GRANT MAKERS IN HEALTH

Mental Health and Addiction Policy Briefing

May 25, 2016 2:00 p.m. Eastern

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MENTAL HEALTH AND ADDICTION POLICY BRIEFING

An overview of current federal mental health and addiction policy

Carol McDaid
Capitol Decisions, Inc.
May 25th, 2016

OPIOID EPIDEMIC

- Drug overdoses now surpass automobile accidents as the leading cause of injury-related death for Americans between the ages of 25 and 64
- 129 Americans die every day as a result of overdose
- Annually, 259 million prescriptions are written for opioids which is enough to give every American adult their own full bottle of pills.

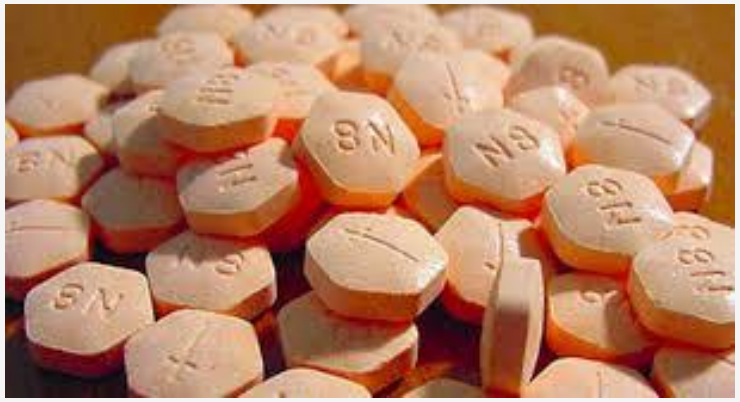
Comprehensive Addiction and Recovery Act (CARA)

- Establishes a comprehensive, legislative strategy to curb the opiate epidemic through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery
- The bill passed the **U.S. Senate** on March 10, 2016, by a vote of 94-1, authorizing $80 million in funding
- Highlights:

-Gives first responders access to naloxone
-Expands prevention and education outreach
-Expands disposal sites for unwanted prescriptions
-Launches evidence based opioid and heroin treatment and intervention program in states
-Launches medication assisted treatment program in CJ settings
-Increases drug monitoring programs
-Provides funding for recovery high schools and recovery community organizations

TREAT ACT

- The Recovery Enhancement for Addiction Treatment Act (S.1455) is authored by Sen. Markey (D-MA) and Sen. Paul (R-KY)
- Unanimously passed Senate HELP Committee but not considered on floor



- Expands the maximum allowable patient cap from 100 to 500 patients for buprenorphine ; prescribing authority for NPs and PAs
- In House, a similar bill (HR 4981), the Opioid Use Disorder Treatment Expansion and Modernization Act sponsored by Reps. Bucshon (R-IN) and Tonko (D-NY) and passed the House Energy and Commerce Committee on 4/27
- The Committee passed bill raises the cap to 250 patients
- The full House passed bill includes a non-binding "sense of Congress" to raise cap to 250 patients due to cost concerns

HOUSE OPIOID PACKAGE

- 18 bills independently offered then passed as a bipartisan package by a vote of 400-5
- 35 House Conferees appointed on May 18 (21 Rs and 14 Ds)
- Senate Conferees anticipated to be announced this week
- Different bill than passed in Senate
- One thing is similar in House and Senate bill:
  - NO FUNDING
  - Must be determined in conference or through appropriations process

KEY ELEMENTS OF HOUSE OPIOID PACKAGE

1) **Prevention**: OPEN Act, HR 5052; John Thomas Decker Act, HR 4969; Comprehensive Opioid Abuse Reduction Act, HR 5046

2) **Treatment**: Opioid Use Disorder Treatment Expansion and Modernization Act, HR 4981; Examining Opioid Treatment Infrastructure Act, HR 4982; Improving Treatment for Pregnant and Postpartum Women Act, HR 3691; HR 5052

3) **Prescribing Practices**: Task Force to review pain management and prescribing pain medication, HR 4641; HR 5046; Reducing Unused Medications Act, HR 4599; NAS Healthy Babies Act, HR 4978; Opioid Review Modernization Act, HR 4976

4) **Women and Children**: HR 4978; HR 3691

5) **Law Enforcement**: HR 5046

6) **Veterans**: HR 5046; Veteran Emergency Medical Technician Support Act, HR 1818

7) **Criminal Justice**: HR 5046

8) **Overdose Reversal**: Lali's Law, HR 4586; Co-Prescribing to Reduce Overdoses Act, HR 3680; Good Samaritan Assessment Act, HR 5048; HR 4982; HR 5046

THE PROBLEM?

