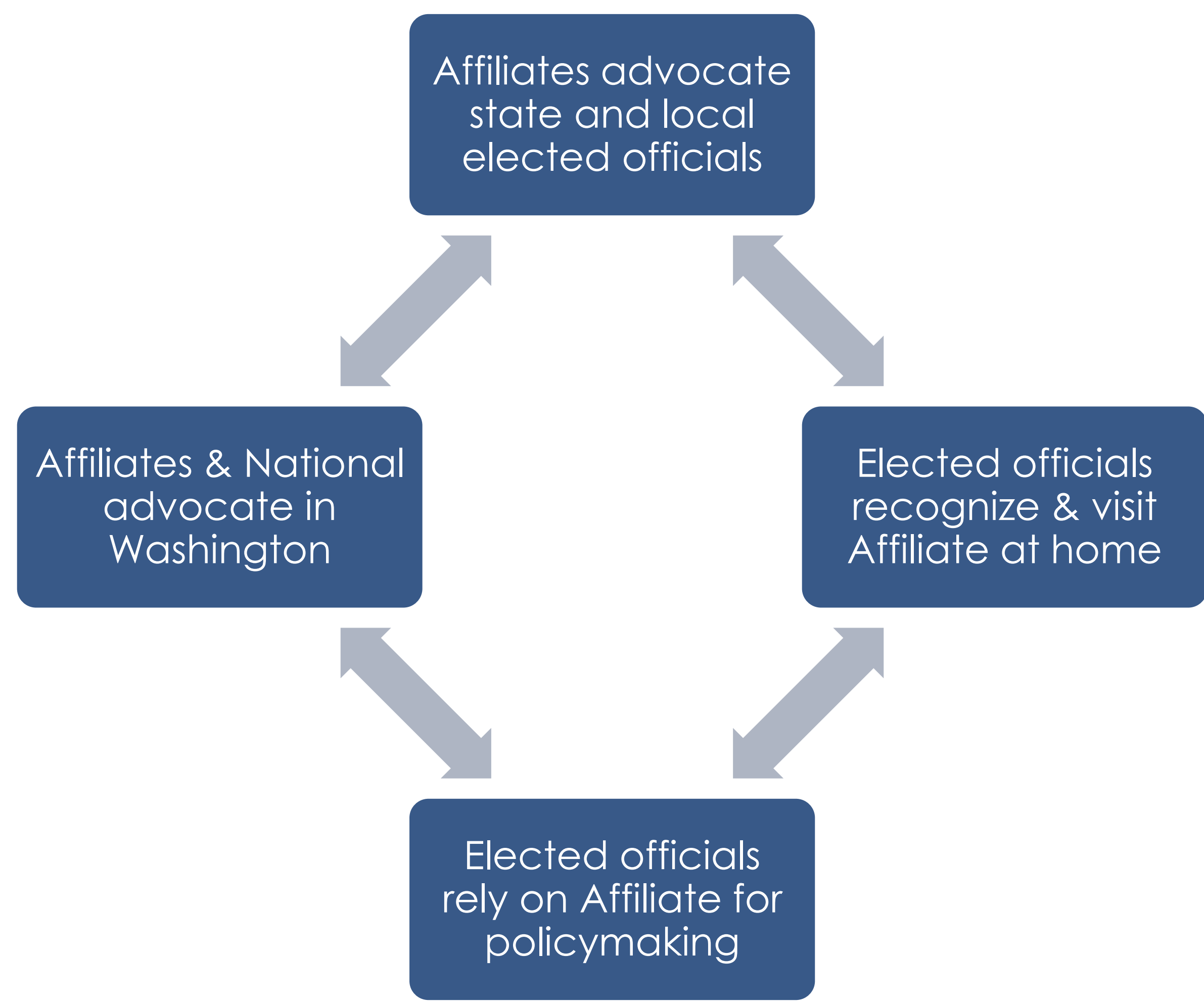


Regional Policy Council

Integration of Federal and State Levels



Back Home Campaign



What is the Process for Creating Position Statements?

