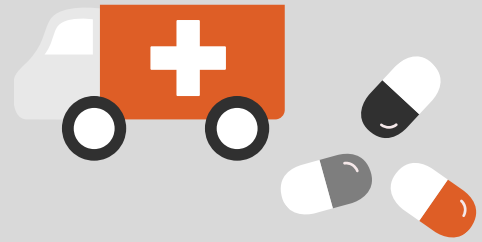


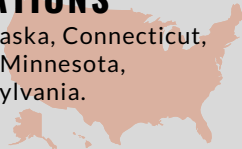
# BHECON BY THE NUMBERS: YEAR 2



In BHECON's 2nd Year, the focus turned from ideas to action to improve the lives of individuals living with serious mental illness and co-occurring conditions. State Partners engaged directly with policymakers, community members and state officials across the country to push for policies and reforms meant to increase access to quality behavioral health treatment.

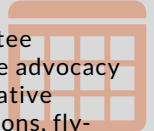
## 9 STATES & 13 ASSOCIATIONS

took part in BHECON Year 2: Alaska, Connecticut, Illinois, Kansas, Massachusetts, Minnesota, Missouri, New York\*, and Pennsylvania.



## 25 EVENTS

including: candidate forums, committee briefings, legislative breakfasts, state advocacy days, a Congressional briefing, legislative forums, conferences, data presentations, fly-ins, and the BHECON 2018 National Forum.



## 4 CONSENSUS STATEMENT TOPICS

resulting from all state activities, and supported by all 13 State Association Partners, the Consensus Statement highlights key issues in behavioral health and outlines policies and reforms to address them. The four main focuses are:



Timely Access to Evidenced-Base Treatment



The Behavioral Health Workforce Shortage



The Nexus of Behavioral Health & Criminal Justice



Behavioral Health Parity & Upholding the Federal Parity Law

## 2,295 POLICYMAKERS, ADVOCATES, & STAKEHOLDERS

attended BHECON events in Year 2, helping to raise the profile of individuals with serious mental illness and policy recommendations to address behavioral health's biggest challenges.

## 800 TWITTER IMPRESSIONS PER DAY

reaching new demographics and audiences by leveraging USC Schaeffer Center data in tweetable graphics and engaging during live events.

# YEAR 2 HIGHLIGHTS

**March 2018:** Kansas holds a state legislative panel, featuring six legislators and more than 20 in attendance, to discuss the state's Mental Health Task Force findings and recommendations. The Task Force receives state funding later in the year, and BHECON presents data to prioritize policy needs.

**July 2018:** BHECON sponsors the Minnesota Gubernatorial Behavioral Health Forum which brought four Gubernatorial campaigns into a behavioral health facility to discuss mental health policy priorities.

**January 2019:** Massachusetts forum focused on co-occurring disorders features the HHS Secretary as a keynote speaker. Legislators, providers, and national and local experts discussed innovations in treating co-occurring conditions to push the needle on legislation, just as their 2017 event helped to advance criminal justice reform.

**December 2017:** BHECON holds competitive application process for Year 2 activities and 12 states apply. Three are selected and added to the program: Alaska, Kansas and Minnesota.

**April 2018:** 2nd Annual BHECON National Forum held in Washington, DC. Kick-off of the Data Workgroup, a research initiative in partnership with the USC Schaeffer Center to identify the gaps in behavioral health data.

**September 2018:** BHECON leads planning and hosting for the Connecticut Behavioral Health Roundtable with Candidates, bringing 20 candidates and incumbents together with consumers and professionals for intimate discussions. This solidified the partnership between MH organizations in CT for a Parity Coalition that is still active.

**Spring 2019:** As Year 2 activities wrap-up, all 13 State Association partners have signed on to the Year 2 Consensus Statement and planning for Year 3, focused on criminal justice, is underway. All BHECON states have expressed interest in continuing forward.

BHECON is made possible by sponsorship from the National Council for Behavioral Health, Alkermes and Genoa. \*New York activities funded by the New York Community Trust.

**The Behavioral Health + Economics Network  
(BHECON)  
End of Year Report: Year 2**

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## Executive Summary

The second year of the Behavioral Health & Economics Network (BHECON) effectively pushed the needle on behavioral health policy at the state level by building from Year 1's discussion-based events and moving into events that promoted education and advocacy actions. Specifically, Year 2 built upon Year 1's statewide forums and directly engaged policymakers, communities, providers, and individuals and families experiencing mental illness within partner states to increase advocacy efforts focused on improving outcomes for persons with serious mental illness. The five Year 1 partner states – Missouri, Connecticut, Massachusetts, Pennsylvania, and Illinois – along with three new states – Alaska, Kansas, and Minnesota – worked with BHECON and its partners to educate lawmakers on state-specific issues ranging from improved workforce development, the Excellence in Mental Health and Addiction Treatment Act, increased access to evidence-based treatment, and the nexus of behavioral health and the criminal justice system. These events took many forms, including legislative breakfasts and receptions, legislative committee briefings, state partner advocacy days, service provider open houses, and policy forums, and educated policymakers and generated media attention about mental health policy and issues within each state. BHECON continued to root policy decisions in data by partnering with the University of Southern California's Schaeffer Center for Health Policy & Economics to illustrate the current state of behavioral health at the state level and in the national context.

BHECON-sponsored events galvanized participants to take their concerns related to mental health policy directly to legislators. The movement from discussion to action is not only evident in the events which took place over Year 2, but also within the outcomes of these efforts.

From their 2017 forum which focused on integrating behavioral health and the criminal justice system, Massachusetts demonstrated the movement from discussion to action and saw the passage of S.2371, which amended their Criminal Justice Reform bill to include law enforcement training in mental health. This policy ensures more effective responses from law enforcement to connect individuals with the interventions they need.

Illinois touted their most successful legislative session in years and focused on the transformation of the behavioral healthcare delivery system, including capacity building through workforce development. Multiple bills passed in the 2018 legislative session to address the state's needs in behavioral health, including H.B. 1707 which helps to enforce the Federal Parity Law.