- There is no guaranteed funding for these bills
- Conferees will debate over what provisions stay in the final package
- $1.1 billion in funding suggested by Administration
- Congress has approximately 22 working legislative days before summer recess; tentatively scheduled to be signed into law by July 4th
  - Appropriators MUST act quickly to designate funding

PRIVATE GRANT FUNDING NEEDED TO MAKE BILL ACTIONABLE

Need for critical funding in these areas:

- Non "pace car" states without Medicaid expansion
- Collegiate recovery programs, recovery high schools
- Family recovery services
- Resources to help individuals and providers navigate appeal process for insurance denials for mental health and addiction services
- Public education campaign to reduce stigma of addiction

- Services for returning offenders

PARITY UPDATE

"This (parity compliance and enforcement) cannot be a one and done process."

- Mental Health Reform Act (S. 1945) has been "hotlined" in Senate
- Senate to see if MH/SUD package is possible
- Concerns MH bill might bog down opiate bills due to gun provision
- Parity issues:

- Transparency
- Guidance to states
- Technical assistance to insurance commissioners regarding market conduct surveys, law and compliance

MENTAL HEALTH LEGISLATION

- Rep. Upton is circulating new draft mental health legislation
- Incorporated bipartisan provisions from previously heard bills by Rep. Tim Murphy (R-PA), H.R. 2646; and Rep. Gene Green (D-TX), H.R. 4435
  - Calls for HHS to review HIPAA privacy regulations
  - Offers matching federal reimbursements to psychiatric hospitals and facilities for less than 15 days a month for patients in managed care plans.
  - Reauthorize parts of a fund under SAMHSA that provide grants to address mental health needs of states
  - Establish a National Mental Health Policy Lab, which would pursue policy initiatives impacting mental health and substance use

MOVING FORWARD

- Hoping for passage of mental health bill this year, but prospects uncertain
- White House Parity Task Force recommendations due in October
- Push to get funding for opioid package
- Final conferenced opioid package tentatively scheduled to be on President's desk by July 4

Questions?

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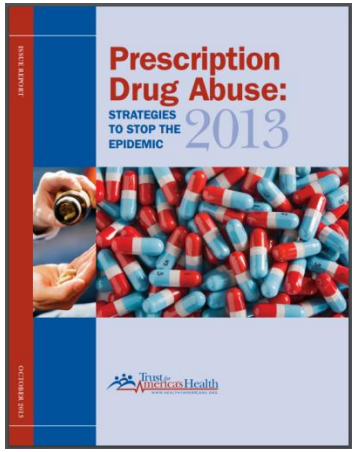
Reducing Teen Substance Misuse: What Really Works

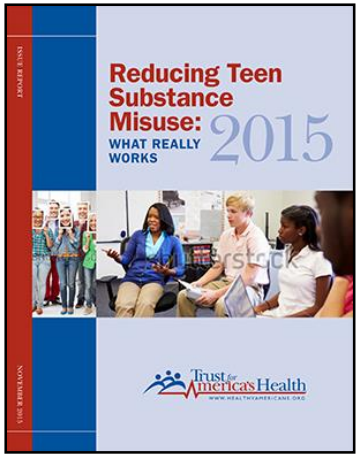
Anne De Biasi, MHA
Director of Policy Development
Trust for America's Health

