The Road Ahead:

Challenges and Opportunities for Behavioral Health Care During the Implementation of the Affordable Care Act

Report of the 29th

"My view is pretty simple," said speaker Joel Miller, executive director and CEO of the American Mental Health Counselors Association. "The ACA *is* mental health reform. If anybody's got a better way of addressing the needs of people with mental illness, I'm all ears."

Accompanying this optimistic consensus was the frank assessment that much more work remains, both within and without the ACA rubric. After all, the law was expressly designed to deliver health care through the existing U.S. multi-payer insurance model — meaning it by definition only helps those who obtain coverage. Even the most optimistic supporters acknowledge that a significant number of Americans, particularly those battling mental illness, will fall outside this coverage net.

"We've been in a battle to get access for people to health care in general and behavioral health services in particular, and we have had two huge breakthroughs in that battle: one is the ACA and the other is parity," said panelist Joe Parks, MD, chief clinical officer for the Missouri Department of Mental Health. "But a battle is not done when you have a breakthrough. You don't win the battle unless you develop and exploit the breakthrough. As we roll out the ACA, there's an ocean of reality [in front of us]."

The health care parity Parks referenced was made possible by the 2008 Wellstone-Domenici Mental Health Parity and Addiction Equity Act. Signed into law by President George W. Bush, the act held out the long-awaited promise of equity in behavioral health care, but without the required rules for implementation and enforcement, in practice it resulted in little more than just that — a promise. That is, until Sebelius took the stage for her Day 2 keynote lecture.

"It's my pleasure to share some big news with you today: Later this morning, we will post the final parity rule for mental health," Sebelius announced to an energized crowd. "Now that incredibly important law, combined with the Affordable Care Act, will expand and protect behavioral health benefits for more than 62 million Americans."

More than 5,000 public comments guided the writing of the final rule, Sebelius said, and her announcement turned the 2013 Symposium into national news. And it completed a three-decade journey she said was largely made possible through the efforts of the Symposium's namesake, former First Lady Rosalynn Carter.

"There's no question that Rosalynn Carter has been an incredible leader in the mental health arena for more than a generation," Sebelius said. "She's been a leading voice for those with mental illness finding a way forward. Her advocacy on behalf of the [Wellstone-Domenici Act] in particular has made an incredible difference."

For her part, Mrs. Carter said she was so excited to host Sebelius as a keynote speaker that "I found myself shaking."

"Every year I think [that Symposium] is the best one, but I don't think anybody's going to top this one, not with Kathleen [and her announcement]," the former First Lady said. "This couldn't have happened at a better time.

“While probably imperfect, the Affordable Care Act is one of the most advanced public policy achievements yet in moving us toward the goal of access to health care for all Americans,” she said. “While there are many unknowns associated with the legislation, it is a significant step forward in the integration of behavioral health care and general medical care.”

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Behavioral Health & the Affordable Care Act – The Strategic Perspective

strategically of little steps that are afforded you politically, you can make really progressive change. It's an amazingly optimistic thing, in a world where incremental change has a bad name."

- Creation of federal and state health insurance exchanges
- Individual and group coverage mandates
- New health insurance requirements and guarantees, including the essential benefits package sal 0 Td hTd [(C)

Others talked about getting closer to the Triple Aim through additional legislation or policy changes. The treatment paradigm for substance abuse, for example, received attention from more than one speaker as integrally related to behavioral health policy.

whole-person care, [and] we have a system that does not just pay for the amputation for the diabetic,

that many of their fellow Americans wanted nothing more than to turn back the clock on the ACA and render it just as toothless as its 33-year-old predecessor.

But retreat was not on the Symposium agenda. Instead, the speakers focused on practical matters over the event's nearly two days. How could ACA supporters ensure that enough people enrolled in health insurance to make the law work financially? How would the ACA bring a greater level of access to mental health care? And how will the law help change the delivery of mental health services to ensure that the best, most individually appropriate care possible reaches the greatest number of people possible?

Sharfstein got things started with a framing discussion of the history of mental health care and federal policy. The remainder of the two-day agenda addressed the kind of questions elaborated above, beginning with a focus on outreach and enrollment and going on to examine access and the actual delivery of services.

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Outreach & Enrollment

"We have to change hearts in order to treat minds."

