

Consensus Statement on State Policy Reform

Despite a growing need for mental health and substance use disorder services, far too many Americans cannot access the care they need. Although there has been recent federal and state progress in addressing the capacity of the treatment system, there remain a multitude of barriers to the robust delivery of care. With growing national attention to the twin issues of behavioral health and criminal justice reform, the time is ripe to build support for key changes within states that could meaningfully change the course of individuals' lives.

The National Council for Behavioral Health worked with state partners in Alaska, Connecticut, Kansas, Illinois, Massachusetts, Minnesota, Missouri, New York and Pennsylvania on a series of public forums that united diverse stakeholders at the state level to examine and advance policy reforms that leveraged states' existing behavioral health, primary care, and criminal justice reform initiatives.

This Consensus Statement summarizes the common themes that emerged from state forums, legislative events and membership convenings, the policy issues that were identified that require legislative or regulatory change, and the recommended policy changes at the state and/or national level that will help improve state residents' access to timely, high-quality mental health and substance use disorder care.

Consensus Areas Identified by BHECON Participants

To strengthen the behavioral health safety-net, we urge policy makers to address these critical areas:

- 1) *Focus on the nexus between the behavioral health and criminal justice systems by ensuring more access to comprehensive community-based care.*
- 2) *Strengthen the behavioral health workforce so that more patients have access to care*
- 3) *Invest in evidence-based behavioral health treatment*
- 4) *Facilitate implementation of the Mental Health Parity and Addiction Equity Act of 2008 by strengthening state mental health and substance use disorder treatment parity laws*

Policy Issues & Solutions

The Nexus between the Behavioral Health and Criminal Justice Systems

In many states, the criminal justice system is often the first point of contact for people experiencing a serious mental health crisis. The negative human and financial consequences of treating mental illness in this way are enormous. A shortage of programs for diverting people with mental illness from the criminal justice system into community-based behavioral health services, a lack of capacity within the treatment system, as well as a lack of re-entry programs for people with mental health and substance use disorders who require additional treatment in the community, and inadequate training of law enforcement officers in crisis response are among the issues that contribute to this situation and need to be addressed.

Traditionally, first responders are the ones who are called in to handle a situation in which a person experiencing a mental health crisis needs help. Due to the unpredictable behavior of the individual, he/she may be taken to jail or

directly to an emergency room. If first responders are properly trained on how to handle a person experiencing a mental health crisis and can help divert that individual to the correct level of treatment, experience with the criminal justice system could be completely avoided.

Forum participants identified several policy solutions related to this issue, including **mandating Mental Health First Aid Training** for all first responders and police officers while **requiring Crisis Intervention Training** for a select proportion of police officers, **providing better care coordination between the criminal justice system and community-based mental health and addiction treatment centers** while the person in transition is still in the jail facility, and issuing guidelines that **promote the use and provide funding for medications and services that support the transition of individuals from the criminal justice system back into the community**, such as long-acting injectable medications and other FDA-approved medication options, as well as linkages with care and supports for people living with schizophrenia, opioid use disorder, and other mental health or substance use disorders. These steps can help divert people with behavioral health needs from the criminal justice system into community-based care where they would receive proper treatment for their disorder, or support them upon re-entry from incarceration into the community.

Strengthening the Behavioral Health Workforce

The problem of training, recruitment, and retention of an adequate number of behavioral health professionals to provide services for people with mental health and substance use disorders was an issue that emerged in every state. These providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, advanced practice nurses, case managers, community support workers, peers and others that specialize in mental health and substance use disorder care.