Trust for America's Health
WWW.HEALTHYAMERICANS.ORG

About TFAH: Who we are

- Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

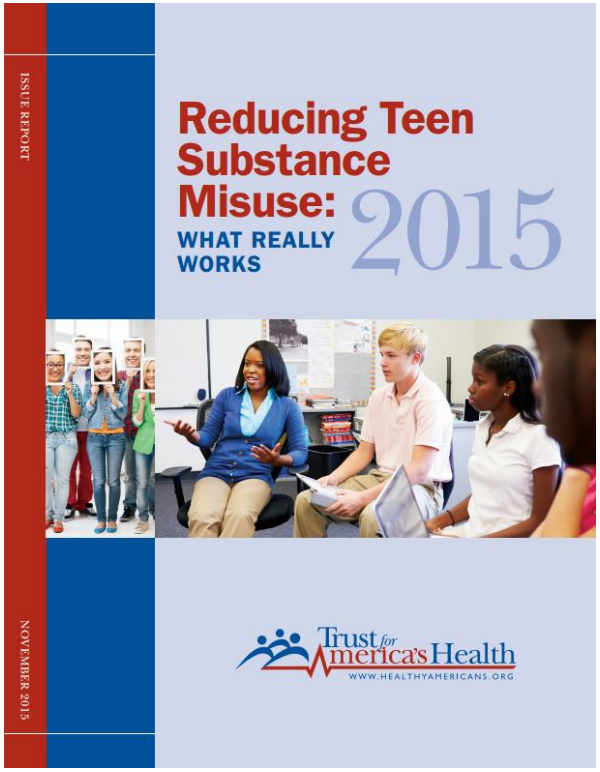




TFAH's Work on Substance Misuse

- October 2013 Report, Prescription Drug Abuse: Strategies to Stop the Epidemic
- Coalition on Effective Prescription Opioid Policies (CEPOP), co-convened by TFAH, Community Anti-Drug Coalitions of America, The Honorable Mary Bono
- National Collaborative on Education and Health's 2015 Substance Misuse Working Group (Conrad Hilton Foundation)
- November 2015 Report, Reducing Teen Substance Misuse: What Really Works (Conrad Hilton Foundation)

What Really Works



The Need for Prevention

90% of adults with a substance use disorder began using before they were 18 years old

We need to…

1. Prevent use in the first place
2. Intervene and provide support earlier
3. View treatment and recovery as a sustained and long-term commitment

10 State Policy/Program Indicators to Help Advance our Goals of:

1. Prevention
2. Early Intervention/Support
3. Sustained Treatment/Recovery

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The 10 Indicators

INDICATOR 1:
SUPPORTING ACADEMIC ACHIEVEMENT

INDICATOR 2:
PREVENTING BULLYING LAWS

INDICATOR 3:
PREVENTING SMOKING

INDICATOR 4:
PREVENTING UNDERAGE ALCOHOL SALES

INDICATOR 5:
SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

INDICATOR 6: MENTAL HEALTH TREATMENT

INDICATOR 7:
DEPRESSION TREATMENT

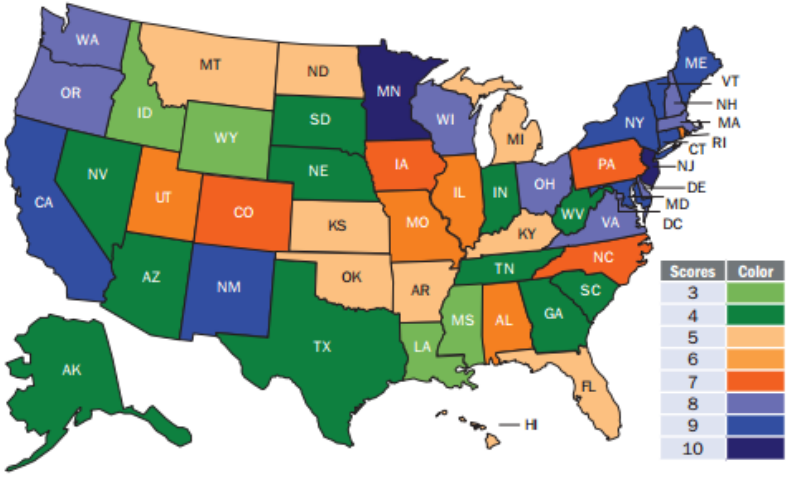
INDICATOR 8:
GOOD SAMARITAN LAWS

INDICATOR 9:
TREATMENT AND RECOVERY SUPPORT FOR PRESCRIPTION DRUG MISUSE

INDICATOR 10:
SENTENCING REFORM

State Rankings

Youth Substance Misuse Prevention Indicator Map



STATE INDICATORS

Each state received a score based on these 10 indicators. States received one point for achieving an indicator or zero points if they did not. Zero is the lowest possible overall score (no policies in place), and 10 is the highest (all the policies in place).

It is important to note the indicators measure whether a law, regulation or policy is in place but does not assess how the measures are enforced or if there is sufficient funding to carry them out.

SCORES BY STATE

10 (2 states)	9 (7 states)	8 (8 states & D.C.)	7 (4 states)	6 (5 states)	5 (9 states)	4 (11 states)	3 (4 states)
Minnesota	California	D.C.	Colorado	Alabama	Arkansas	Alaska	Idaho
New Jersey	Connecticut	Delaware	Iowa	Illinois	Florida	Arizona	Louisiana
	Maine	Massachusetts	North Carolina	Missouri	Hawaii	Georgia	Mississippi
	Maryland	New Hampshire	Pennsylvania	Rhode Island	Kansas	Indiana	Wyoming
	New Mexico	Ohio		Utah	Kentucky	Nebraska	
	New York	Oregon			Michigan	Nevada	
	Vermont	Virginia			Montana	South Carolina	
		Washington			North Dakota	South Dakota	
		Wisconsin			Oklahoma	Tennessee	
						Texas	
						West Virginia	

Academic Achievement

INDICATOR 1: SUPPORTING ACADEMIC ACHIEVEMENT

Key Finding: 35 states have at least an 80 percent high school graduation rate.