Connecticut fought for enforcement of the Federal Parity Law, proven by the data to be a key barrier for their constituents. BHECON activities bolstered the creation of the Connecticut Parity Coalition, united around H.B. 7125 (Mental Health and Substance Use Parity), to work toward better outcomes for mental illness and improved access to care across the state. The Parity Coalition continued their advocacy efforts into the 2019 session.

Minnesota was able to bring focus to behavioral health in their 2018 Gubernatorial event, bringing candidates and the public together in a CCBHC and highlighting the effectiveness of the CCBHC model. The event provided a direct line from CCBHCs and constituents to candidates on some of the core behavioral health issues encountered daily, including the lack of funding and need for increased access to key services across the state. CCBHCs were also able to educate the public on their delivery model, creating more advocates for extension of the program.

Along with the above activities, events in Missouri, Alaska, and Kansas further elevated our BHECON partners as leaders in their state by bringing legislators, providers, experts and individuals with lived experience together. The commitment from BHECON and BHECON partners for positive change for the severely mentally ill population is evident in the relationships formed, the groundwork developed, the communal events produced by these partnerships, and the resulting changes. This report seeks to describe the events of Year 2, including what happened at each event, who attended, what was discussed, and what actions participants were able to take from the events.

## Background

Beginning in 2016, the National Council partnered with its state association members in Connecticut, Illinois, Massachusetts, Missouri, and Pennsylvania to kick-off Year One BHECON activities. The goal of the project was to support state associations in their legislative and grassroots efforts to improve the lives of people living with serious mental illness by advancing policy reforms to strengthen states' behavioral health delivery systems. To accomplish this goal, BHECON and its partners brought together diverse groups in data-driven dialogue around specific state policy reforms and built the infrastructure for a grassroots advocacy movement to support these reforms. Through a series of forums, BHECON served as a launching pad for key policy discussions needed to protect and expand access to the full array of treatments and supports for the residents of these states.

In the spring of 2017, the National Council hosted the first National BHECON Forum at its national conference in Seattle, where advocates from across the country gathered to discuss the common themes arising from states' BHECON forums, future directions in behavioral health and economics research, and effective techniques for translating data into advocacy. The common themes emerged from the state forums that informed the development of a *Consensus Statement on State Policy Reform*, endorsed by each Partner Association, that summarized the issues that emerged from the forums in these states and included recommended policy solutions that would help improve state residents' access to timely, high-quality mental health and addiction care.

In Year 2, the focus of this report, the emphasis of the BHECON project was to translate the information about these key issues discussed at the forums during Year 1 into actions that would drive changes in policy to improve the treatment and care for people with serious mental illness and addiction disorders. To accomplish this objective, BHECON and its partner states sponsored a variety of events aimed at educating policymakers about important issues such as the need for improved workforce development policies and the Excellence in Mental Health Act, the need for reform related to the treatment and care of individuals with serious mental illness involved in the criminal justice system, and the need for increased investment in evidence-based treatment for mental health disorders.

In addition to supporting these activities in the original five Cohort 1 states, BHECON also expanded its work to an additional three Cohort 2 states – Alaska, Kansas, and Minnesota.

Building off their successes in Year 1, partner state associations in Connecticut, Illinois, Missouri, and Pennsylvania agreed to sponsor two events from the choice of either a legislative event, a forum, or a briefing while our state association in Massachusetts agreed to host one large forum modeled after their successful event in 2017. Partner state associations in Alaska, Kansas, and Minnesota agreed to host two statewide forums and a legislative event to explore policy reforms that would improve the health and lives of individuals with serious mental illness, including co-occurring disorders. Following is a report on the activities in each of these eight BHECON states.

## State Events

### Connecticut (Connecticut Nonprofit Alliance)

#### ***Legislative Briefing: The Value of a Robust Behavioral Health System to Connecticut, April 9, 2018***

On April 9, 2018, Connecticut State Legislators, health care lobbyists, and safety net advocates gathered in Hartford for an informational briefing before the Public Health Committee, a joint standing committee of the Connecticut General Assembly, organized by the Connecticut Nonprofit Alliance. The hearing focused on the impact of behavioral health on Connecticut's economy, mental health parity in the state, and access to treatment for comorbid disorders in the criminal justice system. While Connecticut has traditionally been a leader amongst states when it comes to mental health resources and criminal justice reform, budgetary issues have caused it to fall behind in recent years.

To illustrate the impact of behavioral health on Connecticut's economy, the University of Southern California Schaeffer Center for Health Policy and Economics presented in-depth data analysis of Connecticut along with a national analysis. The presentation highlighted the disparity between Connecticut's current behavioral health care spending and subsequent outcomes, which is common in many states, as often corrections facilities like prisons and hospitals bear the brunt of behavioral health costs with the lack of community-based treatment options. It was emphasized that investment in behavioral health care in the community can drive down higher costs associated with hospitalizations or incarceration.

Beyond higher costs, state legislators expressed concern over the persisting stigma around treating mental illness and the barriers to treatment access. While there had been significant innovation in physical health care and supportive re-entry services, these advancements have not taken place at the same pace within mental health care, specifically when it comes to schizophrenia.

Information presented at the briefing on Certified Community Behavioral Health Clinics (CCBHCs) was also of interest to legislators in that early data shows that integrated behavioral health care that is properly funded can reduce strain and costs for states struggling to meet the needs of their residents.

In addition to state legislators coming away from the briefing in support of mental health parity legislation and increased substance use disorder treatment in correctional facilities, the Connecticut Nonprofit Alliance re-affirmed its leadership role in identifying and helping to resolve key policy issues related to behavioral health in the state.

### ***Behavioral Health Roundtable with Connecticut's Candidates, September 6, 2018***

On September 6, the Connecticut Nonprofit Alliance, APT Foundation, Keep the Promise Coalition, Mental Health Connecticut, and NAMI Connecticut partnered with BHECON to host roundtable discussions in West Haven for state officials, legislators, candidates for elected office, community behavioral health advocates, and constituents to discuss challenges and opportunities facing the state's behavioral health system.