To alleviate some of these workforce shortage issues, states might examine strategies such as continuing and/or expanding the **Certified Community Behavioral Health Clinic (CCBHC) demonstration program** established under the Excellence in Mental Health Act to help community mental health providers expand services and provide competitive salaries for behavioral health care workers, expanding the use of **telehealth and tele-psychiatry** within the Medicaid and Medicare programs to compensate for the shortage of psychologists and psychiatrists and increase access to services, expanding **the scope of practice for advanced-level practitioners** to include prescribing behavioral health medications as part of their certification, removing **restrictive regulations that require physicians to sign-off on behavioral health treatment plans** to reduce paperwork and enable psychiatrists to dedicate more of their time to treating people, promoting **greater reciprocity between states with respect to the licensure of behavioral health professionals** to make it easier to recruit for open positions across states lines and grow the pool of candidates, and requiring **Managed Care Organizations (MCOs) to accept the same credentialing for behavioral health care professionals** statewide as a way to standardize job definitions for behavioral health professionals and increase flexibility to provide care throughout the state.

Investing in Evidence-based Behavioral Health Treatment

Behavioral health conditions are among the costliest in the United States, accounting for \$201 billion in health spending in 2013. Data collected by the Schaeffer Center for Health Policy & Economics in each of the BHECON states show the serious human and financial impact that mental illness has on government and our health care and criminal

justice systems. But to demonstrate the value of behavioral health services in reducing these impacts, behavioral health providers must make a case for the value of their services to payors, state policymakers, and others.

Unfortunately, current reporting requirements in some states measure quantity over quality, or volume over value. State-level policies that facilitate the **integration of behavioral and primary health care**, provide across-the-board **standardized definitions for behavioral treatments and services**, improve and streamline **reporting requirements to reflect effectiveness of care and treatment outcomes** and help highlight gaps in the system of care, **consolidate data collection** among payors, and provide funding for **electronic health record systems and interoperable IT systems** to collect and exchange standardized data can help behavioral health providers improve care and produce better outcome-related data that show the economic and health-related impacts of their services. Additionally, providers can further help to make the case for value by **using data on the impact of mental illness and substance use disorders on society to advocate for policy changes** that support the delivery of behavioral health care services to those who need them.

Facilitate implementation of the Mental Health Parity and Addiction Equity Act of 2008 by strengthening State Mental Health and Substance Use Disorder Treatment Parity Laws

The Mental Health Parity and Addiction Equity Act of 2008 requires most health insurance plans that offer mental health and addiction benefits to do so on par with medical and surgical benefits, preventing them from applying financial requirements and treatment limitations to mental health and addiction benefits that are more restrictive than those applied to medical and surgical benefits. This law, passed in 2008 and expanded in 2010, applies to most commercial and all Medicaid managed care plans in the United States. State insurance commissioners and Medicaid directors have the authority to enforce parity laws but often face difficulties fully enforcing them. Consequently, consumers still face barriers in receiving behavioral health benefits at parity.

State lawmakers do not have to wait for additional federal action and can take proactive steps to enhance their parity enforcement, ensuring equal access to mental health and substance use disorder treatment for their constituents. Model **state-level parity legislation** has been developed by national organizations to help ensure equal access to needed behavioral health services. Adoption of similar legislation and other tactics, **including expansion of reporting requirements for insurance companies, expanding data points to be included in Consumer Report Cards, and adding screenings for certain mental health conditions to patients' annual physicals**, are highly recommended approaches to minimizing barriers and increasing access through existing insurance providers and Medicaid managed care plans.

Conclusion

Each state faces a multitude of barriers to comprehensive service delivery for people living with mental health and substance use disorders; yet, many challenges are similar across disparate communities. The organizations represented here recognize that the policies reflected in this Consensus Statement are not exhaustive. Rather, they represent a starting point for additional dialogue at both the state and federal levels on key legislative and regulatory changes needed to bolster our nation's community-based treatment system and expand access to care for every American in need.

Endorsing Organizations



About BHECON

The Behavioral Health + Economics Network, known as BHECON (pronounced “beacon”), unites diverse stakeholders in a series of forums to examine and advance policy reforms to strengthen states’ behavioral health delivery systems. Led by the National Council for Behavioral Health along with state partners, BHECON participants include individuals and organizations recognized for their commitment to improving lives of people living with serious mental illness and incorporates representatives from the behavioral health, criminal justice, and public safety sectors, along with individuals working in the greater medical field. BHECON has partnered with academic research institutions to provide data and analysis specific to the topics presented at the forums and has curated national data in support of this effort.

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