- 20% of students do not graduate from high school (rate is 30% among low income students).
- Substance misuse and school dropout – highly correlated and bidirectional
  - Children with academic problems at ages 7-9 are more likely to be involved with substance use by age 14-15.
  - 12th graders who do not complete high school are almost twice as likely to currently use cigarettes, illicit drugs, marijuana and nonmedical prescription drugs .
- Providing support to students with academic performance concerns or irregular school attendance, and helping improve the overall school climate, can help reduce substance misuse, and vice versa.

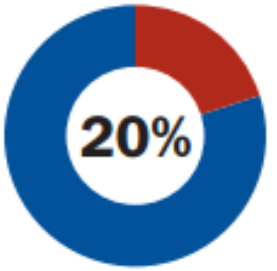
School Environment

INDICATOR 2: PREVENTING BULLYING LAWS

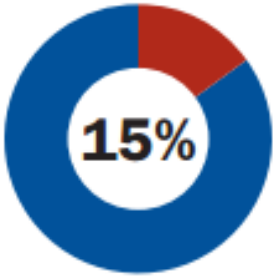
Key Finding: 21 states have comprehensive bullying prevention laws.

- Over 20% of high school students report being bullied.
- Bullying can have a long-term negative psychological impact on victims & may contribute to increased risk of substance misuse and other health problems.
- Recommended state policy requires zero tolerance policy for bullying based on race, ethnicity, gender, sexual orientation, gender identity, disability, religious beliefs, and other personal attributes… and applies to students on or off campus or through the use of technology (i.e., cyberbullying).”

Percent of Students who Report Being Bullied on School Property vs. Electronic Bullying



On School Property



Electronic Bullying

Tobacco Use

INDICATOR 3:
PREVENTING SMOKING

Key Finding: 30 states and Washington, D.C. have smoke-free laws that prohibit smoking in public places, including restaurants and bars.

- # of 12-17 year olds reporting past month cigarette use reached an all time low of 5.6% in 2013, but tobacco remains the leading cause of preventable diseases, disability, and death in the U.S.
- Smoke-free laws help limit the exposure of youth to secondhand smoke – but also can help reduce smoking rates by limiting opportunities for smoking initiation and use
- Promising policy measures
  - Raise legal age to purchase tobacco products from 18 to 21
  - Increase tobacco taxes
  - Limit sales to minors under 18 year olds

Alcohol Use

INDICATOR 4:
PREVENTING UNDERAGE ALCOHOL SALES

Key Finding: 37 states and Washington, D.C. have "dram shop" laws that hold establishments liable for selling alcohol to underage costumers.

- 12-20 year olds drink 11% of all alcohol consumed in the U.S. and more than 90% of that consumption is in the form of binge drinking.
- Holding alcohol retailers liable for injuries or damage done by their intoxicated customers can reduce motor vehicle deaths, violence, homicides, injuries, and other alcohol related problems
- Additional recommended policy measures that curtail excessive and underage alcohol misuse as well as lower alcohol-related motor vehicle crashes and fatalities, and lower violence rates include:
  - Increasing alcohol taxes
  - Maintaining limits on the days and hours of sale of alcohol
  - Regulation of alcohol outlet density

Substance Use Screening, Intervention and Referral to Treatment

INDICATOR 5: SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

Key Finding: 32 states and Washington, D.C. have billing codes and fees for Screening, Brief Intervention and Referral to Treatment in their medical health (Medicaid or private insurance) programs.

- Fewer than half of pediatricians report asking teens about alcohol and other drug use, and fewer than 25% report asking teens about drinking and driving.
- SBIRT is an approach to early intervention and treatment for persons with substance use disorders or at risk for developing these disorders. It is a quick, cost-effective way to reach teens and young adults on a broad scale to deter risky behavior.
- A distinct billing code signals commitment and priority to the delivery of SBIRT services, and also allows for the tracking and reporting
- Even with billing codes, extent of coverage of available interventions and treatment still varies significantly by state

Mental Health

INDICATOR 6: MENTAL HEALTH TREATMENT

Key Finding: 29 states and Washington, D.C. increased funding for mental health services in FY 2015.