A total of 13 incumbent elected officials and candidates for office were on site at the APT foundation, a community mental health and substance use disorder provider, to take part in smaller roundtable discussions with community providers and advocates. These discussions were framed as a learning opportunity for policymakers on the realities of providing or receiving mental health and addiction treatment in the greater New Haven area.

One of the challenges faced by providers in the state is underfunding of community-based services amplified by recent budgetary shortfalls. Providers emphasized for policymakers the need for state funding of behavioral health services and the difficulties around operating on grant funding that is not guaranteed year-to-year. Behavioral health providers spoke about how their business models are often tenuous because of low reimbursement rates and lack of sustained funding. Data shows that over 52% of adults in Connecticut with a mental health concern cannot access services due to many barriers, including cost and lack of providers or service availability. Another key barrier they identified is the lack of enforcement around federal mental health parity laws.

A clear message expressed by those candidates and policymakers in attendance was that state budgets reflect priorities and additional advocacy is needed to ensure that behavioral health is made a priority in the next legislature.



The event presented an excellent opportunity for advocates, providers, and consumers to demonstrate in a clinical setting why behavioral healthcare should be a funding priority and a chance to for elected officials and candidates to interact with providers and those who receive the behavioral health services.

**Illinois (Community Behavioral Healthcare Association of Illinois, Illinois Association for Behavioral Health, Illinois Association of Rehabilitation Facilities)**

***Illinois Community Behavioral Health Advocacy Day, May 17, 2018***

On May 17, 2018, the Community Behavioral Healthcare Association of Illinois, the Illinois Association for Behavioral Health, and the Illinois Association of Rehabilitation Facilities, in partnership with the BHECON, hosted the Illinois Community Behavioral Health Advocacy Day in Springfield.

About 100 community-based mental health providers, state agency officials, and state legislators were present for the day that began with a legislative breakfast, which was attended by the chair of the House Appropriations Committee and other legislators. National Council staff began the day by sharing updates on how current federal health policy is re-shaping the delivery of behavioral health and addiction services.

In Illinois, a newly approved Medicaid 1115 Waiver for the state will bring changes to how behavioral healthcare will be delivered in the state, and the Director of Medical Programs at the Illinois Department of Healthcare and Family Services gave a much-anticipated update on how the waiver will be implemented. Ten pilot programs that expand several types of services for people with mental health and substance use disorders will be implemented throughout the state and the Department will be determining where those will be located.

Participants also heard about the latest data that show Illinois' significant behavioral health workforce shortage when compared to surrounding states and the proposed legislation that impacts this and other behavioral health issues in the state. The USC Schaeffer Center noted that the behavioral health workforce shortage is impacting communities across the nation, but Illinois is especially hard-hit. Illinois would need to almost triple the number of behavioral health professionals in shortage areas to meet residents' needs.

With that information in hand, advocates visited their state legislators to weigh in on issues such as strengthening the behavioral health workforce so that more patients have access to care and transforming the behavioral healthcare system in the state.

***Illinois Behavioral Health Advocacy Day: Building Community, May 15, 2019***

On May 15, 2019, BHECON joined the Illinois Association for Behavioral Health, the Community Behavioral Healthcare Association of Illinois, and the Illinois Association of Rehabilitation Facilities to host a legislative breakfast and advocacy forum. The forum, “Behavioral Health Advocacy Day: Building Community,” gathered 80 behavioral health providers, consumers, state legislators, and community members for a half-day event focused on bringing data and best practices to bear in the state’s legislative and regulatory conversations around behavioral health.

During the forum, data was discussed around the state of the behavioral health workforce in Illinois. More specifically, Illinois has seen a 215 percent increase in the shortage of behavioral health care professionals between 2017 and 2019, an increase that far outpaces surrounding states by as much as 11 times. Attendees attributed this stark contrast to the state’s budget impasse, wherein the state legislature did not finalize a budget from mid-2015 to mid-2017. Many behavioral health treatment organizations suffered from a lack of state funding during the impasse, which impacted staff members and likely worsened the workforce shortage. This shortage has ripple effects to the state’s residents and economy as almost one third of Illinois residents reported an unmet need of mental health treatment in 2017.

In early 2019, the Illinois Senate adopted a resolution declaring May 15, 2019 Trauma-Informed Awareness Day across the state. In observation of the day, a group of eight youth from Chicago’s Mikva Challenge gave an overview of the impact of trauma on youth and public health, especially as it relates to health disparities across Chicago. A study from the University of Chicago found that the life expectancy in one neighborhood of Chicago called ‘the Loop’ was 16 years higher than that of a Washington Park neighborhood, just 8 miles down the road, because of the difference in traumatic experiences within each community. The youth delegation also shared practical coping skills they have learned for attendees to use when facing stressful situations, including breathing exercises and mindfulness, and shared local resources for more extreme crisis situations.

The forum also discussed Illinois’ next steps for integrated health homes. Before the 2018 elections, Illinois’ former Governor Bruce Rauner and his administration had crafted a State Plan Amendment (SPA) that would move the state’s health care delivery system toward a model of integrated health homes. Following the election, current Governor J. B. Pritzker and his administration have been working to review the previously approved SPA and to refine the proposal to fit the state leadership’s new direction. To shed light on the conversation, Natalie Cook, the Integrated Care Manager from the Missouri Coalition for Community Behavioral Healthcare, provided an overview of the steps Missouri took during their planning period,

which set in motion a program that is now widely regarded as a national model of excellence. Natalie discussed high-level considerations her state considered during their planning process, as well as a more detailed description of the state's quality measures and steps toward implementation. Behavioral health providers must speak up and collaborate with the state to be sure their voices are heard throughout the transition to integrated health homes to highlight the realities of the behavioral health system on the ground.

After the forum, attendees made their way to the state capitol equipped with research, data, and insights to speak with their legislators and advocate for sound behavioral health policy.

### **Missouri (Missouri Coalition for Community Behavioral Healthcare)**

#### ***St. Louis, Missouri Regional Breakfast, June 22, 2018***

On June 22, 2018 the Missouri Coalition for Community Behavioral Healthcare, in partnership with the BHECON and the Independence Center, hosted a regional breakfast to bring providers, individuals with behavioral health needs, state legislators, and Congressional staff together to discuss challenges and opportunities for the state's behavioral health delivery system.