Position Statements

System Transformation Issues

- Position Statement 11: In Support of Recovery-Based Systems Transformation
- Position Statement 12: Evidence-Based Healthcare
- Position Statement 13: Integration of Mental and General Health Care
- Position Statement 14: The Federal Government's Responsibilities for Mental Health Services
- Position Statement 15: Parity in Health Insurance
- Position Statement 16: Addressing the Health- Related Social Needs of People with Mental Health and Substance Use Conditions
- Position Statement 17: Promotion of Mental Wellness
- Position Statement 18: Cultural and Linguistic Competency in Mental Health Systems

Rights and Privacy Issues

- Position Statement 21: Rights of People with Mental Health and Substance Use Conditions
- Position Statement 22: Involuntary Mental Health Treatment
- Position Statement 23: Psychiatric Advance Directives
- Position Statement 24: Seclusion and Restraints
- Position Statement 25: Community Inclusion after Olmstead
- Position Statement 26: Participant Protections in Psychiatric Research
- Position Statement 27: Standards For Management of and Access to Consumer Information

Services Issues

Public Policy
Committee

Board of Directors

Affiliates

Issue Brief: Access to Medications

There is a saying in the consumer movement "Recovery is possible - it happens every day." Members of this movement have defined recovery as "regaining control of one's life on the other side of a psychiatric diagnosis."

While medication is by no means the "be all and end all" of psychiatric treatment, for many if not most people, medication has played an essential role. This treatment "technology," by abating symptoms, has enabled people with mental illness to take advantage of and benefit from the many other technologies (such as community based case management, wrap around plans, supported employment and housing, and peer-led services) to build or rebuild the type and quality of life they desire.

It is for this reason that "preserving open access" - assuring that all medications for the treatment of mental illness are equally and easily available -- is so critical. Unfortunately open access been under threat for a number of years. This threat has intensified recently in many states.

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Health Insurance



Position Statement 71

BACKGROUND

- Affordable Care Act established Medicaid expansion, raised age of dependent on parents' insurance, essential health benefits, expanded parity
- Value based payment reimbursements

MAJOR PRINCIPLES

- Comprehensive health insurance
- Accessibility of treatment knowledge for shared decision-making
- Promotes positive mental development by providers
- Empowers individuals to: be engaged in care and maintain control of sharing their health information records
- Mental health screenings regularly
- Coordinated information sharing (EHRs)
- Integrates with social and community systems seamlessly and innovatively
- Transparency