--Kathleen Sebelius, MPA, U.S. Secretary of Health & Human Services

Because the ACA is built on the U.S. health insurance model, its success absolutely depends on having sufficient numbers of people enrolled to make the system financially viable. Specifically, there must be a population of low-demand health consumers — the "young healthies," as they have come to be called — sufficient to cover the costs of the higher-demand consumers. Therefore federal health officials, as well as state-level ACA supporters both public and private, devoted tremendous attention to marketing and outreach campaigns to raise awareness of the law. Officials working in mental health knew they had a particularly difficult set of challenges and obstacles to ensure that the people they served were adequately represented among the enrollees.

"When there aren't targeted efforts to reach people with mental illness or substance use disorders, they don't enroll at the same rates as persons without those conditions," said moderator Kevin Malone, analyst in SAMHSA's Office of Policy, Planning and Innovation. "As mental health policy professionals, this is the space we need to own and we need to 37761-3 (y)-4.6 (h)2.2 (a(d)]TJ-4.(t)32.(p)3(d)27.(d)-13.a t)e-9.6 (m80.004-6.8

Trusted Messengers

By far the most-discussed outreach strategy at the Symposium was the need to build coalitions and partnerships, both to attack the problem from multiple angles and also to help the message resonate in local communities.

"We truly believe this is going to need to be an all-hands-on-deck effort, and what that looks like is us partnering with as many types of stakeholders as possible," said Jessica Kendall, MPH, outreach director for Enroll America, a nonprofit organization founded specifically to sign Americans up for health coverage. "When you put our partners in a room together, they do not necessarily always get along, but they all agree that getting people enrolled into coverage is essential."

Liz Baxter, MPH, executive director of the Oregon Public Health Institute, said organizations in her state like We Can Do Better and Cover Oregon have adopted much the same approach, and the key is working with trusted local organizations and voices.

"If there's a phrase I would love to do away with, it's the notion that there are populations that are hard to reach," Baxter said. "Folks have natural [places] they go for help. If we can do as much as we can to partner with those natural avenues of access, we will find out that people aren't as hard to reach as we might think."

Maryland is well positioned to succeed, according to Brian Hepburn, because of all the work that's already been done to match people with mental illness to the services for which they are qualified. He said the last five years have seen a 50 percent increase in individuals who receive public mental health services. These existing pathways will make it that much easier to reach people about enrollment in insurance.

"In many ways, the outreach is already there for the serious and persistently mentally ill who are without insurance, because they have been in the public mental health system," Hepburn said. "Especially over the last 10 to 15 years, there's been an effort to move those individuals into entitlements."

And in Wisconsin, Pat McManus, PhD, RN, president and CEO of the Black Health Coalition of Wisconsin, follows a simple rule: *We go where they are*. McManus relayed a story about visiting Milwaukee's Rescue Mission, a shelter for homeless single men, and enrolling 77 men in about three hours.

"Many of [these men] have nothing that's consistent for them except inconsistency, so they truly appreciated our spending time talking to them," McManus said. "People need to know the message and the messenger. Both are extremely important, especially among populations who are more

The Message

Given all the furor over "Obamacare," the fact that audiences are mistrustful of what they hear is not too surprising. So what messages would be most effective in reaching them, and what do they absolutely need to know?

Kendall said her organization keeps it simple. They often field calls from people who simply need help, regardless of whether that help comes from health insurance provided via the ACA, from existing public health services, from traditional Medicare or Medicaid, or from any number of other available services. Therefore they focus re egedo0 fousso.9 (e)-6iof(h(f)2.6 o)4.2 ee82.6 oly e M sme1.6 (ns01 Tc3.2 (s.)2f2.3 (1m)-6vic

America have worked with Medicare and Medicaid to build enrollment portals not just to health insurance under ACA, but to all public services to which consumers are entitled.

“This is supposed to be a seamless process,” Kendall said. “The vision is that a consumer should be able to go online, pick up the phone or fill out a paper application and have a single, streamlined process where they don’t need to know any of the weedy, wonky, behind-the-scenes details of what happens to their application.”

Likewise, in Maryland there is the Maryland Health Connection: “a single, streamlined application … used to determine eligibility for Med.3 (:)-4.8hi2.3 (e)-3lig4.3 (n)2.3 (sa-4.3 k(s)-113.1 (o)-6.6 (at)-3 (i)1)-0.7 0TJ-A ile, Msi

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Access

"Health insurance coverage … is the passkey to the delivery system. It's stable, solid, consistent, affordable, sleep-better-at-night security and protection for you and your loved ones."