The breakfast program featured Compass Health, a Certified Community Behavioral Health Clinic (CCBHC) in Missouri. Compass described how their participation in the CCBHC demonstration project led them to successfully add 56 direct care providers in just over a year, and their plans to add 51 additional providers in the upcoming year. The new hires include eight psychiatrists, which are traditionally one of the most difficult roles to fill. Compass projected they would be able to provide behavioral health and addiction treatment to over 1,000 additional individuals in the next year. Places for People, another CCBHC in St. Louis, reported an expansion of their child and adolescent services, allowing earlier intervention among children with trauma, a population significantly correlated with higher rates of mental health and substance use disorders.

Mental health parity was discussed as an additional challenge for the MO state behavioral health delivery system, which has been an issue for other states as well. Stricter enforcement and oversight are needed to ensure compliance with parity so that individuals with insurance coverage do not encounter barriers from their health plans to access needed mental health and addiction treatment.

Another important topic addressed at the breakfast was the relationships between behavioral health providers and law enforcement in the state. Missouri's Crisis Intervention Team (CIT) program, in cooperation with the state's Community Mental Health Liaisons (CMHLs), has created stronger relationships between law enforcement and the behavioral health community.

The results show that these programs are getting individuals in crisis into care rather than incarcerating them. Partnerships developed by Missouri's CIT program have given greater access to behavioral health care at the appropriate time. This effort illustrates how focusing on the nexus between the behavioral health and criminal justice systems can help ensure better access to comprehensive community-based care.

***Missouri Legislative Panel, September 14, 2018***

On September 14, BHECON hosted a Legislative Forum in Branson in conjunction with the Missouri Coalition for Community Behavioral Healthcare's annual conference. The panel featured three state representatives who serve on the House budget committee, including the chair. After reviewing emerging issues in behavioral healthcare over the past two years and how these issues have brought together stakeholders and legislators in settings such as this panel discussion, the state legislators talked about some of the needs within the state.

Key themes from the panel included increasing access and the need to invest in community-based care and suicide prevention. Additionally, successes of the Excellence Act, which established Certified Community Behavioral Health Clinics in Missouri, were discussed as a model of how behavioral health care can best work for the people of Missouri. There was also discussion of how Missouri has attempted to address their provider shortage, such as expanding the scope of practice for advanced practice registered nurses. While Missouri would need to nearly double their behavioral health workforce to properly serve the state, the CCBHC program is an example of success in growing the workforce.

The legislators on the panel emphasized the importance of hearing from constituents about behavioral health issues, and the panel gave attendees the chance to engage with legislators in meaningful discussion about the issues. After hearing from attendees, legislators expressed their commitment to work with Coalition members in improving behavioral health services in the state.

***Pennsylvania (Rehabilitation and Community Providers Association)***

***Pennsylvania Advocates Storm the Capitol, April 17, 2018***

On April 17, 2018, the Rehabilitation and Community Providers Association (RCPA) hosted its annual Capitol Day event in Harrisburg, where advocates gathered to talk with their state legislators about supporting a variety of health and human services issues, including mental health and addictions.

Throughout the day, RCPA hosted a table in the Capitol's Main Rotunda and handed out informational materials on specific budget recommendations and the early successes

demonstrated by Pennsylvania's Certified Community Behavioral Health Clinics. Over 100 attendees gathered on the Rotunda steps as legislators delivered remarks during a press conference highlighting their support of direct service providers and their important work.

Legislators and advocates were invited to join RCPA for a reception, sponsored by the BHECON, following the day's activities. More than 60 people attended the reception, including National Council Board members, service providers, legislators, and legislative staff. Among the legislators who attended were the Chair of the Senate Health and Human Services Committee, the Majority Policy Chairman, and Minority Chair of the Professional Licensure Committee. Legislators and staff had the opportunity to hear first-hand from behavioral health providers about issues affecting care and treatment of serious mental illness and addiction, including the need for funding to support high quality care, adequate compensation for providers, and expanding treatment programs for mental health and addiction disorders.

***Rehabilitation and Community Providers Association Annual Conference: Fueling the Future, October 2, 2018***

On October 2, 2018, the Rehabilitation and Community Providers Association (RCPA) hosted its annual conference, *Fueling the Future*, in Hershey. BHECON sponsored two sessions focused on Certified Community Behavioral Health Clinics (CCBHCs) and their impact on the state landscape. Pennsylvania currently has seven CCBHCs established by the Excellence in Mental Health Act of 2014.

Over 50 session attendees, including community-based mental health providers and state agency officials, had the chance to hear panelists share insights on a number of key topics related to the CCBHC demonstration, including use of the prospective payment system (PPS) rate to help expand evidence-based care services, increased access, movement toward a value-based payment (VBP) system, integrated care, implementation of mobile crisis services and substance use disorder treatment and the increased usage of data and reporting metrics. CCBHCs in Pennsylvania have been able to increase their workforce and subsequently the total number of patients served. Speakers shared the enormous improvements both in service delivery and in client wellness from the CCBHC model. Other topics of interest from attendees included staff satisfaction, peer supports, financial and regulatory hurdles, and relationship-building between providers, among others.

A follow-up session, *Collaboration in Certified Community Behavioral Health Clinics: The New Frontier of Delivery Models*, focused on creating and implementing Designated Collaborative Organizations (DCOs). The session covered the benefits and lessons learned from the processes of developing new models of collaborative initiatives with community-based health and social

providers. The presentation focused on the essential elements of quality collaboration, and attendees were able to ask questions about both the challenges and benefits of such strong and formalized community partnerships. Panelists emphasized the success of providing seamless, high-quality care to clients which, ultimately, improves mental health outcomes.

In all the discussions related to CCBHCs, there was the common theme of sustainability and the importance of continuing this program beyond the initial two-year demonstration period as an effective way to strengthen the behavioral health workforce so that more patients have access to evidence-based behavioral health treatment.