Health Care Reform & Behavioral Health

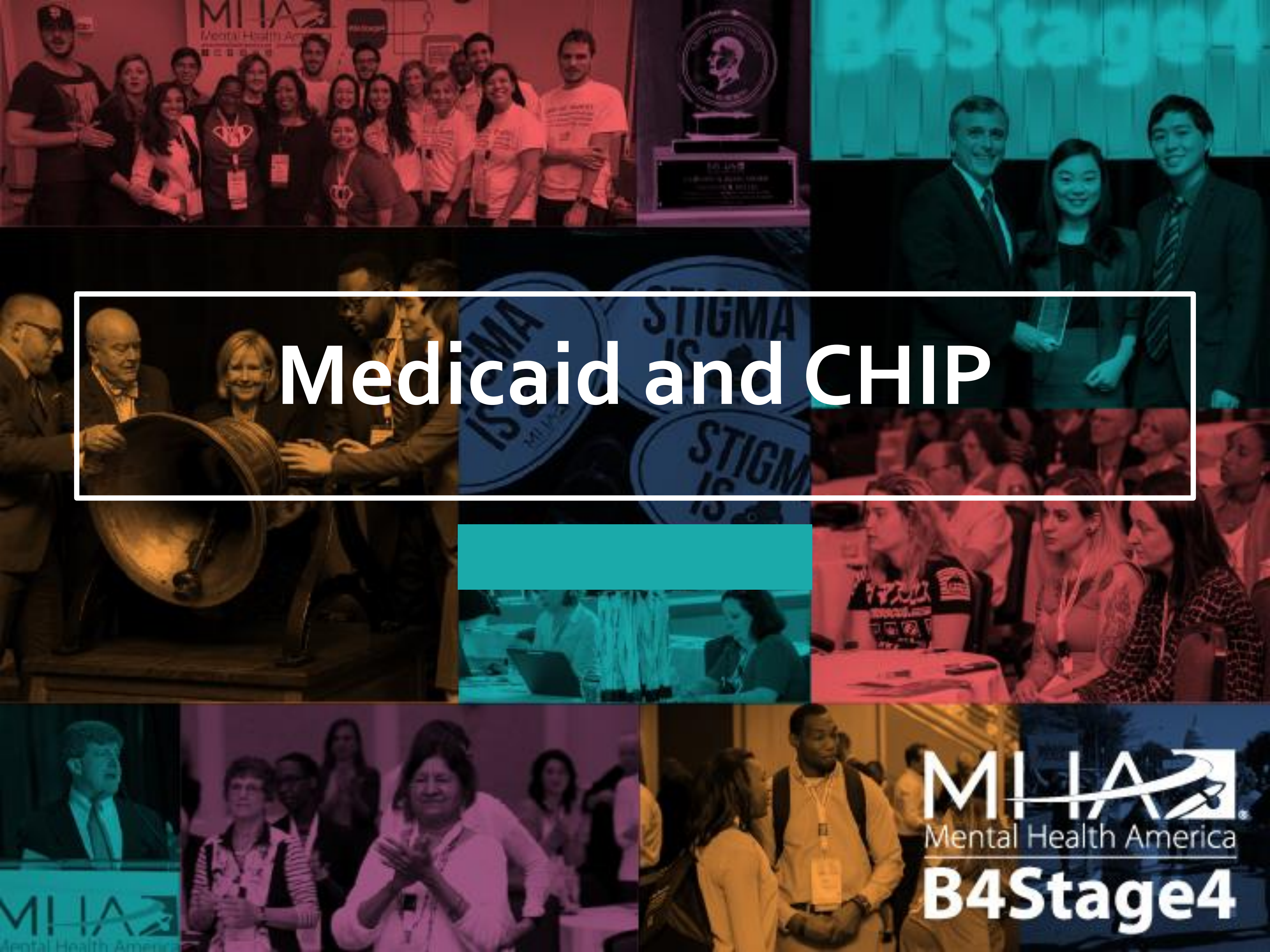
CALL TO ACTION

1. Meaningful engagement
2. Parity enforcement
3. Value-based care
4. Incentivize Electronic Health Records
5. Reimbursement for and integration of certified peer specialists
6. Greater transparency of provider actions, payer benefit plan management, and pharmaceutical companies
7. Network adequacy requirements (including telehealth)
8. Periodic review and revision of medical practice guidelines in behavioral health care

Actions Taken by MHA

- Meetings with House, Senate and Administration officials with health care jurisdiction
- Regulatory comment submissions
- Individual organization and coalition letters to Congress on bills (AHCA, BCRA, Graham-Cassidy)
- Letters to the Governors
- Action alerts to Congress– calls, tweets, posts
- Back Home Campaign Legislative Update
- Blog postings
- Townhall/ District event attendance

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Medicaid and CHIP

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Position Statement 14: The Federal Government's Responsibilities for Mental Health Services

MHA believes that both the federal and the state governments must rededicate themselves to strengthening the partnership that is essential to building out and sustaining a comprehensive system of care needed to develop valuable and meaningful roles in the community.

Position Statement 11: In Support of Recovery- Based Systems Transformation

Elements of Transformation Based Recovery:

Self-Directed	Strengths-Based
Person-Centered	Respect
Empowering	Responsibility
Holistic	Hope
Non-Linear	Peer Support

1115 Waivers

Provide states an avenue to test new approaches in Medicaid that differ from federal program rules.

“Experimental, pilot, or demonstration project” that “is likely to assist in promoting the objectives of the program.”