--Joel Miller, American Mental Health Counselors Association

While the Affordable Care Act's success may depend initially on

ACA will move it further through its mandate for the essential benefits package. The law mandates that every health insurance policy in America must provide the following 10 benefits:

- Mental health and substance use disorder services, including behavioral health treatments
- Preventive and wellness services and chronic disease management
- Ambulatory patient services
- Emergency services
- Hospitalization
- Prescription services
- Maternity and newborn care
- Rehabilitative and habilitative services and devices
- Laboratory services
- Pediatric services, including oral and vision care

However, the regulations for the implementation of the ACA released in 2010 by the Department of

Parks provided some sobering numbers, including one study that found that 96 percent of U.S. counties have “some unmet need” in the realm of behavioral health. The same study found that, to serve its current population of about 300 million, the United States is short roughly 30,000 psychiatrists. (“That’s about a whole town of us,” Parks added. “And that would be a weird town.”)

“The psychiatric workforce has been shrinking and will continue to shrink,” he said. “Our service delivery model, and the way we use psychiatrists and the way other services in the system depend on some level of psychiatric involvement, is unsustainable.”

“This time the reaction was, ‘That’s something we can certainly take a look at,’” Ashenden recalled. “’Why don’t we compose a letter together and write to NASA and see what the requirements are.’”

A few weeks later, John received a thick packet from NASA that detailed all the training and education necessary to become an astronaut. Once he saw this information, straight from the agency that sends people into space, John rethought his ambition, and his peer counselor was able to find that what

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Service Delivery

"To our providers, we said: 'You need to focus on outcome-based services, and you don't need to worry about cranking out enough patient encounters just to get payment. That's not what it's all about.'"

--Patrick Fleming, MPA, Salt Lake County Division of Behavioral Services

The problem with overhauling a health care system is that people, unfortunately, don't stop getting sick or hurt while you're doing it. Every day across the country, doctors, nurses, lab techs, pharmacists, physician assistants, certified practitioners, counselors, therapists, and everyone else in the health care system works long hours to care for the patients they have right in front of them.

However, as many speakers discussed, there remain major changes to be made in how the United States delivers health care to its citizens if the Triple Aim is ever to be approached, much less met. And these changes touch every aspect of the system, from the most basic and structural to point-of-service details like the nature of patient-caregiver interactions. The prominent metaphor of the Symposium to describe these changes was one of "moving upstream": focusing much more attention and resources on wellness and preventive care, and providing a wider scope of health evaluation at this earlier point in the continuum of health and illness.

"We must not let the urgent crowd out the important," said Sandro Galea. "Urgent is my illness. Urgent is my depression. Urgent is my fracture, my heart attack. It is important, beyond the urgent, to think about populations and potentially think about prevention."

Populations and Integrated Care

Galea spent much of his panel presentation making the quantitative case for population-based approaches to mental health care, walking his audience through a primer in basic statistics to prove that, no matter how hard it looks, the current, individualized model will always miss significant numbers of people with disease. However, by moving upstream and focusing on proven root causes and the earliest indicators of mental health issues, we can reduce the number of people who need acute care—and, subsequently, redirect resources to identify a higher percentage of those who eventually do.

"The positive about recognizing that social, physical drivers [of mental illness] have a place is that many of them are malleable," Galea said. "If you accept that social isolation is one of the biggest drivers of

depression in this country today — which it is — [be encouraged that] social isolation is malleable. When was the last time we've heard a

“Data management is going to be very, very important for us to be successful with ACA,” said Nancy Ridenour. “We need to figure out how we can have systems that can give us the data we need, and we need folks who can help us interpret the data we already have.”

When it comes to mental health, what are the proper metrics? Which d4 sy l w

Conclusion

At the time of this writing, health insurance enrollment under the ACA had recovered from its slow start. Problems plaguing the federal Healthcare.gov we

Keynote 1

Steve Sharfstein

"One of the big battles today, as reflected [not only] in Washington but all across the country, is: What is the appropriate role of government, and what is the appropriate role of federal government?"

In 1832, Dorothea Dix was teaching Sunday school to inmates of the Cambridge city jail, some of whom were incarcerated for the "crime" of mental illness. Massachusetts was in the midst of a typical New England winter, and the jail was somewhat short in creature comforts like heat. When Dix complained to the jailer, she received a curt reply. "Madam," said he, "the insane require no heat."