### **Massachusetts (Association for Behavioral Healthcare & Massachusetts Association for Mental Health)**

#### ***Innovative Approaches for the Prevention and Treatment of Co-Occurring Mental Health and Substance Use Conditions, January 16, 2019***

On January 16, 2019, BHECON joined the Association for Behavioral Healthcare (ABH), the Massachusetts Association for Mental Health (MAMH), & the Blue Cross Blue Shield of MA (BCBS-MA) Foundation in hosting a half-day forum on co-occurring behavioral health conditions.

The forum gathered national and local experts who outlined a variety of successful interventions and models. The forum brought together over 120 attendees, including mental health and substance use disorder (SUD) treatment providers, state health officials and legislative staff, and associations and organizations committed to improving access to the best care.

Marylou Sudders, Massachusetts's Secretary of Health and Human Services, spoke of her vision to move the state toward a more integrated health system that treats each person for all their health needs seamlessly. "If we don't draw attention to the segmented nature of primary care, mental health, and substance use disorder treatment, we cannot address it," said Secretary Sudders. "It is clear that we must create a system with a true continuum of care." While the Secretary acknowledged the large amount of work needed to bring about this level of reform, attendees left feeling encouraged that she is actively working toward helping Massachusetts residents living with co-occurring conditions.

A panel of national experts shared their experiences and concrete next steps for taking on such a large-scale system transformation to begin integrating care for people with co-occurring conditions. representatives from ZiaPartners and Behavioral Health Services at the Acacia Network in the Bronx, NY provided insights to models that other states and organizations have undertaken. Since becoming a Certified Community Behavioral Health Clinic (CCBHC), Acacia

Network has been able to expand their service array, increase their access to care, and hire well-qualified staff to better meet the needs of individuals with co-occurring disorders, all under one roof. Although Massachusetts is not one of the eight states participating in the two-year CCBHC demonstration, a handful of clinics have received grant funding to make changes like the Acacia Network.

Representatives from local behavioral health organizations led a panel to demonstrate that providing integrated care that addresses co-occurring disorders is possible within the health system and funding structures available to organizations in Massachusetts. One organization described how their bilingual, bicultural health center has grown into the integrated care space. By being creative in weaving together funding, investing in a well-qualified and passionate workforce, and ensuring that everyone who walks into their clinic will receive help, they have decreased homelessness and emergency department visits among their patients while increasing employment, sustained care and recovery, and connections to primary care.

Closing the day's program, Massachusetts Health Policy Commission overviewed findings and policy recommendations from the Commission's survey on availability of co-occurring disorders treatment in the state. Tying together the importance of the other presenter's comments and demonstrated next steps, the survey results show the depth of Massachusetts's gaps in serving individuals with co-occurring conditions, and the path forward to addressing these shortages. Only 29% of behavioral health clinics and counseling sites in the state are appropriately licensed to treat both mental illness and SUD, and rural western MA residents and those on the Cape have a particularly difficult time accessing services. The Health Policy Commission's report drove home the need to engage in improving data collection and infrastructure, investing in the state's behavioral health workforce and licensure, and working to fully integrate care.

### **Minnesota (Minnesota Association of Community Mental Health Providers)**

#### ***Minnesota Community Mental Health Providers Hill Day, May 3, 2018***

On May 3, the Minnesota Association of Community Mental Health Providers (MACMHP), in partnership with BHECON, hosted its "Day on the Hill" at the state capitol building in St. Paul. About 30 people attended the event, which featured presentations by the National Council, USC Schaeffer Center for Health Policy & Economics, and American Public Media Group. The program was followed by a primer on conducting legislative visits, after which advocates called on their state legislators to voice support of the Mental Health Workforce Shortage bill, SF 3066.

To set the stage for the day, attendees heard about the current policy landscape in Washington, DC related to mental health and addiction. Funding for behavioral health in the omnibus spending bill passed by Congress totaled about \$10 billion, including support for Certified

Community Behavioral Health Clinics, the integration of primary and behavioral healthcare, and funding for Mental Health First Aid, state grants to address the opioid crisis, and other key programs.

MACMHP had made addressing the workforce needs and career advancement in the mental health care field a top policy priority. Practical solutions such as establishing common baseline qualifications for non-licensed mental health practitioners and mental health rehabilitation workers, broadening the ways through which candidates may qualify for employment in community mental health care delivery, and offering additional career ladders for staff and retaining qualified staff would streamline and expand mental health program staffing.

Data presented at the forum showed that about a third of Minnesotans reside in a behavioral healthcare professional shortage area, where the number psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists cannot meet the demand. In rural areas, of the state, there is one mental health provider for every 1,960 patients. This shortage is created in part because of the difficulty for non-licensed professionals to build a career amidst restrictive educational and work experience requirements.

A highlight of the day's program was the announcement of a new initiative developed by American Public Media (APM) and Minnesota Public Radio (MPR) known as *Call to Mind*. *Call to Mind* is a five-year initiative to inform and mobilize conversations about mental health and expand the focus on mental health coverage on-air and online. The aim of the initiative is twofold: activate and amplify public conversation by bringing people together and establishing a platform for change for individuals, communities, educators, employers and health care systems to inform policy discussions. Through this initiative, APM is seeking to raise the visibility of mental health by producing stories that elevate the discussion around how we talk about mental health, how we care for mental illness, and how we fund mental health care and treatment. Additionally, APM is hoping to capitalize on the interest in mental health that has been generated through celebrities' and other public figures' openness about their own mental health challenges through social media channels. To expand the focus on mental health coverage, MPR News hopes to solidify a dedicated mental health reporter to increase both the volume and diversity of coverage. Ultimately, *Call to Mind* will extend beyond current public radio listeners and engage new audiences with both live events and opportunities to participate online.

As with events in other states, strengthening the behavioral health workforce so that more patients have access to care was a key issue for discussion. To help attendees better



understand how to effectively deliver their message, they heard from seasoned advocates and lobbyists on how to conduct successful visits with legislators and deliver their message that policymakers need to “change the mental health workforce requirements without sacrificing quality of care.”