Must be budget neutral for the federal government

CMS Action

CMS said that expanding access is no longer a key purpose of federal Medicaid waivers.

Inconsistent with Congressional intent.

“furnish medical assistance on behalf of families . . . and . . . individuals . . . whose income and resources are insufficient to meet the cost of necessary medical services”

Court battle likely.

1115 Waivers

Transparency requirements:

- 30 day state comment period.
- 30 day Federal comment period.

Find waivers; sort by state:

<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

1115 Waivers

Twelve states are using Section 1115 waivers to provide enhanced behavioral health services :

Integrated care

Waive IMD requirements

Fund supportive housing, supported employment, peer supports, and/or community-based SUD treatment services

1115 Waiver Requests

Premiums/monthly contributions:

Rationale: personal responsibility; enhanced use of primary care

Actual consequences:

Lost coverage: WI: 20%, IN: 30%

Many recipients are “unbanked”

In WI fewer people used inpatient care if no premium

1115 Waiver Requests

Drug Testing

Rationale: Identify those in need of treatment to remove this barrier to work.

Actual consequences:

Deters people from seeking eligibility

Study of seven states found they identified very few drug users

Treatment is not widely available.

1115 Waiver Requests

Work requirements: expansion adults; low income parents;

Rationale: state flexibility; able-bodied adults should be working

Actual consequences:

59% of non-disabled Medicaid adults work.

Of the remainder many report a disability, are caring for a family member or are in school

Unclear to what degree such individuals will be exempted from the requirements

1115 Waiver Requests

But may lead to people losing coverage:

As a result they might become more ill/less able to work.

Many low paying jobs don't offer health insurance.

These states have requested waivers:

Arizona, Arkansas, Indiana, Kentucky, Maine, New Hampshire, Utah and Wisconsin

Prevention for Children in Public Health System

Medicaid:

**Early Periodic Screening
Diagnosis and Treatment under
Medicaid for people ages 0 -21
years**

- Evidence-based
- Most states do not implement the program well
- Shout out to Massachusetts for its implementation

CHIP:

- CHIP Reauthorization expired Sept 30
- Reauthorization passed House with unbearable offsets
- Senate has not taken up bill
- We need affiliates to help us get this passed

Affiliate Children's Programs & Actions Taken By MHA

NY's Mental Health Education in Schools Act

Custom screening to supports content for youth

Healthy Schools Campaign Framework

Children's Emotional and Behavioral Health

Position Statements 41- 49: Address Children's Issues

- Brand new PS 46: Promotion of Mental Health during Early Childhood
- Recently updated PS 49: Perinatal Mental Health
- PS 45: Discipline and Positive Behavior Support in Schools is strengthened by Elementary and Secondary Education Act
- Universal screening in schools, primary care, and OB/GYN for prevention
- Community outreach and education for identification
- Bridge between schools and clinics
- Cultural and linguistically guidance for decision-making

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Access to Treatments and Care

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**“Less than 9% of Americans
have access to evidence-
based therapies for mental
health conditions.”**

Barriers to Access

Some states have begun work to address these issues, however more work remains.

- Costs – tiered, biologics
- Cost-sharing – co-pays, premiums
- Formularies – preferred drug lists
- Step Therapy or “fail first” policies
- Prescription limits
- Lack of clinical trials
- Non-user friendly research and data
- Lack of standard quality outcomes measures
- Workforce shortages

Policy for Position Statements 32 & 12

32: Access to Medications

Mental health treatment is complex and studies show that medications in the same class for the treatment of mental illness are not interchangeable the way medications in other classes may be. Medically necessary psychotropics limit human suffering and should be offered without regard for ability to pay.

MHA believes that decisions should always be clinically based and that best-practice prescribing will provide long-term cost containment.

12: Evidence-Based Care

Evidence-based healthcare should balance scientific knowledge, clinical expertise and experience, the goals, values and experiences of people in treatment and their families and friends, and systematically and objectively measured person-centered outcomes

MHA is dedicated to accelerating the application of scientific and practical knowledge to help in the recovery of people with mental health and substance use conditions.