Steve Sharfstein, MD, MPA, president and CEO of the Sheppard Pratt Health System, opened his Day 1 keynote address with this anecdote, a fitting introduction to the history Sharfstein related of the U.S. federal government's history of involvement (or lack thereof) in the care and treatment of those struggling with mental health disorders.

"They were called insane [in Dix's time]," Sharfstein said. "They were in jails, in alms houses, poorhouses, attics, basements. They were homeless. This offended Dorothea Dix right down to her Christian core, and she decided to devote her entire life to becoming a champion on behalf of the insane. [Dix became] the most successful single citizen reformer in the history of this country, [contributing to] the establishment of some 32 asylums in 18 states (asylums were not a bad word in those days; [they were] humane, small institutions for the mentally ill)."

Dix also helped give rise to the act that Sharfstein said "set the policy for the next 100 years" when it came to Washington and mental health. Her advocacy led to the passage of the 1852 Bill for the Benefit of the Indigent Insane, which Sharfstein said was also called the "12.5 Million Acres Act."

The bill called for the provision of federal land grants to states for the purpose of building asylums for the mentally ill, but it was vetoed by President Franklin Pierce on the grounds that he could find no constitutional authority to make "the federal government the great almoner of public charity throughout the United States," according to Sharfstein.

It wasn't until President Dwight Eisenhower signed into law the Social Security Disability Insurance program in 1956 that the tide began to shift. Eisenhower also established the Commission on Mental

Keynote 2

Kathleen Sebelius

"As Martin Luther King Jr. used to say, 'It's important to preach to the choir. Otherwise they might stop singing.'"

"I'm not alone in this room who would say that [mental health advocacy] is personal," Kathleen Sebelius told the Symposium audience, "In the last six months, I've had two of my family members experience crises, and both of them were eventually able to receive help and support because they had resources and families and friends to turn to. But in either case, it wasn't easy, and the handoff from crisis and stabilization to community support was lucky at best. So I know, having walked through that experience myself, how difficult this is for way too many families."

As the U.S. Secretary for Health and Human Services, of course, Sebelius was much more than personally invested in the ACA's success when she delivered her Day (D)-2.5Tj-0.26n6Ar3 (.S)e.18 (i)13.67 (w)98 (a)-3.2 .8 (i)13.6 e

However, even in advance of the final parity rule, Sebelius said significant progress had been made since the 2008 act was made law. In addition to the rule, that day her department released a study that showed most large health plans had already eliminated high cost sharing for both inpatient and outpatient behavioral health care, as well as different deductibles for mental health and substance abuse treatment. The study, she

Resources

A selection of organizations, websites, and other materials cited during the 2013 Rosalynn Carter Symposium on Mental Health Policy

Federal Resources

- "National Strategy for Suicide Prevention: Goals and Objectives for Action," U.S. Surgeon General report, 2014 (http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html)
- Centers for Medicare & Medicaid Services (CMS) (www.cms.gov)
- Healthcare.gov (https://www.healthcare.gov/)
- National Institute on Alcohol Abuse & Alcoholism (http://www.niaaa.nih.gov/)
- Substance Abuse & Mental Health Services Administration (SAMHSA) (www.samhsa.gov)
    - SAMHSA SSI/SSDI Outreach, Access, and Recovery Technical Assistance (SOAR TA) Center (http://www.prainc.com/soar/)

State/Local Resources

- BadgerCare, Wisconsin Department of Health Services (https://www.dhs.wisconsin.gov/badgercareplus)
- Central City Concern (Portland, Ore.) (http://www.centralcityconcern.org/)
- Cover Oregon (www.coveroregon.com)
- Health Care for the Homeless (Baltimore, Md.) (http://hchmd.org/)
- Maryland Health Connection (www.marylandhealthconnection.gov)
- Maryland Parity Project (mhamd.org)
- Milwaukee Rescue Mission (www.milmission.org)
- Oregon Healthy Kids (http://www.oregonhealthykids.gov/)
- Oregon Public Health Institute (www.ophi.org)

Professional Associations

- American Psychiatric Association (http://www.psych.org/)
- American Psychiatric Nurses Association (APNA) (http://www.apna.org)
- American Psychological Association (http://www.apa.org/)
- American Public Health Association (http://www.apha.org/)
- Association for Addiction Professionals (NAADAC) (http://www.naadac.org)
- International Association of Peer Supporters (https://na4ps.wordpress.com/welcome/)

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