***Minnesota CCBHC Gubernatorial Mental Health Forum, July 26, 2018***

About 100 people attended the Minnesota CCBHC Gubernatorial Mental Health Forum on July 26, 2018 at Amherst H. Wilder Foundation, a Certified Community Behavioral Health Center, in St. Paul. The event was co-hosted by BHECON, MACMHP, NAMI Minnesota, Minnesota Association of Resources for Recovery and Chemical Health (MARRCH), the Minnesota Mental Health Legislative Network, the National Council for Behavioral Health, and Amherst H. Wilder Foundation.

Over the course of a 90-minute program, behavioral health advocates, state and federal policy-making staff, and local constituents heard from a panel of CCBHCs who shared how they have been able to improve their service delivery, hire to fill needed positions, and increase positive treatment outcomes since the launch of the CCBHC program in 2017. The panel included Amherst H. Wilder Foundation, People Incorporated, Northern Pines Mental Health Center, and Northwestern Mental Health Center—four of the state’s six CCBHCs. Preceding the panel was a brief overview of the CCBHC model from the National Council for Behavioral Health.

Representatives from the CCBHCs emphasized that the CCBHC demonstration is not just a demonstration but a philosophy of care; a way to approach individuals with a debilitating disease and provide them the care they need. The CCBHC model allows providers to engage individuals who historically have fallen through the cracks, including those who have been involved in the criminal justice system.

Constituents in the audience posed questions and expressed interest in understanding the funding mechanism supporting CCBHCs, how the program integrates with primary care, and whether it is positively impacting recruitment and retention of behavioral health providers.

All gubernatorial campaigns were invited to participate and representatives from four campaigns attended. In a moderated panel, the four candidates responded to questions on mental health parity, addressing the workforce shortage and historical lack of funding for behavioral health, integrating mental health in schools, addressing the nexus of criminal justice and behavioral health and increasing access in the communities most in need of services.

In the end, this forum provided the opportunity for candidates and elected officials learn about innovative solutions to some of the most pressing behavioral health issues in the state while also hearing from constituents about some of the issues they encounter daily.

***Minnesota Association of Resources for Recovery and Chemical Health/Minnesota Association of Community Mental Health Programs 2018 Annual Conference, October 29, 2018***

In partnership with MACMHP and MARRCH, BHECON sponsored mental health-specific programming at the annual MARRCH/MACMHP conference in Saint Paul on October 29th through October 31<sup>st</sup>, 2018. Some of the key topics that were addressed included the behavioral health workforce shortage, CCBHCs, creating new partnerships among key stakeholders, and increasing access to mental health services.

BHECON was represented on a panel entitled “Certified Community Behavioral Health Clinics in Rural and Frontier Regions of Minnesota,” co-presenting with two CCBHCs. The panel covered the impact of the CCBHC program across the country, state-led initiatives to expand CCBHCs, and progress made on a federal expansion. Panelists described examples of practice innovations that CCBHCs have implemented to improve access to health care in rural and frontier areas. On another panel titled “Past, Present, Future: The Evolution of Behavioral Health in Health Care,” panelists covered the evolving role of mental health and substance use in the nation’s health care system and shared how the National Council works to support providers in advocating for policies to strengthen the safety net, highlighting BHECON as the primary example of National Council state policy initiatives.

This conference presented BHECON the opportunity to once again highlight the important role that CCBHCs can play in addressing key issues that were identified in the Consensus Statement on State Policy Reform, including strengthening the behavioral health workforce so that more patients have access to evidence-based behavioral health treatment diverting those involved in the criminal justice system into community-based care.

***Kansas (Association of Community Mental Health Centers of Kansas)***

***Kansas Legislative Forum, March 15, 2018***

On March 15th, 2018, the Association of Community Mental Health Centers of Kansas (ACMHCK), in partnership with BHECON, held a legislative forum in Topeka to explore critical mental health treatment gaps and identify policy solutions. Behavioral health stakeholders, local law enforcement and state legislators convened to share their insights on how to improve behavioral health outcomes for Kansans through innovative programs and priority-setting.

Participants noted that state hospitals in Kansas are overburdened, giving law enforcement few options for individuals experiencing crises. For law enforcement, the problem that remains is what happens when officers do not have a safe place to bring individuals in crisis or if there is no space available in the hospitals. However, engagement between law enforcement and behavioral health providers continues to expand in Kansas.

According to an attending officer representing the Topeka Police Department, the most successful programs rely on strong relationships between police officers and community behavioral health clinics. Successful programs also include officer training—such as Crisis Intervention Training—with support from behavioral health clinicians. Topeka, for example, is moving toward having social workers available 24/7 to go out on calls in the field with police officers. At Horizons Mental Health Center, costs are shared with their criminal justice partners to ensure there is adequate re-entry support to reduce recidivism.

Providers and stakeholders commended the integrated nature of the Certified Community Behavioral Health Clinics (CCBHCs) model, which combines not only physical and mental health treatment but addiction services as well.

Citing statistics related to adverse childhood experiences (ACEs), a term most often used in the context of trauma-informed approaches and the outcomes on incarceration rates, legislative panelists agreed that data should be driving decision-making. One population of concern are juveniles encountering corrections, as data can be used to determine the risk of future criminal justice engagement based on certain ACEs, and preventive measures can be taken to divert youth from detention. Kansas also needs to invest further in behavioral health services to adequately meet the mental health needs of children in foster care and to reduce future trauma.

Even with the release of the Mental Health Task Force Report to the Kansas Legislature, state legislators still need support from behavioral health professionals to determine where, in the full continuum of behavioral health care, the most pressing gaps exist. While there are many recommendations to improve access to evidence-based mental health and addiction treatment, the state needs to prioritize specific actions for targeted investment and innovation.

The Kansas Association of Addiction Providers, the Kansas Association Chiefs of Police and Kansas Sheriffs' Association joined ACMHCK and BHECON as partners in convening this event.

***Kansas Mental Health Task Force Meeting, August 9, 2018***

At the invitation of ACMHCK, BHECON, the National Council for Behavioral Health and the USC Schaeffer Center for Health Policy and Economics took part in the August 9th convening of the Kansas Mental Health Task Force in Topeka.