Policy Recommendations

32: Access to Medication

- Prescription edit provider training
- Prescription algorithms
- Exemption of psych drugs from restrictive policies such as preferred drug lists and fail first requirements
- Take into account patient history and financial ability
- Ensure switching is not mandatory for people utilizing a medication that works well

12: Evidence Based Care

- Funding behavioral health IT infrastructure and studies to design a practice-learning BH system
- Use of people in recovery in research and care delivery
- Providing decision-making aids for individuals and providers
- Basing quality on person-reported recovery-oriented outcomes
- Funding for trials, studies, and user-friendly information

Actions Taken By MHA

- Letters to state Medicaid directors, Pharmacy programs
- Partnerships forged to increase knowledge of medication for opiates which continues to destroy families
- Garnering support for revamping 42 CFR Part 2 regulation

2014 MHA of New Jersey Study on Network Adequacy results:

Only 50% of network providers accepted new patients in 2013

Over 1/3 physicians' list contact information was incorrect

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Parity



MHPAEA of 2008 - the Domenici and Wellstone Mental Health Parity and Addiction Equity Act
Established that there should be no disparity in health insurance between mental-health and general medical benefits.

ACA of 2010 expanded parity from individual and small group plans to large employer-based plans and Medicaid. Required covered benefit.

Position Statement 15: Parity

MHA calls on the federal and state governments to ensure by law that public and private health plans afford access to behavioral health care and treatment **on the same terms as** surgical and other medical care without regard to diagnosis, severity, or cause.

www.paritytrack.org

The screenshot shows the ParityTrack website interface. At the top left is the ParityTrack logo, and at the top right is a 'CLOSE X' button. Below the logo is a dark navigation menu with four items: 'ABOUT US', 'PARITY REPORTS', 'KNOW YOUR RIGHTS', and 'RESOURCES', each with a downward arrow. The main content area features a background image of a woman in a medical setting. Overlaid on this image is the text: 'Ensuring access to quality behavioral health care in our country.' Below the text are two call-to-action buttons: 'VIEW THE PARITY REPORTS →' and 'REGISTER A COMPLAINT →'. At the bottom of the banner, there is a 'SHARE:' section with icons for Facebook, Twitter, and Email.

States That Passed Parity Implementation Laws

Tennessee:

TN SBo837 (Medicaid MCO
compliance data)

Montana:

MT HB 142

Texas:

TX HB 10

States In Which Implementation Work Continues:

Connecticut
Georgia
Illinois
Minnesota
New Jersey
Ohio
Pennsylvania

- [Model Legislation](#)
- [File a complaint](#)

MHA Recommended Action

- Paritytrack.org coalition work - affiliate coalitions instrumental in success of states
- Monitor complaints
- Ensure proper implementation of rules
- Advocate for transparency

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Expanding Use of Peers

What is peer support?

Peers supporters are people in recovery from mental health conditions who use their lived experience, knowledge of systems, and formal skills to support others in their recovery.

Advantages over the traditional mental health system:

- Gratitude for recovery becomes compassion and commitment
- Understanding of internalized stigma
- Lived experience of mental health conditions
- Experience moving from hopelessness to hope
- Unique relationship
- Support people in managing their lives from a holistic perspective

MHA National Certified Peer Specialist (NCPS) Certification

- In March, we launched the first national, advanced peer support specialist certification
- Peer support is a rapidly growing field, key in transforming services and filling gaps in the workforce
- Expansion to the private sector means: more people get access to services, peer career ladders, living wages

MHA PS 37: Policy Recommendations

- Advocacy for peers as integral part of services
- State, SAMHSA, academic institutions and federal entities should set aside money for peer supporters, promoting peer support, training, and research
- Integration of peers at multiple levels
- Address state statutes that limit scope of peer work
- Increase whole health focus to address 25-year premature death
- Other peer services (adolescent, family) are important in complementing peer work