The Mental Health Task Force is a multidisciplinary group commissioned by the state to prioritize additional behavioral health system changes as recommended in its 2017 report. Setting the stage for the Task Force's discussion, a representative of the Schaeffer Center presented the updated Kansas 2018 Data Chartbook for consideration. The presentation focused in on data related to hospitalization rates, lengths of hospital stay, associated costs of treating mental illness, and costs associated with serious mental illness treatment in jails and prisons to illustrate some of the issues that Kansas faces as it considers policy changes related to its behavioral health system.

The Task Force expressed the most interest in correlating causal impacts with the data, for example understanding if longer rates of hospital stays from a schizophrenia-induced admission is due to the treatment received or a lack of available community supports upon discharge of a patient. Causal information is a key element of proving return on investment in behavioral health spending, as savings are often disbursed among multiple social services and over the course of an individual's lifetime.

The discussion illustrated many of the current barriers experienced in behavioral health data collection. When attempting to dive into county level spending and data, there are often multiple barriers in comparing data because of collection standards and metrics. Definitions and requirements vary at both the state and county level, which can make meaningful comparisons difficult.

A key area of interest for further study is the impact of increased safety net spending in surrounding states on the behavioral health workforce of Kansas. While it is difficult to compare behavioral health and addiction specific roles across state lines when there are differences in licensure requirements and reporting by state, the Task Force expressed concern that increases in safety net spending within Missouri, Colorado, and Oklahoma may be resulting in a depletion of available mental health professionals in Kansas.

***Kansas 2018 Behavioral Health Conference, September 12, 2018***

On September 12th, BHECON attended the Association of Community Mental Health Centers of Kansas' Annual Conference for Behavioral Health to provide an update on federal policies that impact providers on the ground and to present data on the current state of behavioral health in Kansas.

The Conference's approximately 400 attendees gathered to hear the opening keynote, "Updates from Washington," covering issues from federal appropriations to voter registration ahead of the 2018 midterm elections. The presentation highlighted the successes that Certified Community Behavioral Health Clinics (CCBHCs) are seeing across the eight states in which they operate. Kansas providers have expressed disappointment in their state's choice to forego participation in the CCBHC program, especially as they have seen their neighbors to the east in Missouri succeed with the project. However, federal policymakers have supported initiatives to increase access to care and addressed workforce issues across the country with proposals such as expanding funding for telehealth and offering student loan repayment programs for behavioral health providers.

During one of the Conference's breakout sessions, the Schaeffer Center for Health Policy and Economics presented the updated Kansas 2018 Data Chartbook. The data provided an overview of the prevalence of SMI in Kansas compared to the rest of the nation, the economic costs associated with SMI, treatment capacity within the state, the intersection of the behavioral health and criminal justice systems, and more. Attendees offered insights into potential data sources from local providers to augment the Kansas chartbook. A key area of interest for further exploration was the differential impacts of each these issues on youth and adolescents.

***Kansas 2018 Behavioral Health Conference, December 12, 2018***

On December 12, 2018, BHECON sponsored a reception for newly elected state legislators in Kansas. The reception was hosted by the ACMHCK, the Heartland Regional, the Alcohol & Drug Assessment Center, and the Johnson County Mental Health Center.

The recent election brought about some changes in the state legislature and this event was an opportunity to not only build relationships with the newly elected legislators, but also to further cultivate existing relationships with elected officials. The legislative delegation from the two-county area that includes Kansas City and Shawnee, where the reception was held, constitute 25 percent of the Kansas Legislature, so this reception was an opportunity to reach a sizeable number of both newly elected and incumbent legislators.

More than 40 people attended the reception, which featured presentations by ACMHCK and representatives from the other organizations who highlighted their legislative agendas for the 16 new legislators and several incumbents who were there. In addition, several local officials, including County Commissioners and the Congressional district staff from the two counties on the Kansas side of the Kansas City metro area were in attendance.

A key piece of ACMHCK's policy agenda for 2019 is the implementation of Mental Health 2020, a package of mental health improvement initiatives aimed at restoring the funding balance to the Community Mental Health Center (CMHC) system as well as assisting in workforce development programs to increase the number of psychiatrists who are trained and incentivized to stay in Kansas. Funding was also requested for the Kansas Department of Aging and Disability Services to invest in community-based crisis stabilization and treatment services. Copies of the Kansas data chartbook produced by the Schaeffer Center for Health Policy & Economics were also provided to those in attendance to demonstrate the need for these policy changes.

### **Alaska (Alaska Behavioral Health Association)**

#### ***Alaska Data Collaborative Summit, August 30, 2018***

The Alaska Behavioral Health Association (ABHA), in partnership with BHECON, the University of Alaska – Anchorage, and the Alaska Department of Behavioral Health, convened on August 30, 2018 to discuss the prospect of collaborating on a data collection initiative between ABHA, the university and state. The purpose of this initiative would be to identify policy solutions to improve the quality and cost-effectiveness of behavioral health treatment in the state, ensuring that the mental health and addiction treatment needs of Alaskans are met.

Twenty-three other states have implemented similar data collaboration initiatives and ABHA showed interest in the possibility of Alaska joining them. ABHA emphasized the importance of providing access to quality and cost-effective behavioral health treatment and noted that their expertise and that of the university and state will contribute to further improving access to behavioral health treatment. Currently, there is a provider shortage and lack of access to community-based behavioral health treatment in Alaska. Data that illuminate the gaps in treatment, as well as what evidence-based practices need to be implemented to best address these gaps, would be the outcome of this collaboration.

A representative from the National Council for Behavioral Health provided the Missouri and national perspectives as examples of the success of similar initiatives.

#### ***Annual ABHA Member Meeting, September 17, 2018***

At the Alaska Behavioral Health Association's (ABHA) annual member meeting in Fairbanks, community-based mental health providers, administrators and senior staff, and state agency officials heard the Schaeffer Center present the 2018 Alaska Data Chartbook for the first time. A representative of the National Council for Behavioral Health also presented a federal policy update and discussed trends and movement at the federal level impacting Alaskans.