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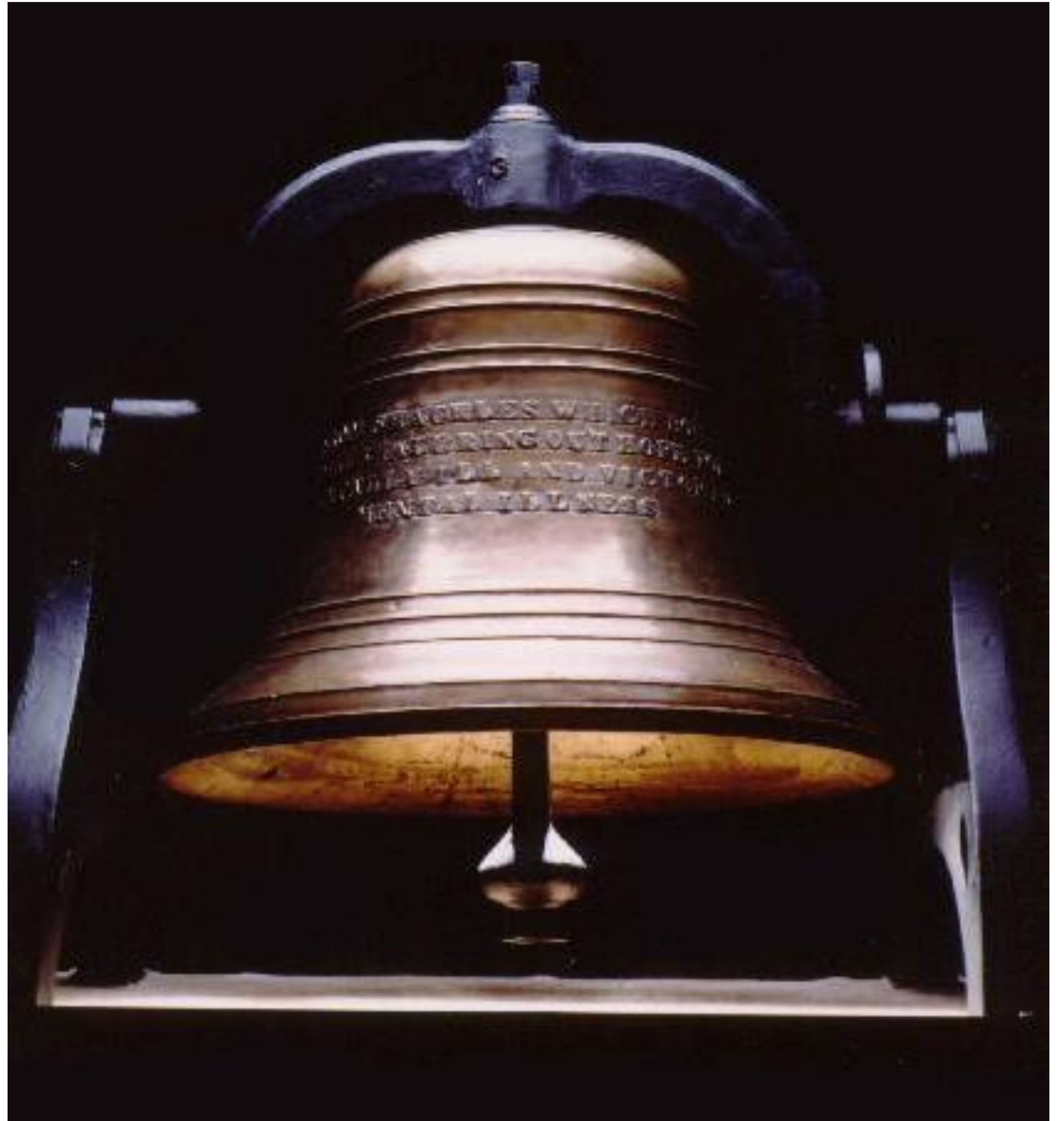


Civil Rights of Individuals

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*"Cast from shackles
which bound them,
this bell shall ring
out hope for the
mentally ill and
victory over mental
illness."*

The story of the Bell
of Hope compels all
who hear it to fight
in the open.