***Alaska Behavioral Health Association Member Meeting, March 4, 2019***

BHECON sponsored a Federal Policy update at the [ABHA](#) Annual Member Meeting, providing behavioral health providers in Alaska with the latest insights on laws and regulations that may impact them in the future. Advocates were able to ask questions and get an insider’s perspective from Chuck Ingoglia, SVP of Public Policy at The National Council for Behavioral Health, on current health care trends coming from Washington, DC.

For individuals with serious mental illness, 2019 promises some continued challenges to ensuring access for mental health and addiction treatment. The federal focus on “flexibility” at the state level presents significant opportunities for states to establish new problems and regulations to increase behavioral health investment, however current policy trends have included more restrictive measures in accessing the public safety net for behavioral health conditions.

2018’s successful SUPPORT for Patients and Communities Act included bills related to telemedicine, behavioral health IT and the addiction treatment workforce, however few provisions spend any money. Advocacy should remain a top priority for behavioral health providers moving forward at both the state and federal level to ensure lawmakers prioritize investments into treatment for individuals with serious mental illness and supporting development of the behavioral health workforce.

**BHECON National Forum**

The National BHECON Forum on April 22, 2018 in National Harbor, Maryland brought together representatives from the participating BHECON states and national staff to hear from policy experts, researchers, and other advocates on the current state of health care policy and ways to improve behavioral health legislative advocacy efforts moving forward. A panel of national health policy experts discussed the changing landscape of health policy, highlighting that the Trump Administration is pushing for more flexibility for states, shifting the locus of such policymaking to state and local governments. These changes leave concerns in some states around access to high-quality behavioral health treatment, while other states are taking advantage of the newfound flexibility to continue to innovate and improve patient outcomes.

A session on “Sharpening the Tools in Your Advocacy Toolbox” focused on the importance of building professional relationships, both with individuals in legislative offices as well as with other community stakeholders passionate about similar issues. A representative from the USC Leonard D. Schaeffer Center for Health Policy and Economics discussed how to better use the

data chartbooks that have been developed for BHECON states, offering insights on how to use these data to demonstrate the financial return from investing in community-based behavioral health treatment with policymakers.

## Data Initiative Workgroup

In cooperation with the USC Leonard D. Schaeffer Center for Health Policy and Economics, BHECON launched the Data Initiative Workgroup to identify directions in research that are needed to support advocacy. Behavioral health advocates consistently struggle to access and leverage key data indicators that could help make the case for investing in community-based services. In some cases, the data is simply not available; while in others it has not previously been studied. The goal of Data Workgroup, which included National Council staff, the Schaeffer Center, and representatives from BHECON partner states, was to create a Call for Papers inviting researchers to contribute to the body of literature on behavioral health and economics and develop recommendations on how states and advocates can improve data collection efforts to inform this research.

To gather information on where gaps exist related to behavioral health data, interviews were conducted with clinic medical directors, CEOs and vice presidents at community mental health organizations, State Association Executives and senior staff at state behavioral health associations, policy directors at state and national advocacy organizations and consultants/advocates at private consulting companies in the behavioral health space.

An initial analysis of this information showed a lack of basic data (e.g., size of population in need, demographic characteristics of the population), a lack of real-time data, a lack of integration of data systems, and the lack of a standardized language for the data. From this analysis, a draft of proposed research topics was developed and an initial draft of a paper outlining the data gaps, recommending how states and advocates can improve data collection, and inviting researchers to contribute to the body of literature on behavioral health and economics release efforts is currently under review for eventual publication.

## Congressional Briefing

A Congressional Briefing sponsored by BHECON to raise awareness on Capitol Hill about how Certified Community Behavioral Health Clinics (CCBHCs) are increasing access to addiction and mental health treatment, addressing the ongoing nationwide shortage of addiction providers, and strengthening partnerships between the behavioral health delivery and criminal justice systems was held on December 4, 2018.



Law enforcement officers are often first on the scene in a mental health or addiction crisis, using their limited time and resources to respond to individuals with untreated behavioral health conditions. This situation is a direct result of insufficient capacity in the mental health and addiction treatment system to fully meet the need for care in our communities. The CCBHC model shows that targeted investment helps clinics partner with the criminal justice system in innovative ways that reduce crisis calls, reduce recidivism, and allow officers to focus more of their time on their main duty, keeping their communities safe.

A standing-room-only crowd of more than 80 people attended the briefing, including Hill staffers, as well as representatives from the National Sheriff's Association, Federation of Police, and other national advocacy groups. The briefing, featuring police chiefs from New York, Kentucky and Missouri, and an executive of a CCBHC in Oklahoma, highlighted the outcomes to date of the CCBHC demonstration project, including how they are building the capacity to help police get back to policing and connecting people with timely addiction and mental health treatment. Law enforcement officers and clinic leaders highlighted the outcomes to date of the CCBHC initiative, including how they are providing sheriffs and police officers with on-the-ground support from mental health and addiction professionals through mobile crisis teams, re-entry supports, and telehealth services available on-demand to officers on patrol who are called to respond to a person in crisis.

### **Year 2 BHECON Consensus Statement**

Based on the conversations during the state forums and legislative events held during the second year of the BHECON project, the Consensus Statement was updated to build upon the policy reforms and themes and the research that supports these policies identified in Year 1.

The updated Consensus Statement addresses three of the critical issues that emerged for the state forums in both Years 1 and 2: focusing on the nexus between the behavioral health and criminal justice systems and providing access to comprehensive community-based care, strengthening the behavioral health workforce so that more patients have access to care, and investing in evidence-based behavioral health treatment.

In addition, another issue came to the forefront during Year 2: strengthening state mental health and substance use disorder treatment parity laws to facilitate a complete implementation of the federal Mental Health Parity and Addiction Equity Act of 2008. While there has been significant progress over the last ten-years, BHECON state partners recognize

that more remains to be done before people will receive the full benefit intended by the law for the mental health and substance use services they need. The updated Consensus Statement has been circulated to BHECON partner states for their endorsement.