Individual Rights – From Prevention and Early Intervention to Recovery

PS 21: Rights of People with Mental Health and Substance Use Conditions

- Benefits and Service Delivery
- Preservation of Liberty and Personal Autonomy
- Seclusion and Restraint
- Privacy and Information Management
- Specific needs: Employment, Housing, Benefits, Systems, Self-Help and Peer Support Services
- 14th Amendment – Equal Protection ending Discrimination

PS 25: Community Inclusion after Olmstead

- 1999 Supreme Court case decision Olmstead v. L.C. and E.W.
- Unjustified segregation of people with mental disabilities constitutes unlawful discrimination under the Americans with Disabilities Act
- Promote community integrated care as in NY, DE, PA, NH, GA
- From deinstitutionalization to community-based treatment not criminalization or incarceration

Actions Taken on Rights by MHA + Affiliates

- Peer programs delivering care in community settings
- Point of sale awareness programs
- Public education campaigns and creation of truthful media to dispel myths
- Advocacy outreach to state agencies, law enforcement
- Informing federal officials of prejudice in policy
 - Coalition work contributing to national dialogue on mass shootings against conflation of mental illness and violence (PS 72)
 - Comment submission to Administration on National Instant Criminal Background Check System (NICS)
 - [Women in Government Toolkit](#)

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Criminal Justice



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PS 52: In Support of Maximum Diversion of Persons with Serious Mental Illness from the Criminal Justice System

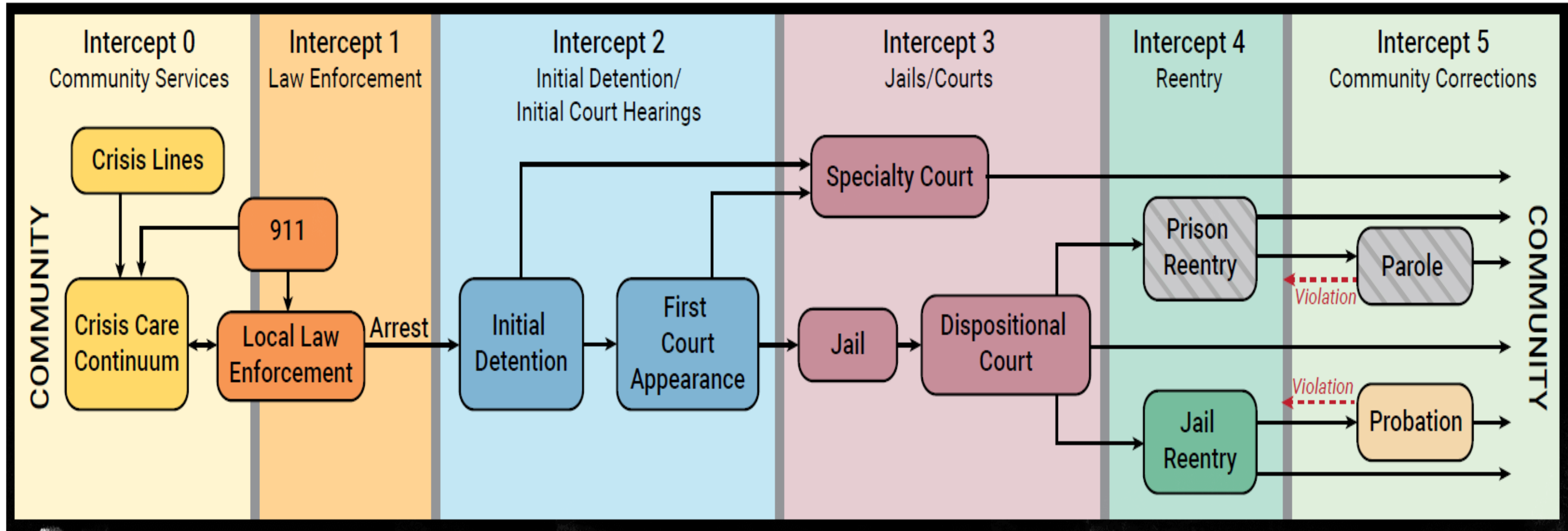
MHA believes one of the most effective “diversion” strategies that any jurisdiction can employ is to ensure that persons with mental health conditions receive treatment *before* they interact with any part of the criminal justice system.

Diversion Call to Action

Community coalitions must influence agencies, courts in:

- Rigorous personnel training
- Decisions about specific program appropriateness: Pre-arrest v. Post arrest
- Ensuring funding not diverted from mental health care systems or supports

The Sequential Intercept Model



**Deflection
B4Stage4**

Actions Taken By MHA + Affiliates

- Partnership with CSG and managed care companies
- Advocacy for “In-reach”
- Rehabilitative care (Medicaid)
- Forensic peer specialists
- Peer specialists on mobile crisis teams

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Shifting to Value-Based Care

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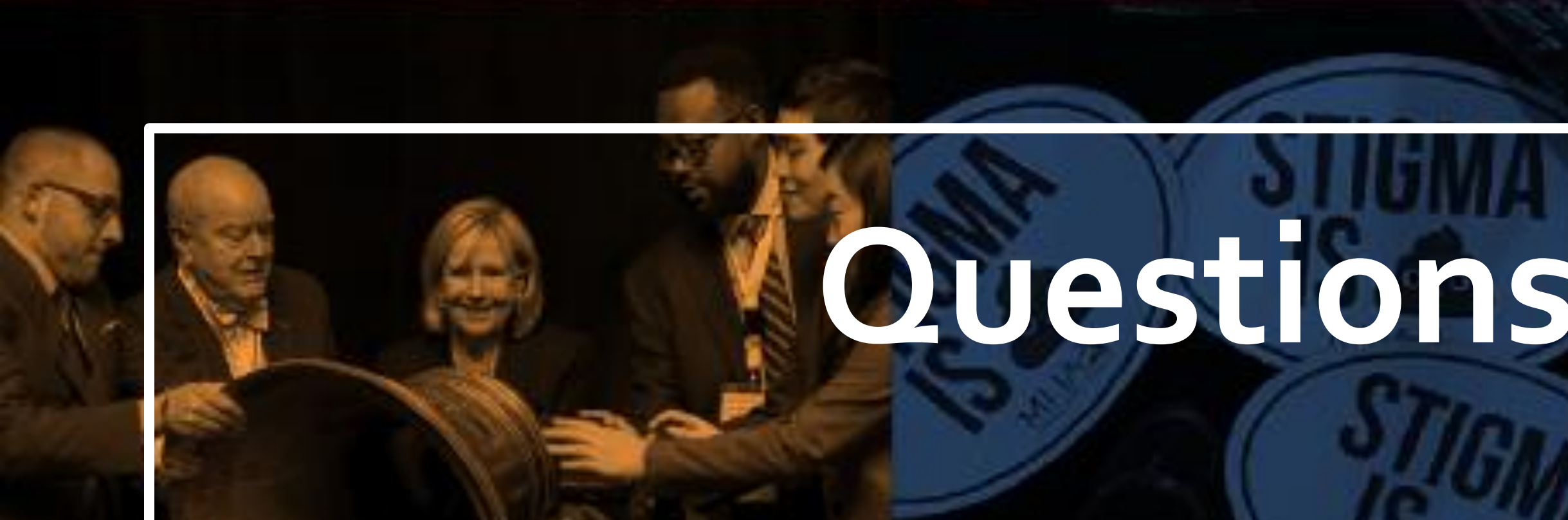
Value Based Systems Reward Innovation

PS 71: MHA calls on advocates to support the movement toward value-based payment to ensure effective, flexible, and integrated care including care that:

- Is person-reported and recovery-oriented
- Is inclusive of incentives for longer-term outcomes for promotion and prevention
- Verifies providers are trained appropriately in shared decision-making, early intervention, and promoting positive development

PS 12: Evidence-Based Healthcare

PS 16: Addressing Health Related Social Needs



Questions?



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💬 Thank you for joining!