- 20% of children have a serious debilitating mental disorder, yet only 50% of children with mental disorders receive treatment.
- Individuals with mental health disorders are at higher risk for substance use, and substance misuse can lead to or exacerbate mental health disorders.
- Mental health funding includes: professional development/training, intensive in-home therapy, screenings, psychiatric facilities, outpatient treatment, and medication-assisted treatment
- Additional recommendations include:
  - Hold public and private insurers and providers accountable for appropriate, high quality services with measurement of outcomes
  - Expand Medicaid with adequate coverage for mental health
  - Implement effective practices

Depression

INDICATOR 7:
DEPRESSION TREATMENT

Key Finding: 30 states and Washington, D.C. have rates of treatment for teens with major depressive episodes at or above 38.1 percent.

- Approximately 10% of teens 12-17 experienced a major depressive episode (MDE) in 2013. In the U.S., only 38.1% of adolescents 12-17 with a major depressive episode (MDE) received treatment for depression in 2013.
- Teens with untreated depression are at higher risk to be aggressive, engage in risky behavior, do poorly in school, or run away.
- Substance use and depression often interrelate.
- The most common treatments for depression are medication and psychotherapy.

Drug Overdose

INDICATOR 8:
GOOD SAMARITAN LAWS

Key finding: 31 states and Washington, D.C. have laws in place to provide a degree of immunity from criminal charges or mitigation of sentencing for an individual seeking help for themselves or others experiencing an overdose.

- Drug overdose was the leading cause of injury death in 2013, exceeding motor vehicle crashes. There were over 40,000 drug overdose deaths in the U.S. in 2013.
- Although most of these deaths could be prevented with quick and appropriate medical treatment, fear of arrest and prosecution may prevent people who witness an overdose or find someone who has overdosed from calling 911.
- "Good Samaritan" laws are designed to encourage people to help those in danger of an overdose, and reduce legal penalties for an individual seeking help for themselves or others experiencing an overdose. However, these laws vary widely from state to state.

Prescription Drug Misuse

INDICATOR 9: TREATMENT AND RECOVERY SUPPORT FOR PRESCRIPTION DRUG MISUSE

Key Finding: 30 states and Washington, D.C. provide Medicaid coverage for all three FDA-approved medications for the treatment of painkiller addiction (as of 2014).

- Only about 10% of teens and adults who need treatment for substance disorders get treatment.
- Youth SUD treatment can include behavioral counseling, family-based approaches, and ongoing recovery support and services. Treatment is typically most effective when it pairs counseling with Medication-Assisted Treatment. (FDA approved medications are methadone, buprenorphine, and naltrexone)
- Even for states providing Medicaid coverage, there are obstacles
  - Lifetime limits on coverage
  - Providers required to get authorization to treat painkiller addiction with controlled substances, limiting availability and access
  - Limit to the number of patients each authorized doctor may treat with drugs

Sentencing Reform

INDICATOR 10:
SENTENCING REFORM

Key Finding: 31 states and Washington, D.C. have taken action to roll back "one-size-fits-all" sentences for nonviolent drug offenses.

- "Tough on crime" laws haven't deterred crime, reduced recidivism, or "rehabilitated" individuals; rather they've resulted in rapid growth in prison, probation, and parole populations (with corresponding increases in correctional system spending)
- Reform approaches to roll back "one-size-fits-all" sentences for nonviolent drug offenses include:
  - Expanding judicial discretion by creating "safety valve" provisions to allow judges flexibility to depart from mandatory penalties
  - Limiting automatic sentencing enhancements
  - Repealing or revising mandatory minimum sentences

The Evidence:
Risk & Protective Factors

Early Childhood

Modifiable Risk	Type of Intervention	Intervention Examples
Inability to share	Child social practice	Seattle Social Development Program
Lack of school readiness	Early education	PATHS Curriculum
Inconsistent discipline	Parent skill training	The Incredible Years

The Evidence:
Risk & Protective Factors

Elementary School

Modifiable Risk	Type of Intervention	Intervention Examples
Aggressive behavior	Good classroom management	PAX Good Behavior Game
Failure to read	Remedial reading support	Skills, Opportunities, and Recognition
Lack of parental involvement	Parent/teacher communication	Linking Interests of Families and Teachers

The Evidence:
Risk & Protective Factors

Middle School

Modifiable Risk	Type of Intervention	Intervention Examples
School failure	Academic skills	Coping Power
Poor social skills	Social competence	Life Skills Training
Poor parental monitoring	Parent skills	Guiding Good Choices

The Evidence:
Risk & Protective Factors

High School

Modifiable Risk	Type of Intervention	Intervention Examples
Misperceptions of acceptability/extent of peer use	Normative education/refusal skills	Project Towards No Drug Abuse
Family conflict	Family therapy	Promoting School-Community-University Partnerships to Enhance Resilience
Social skill deficit	Social skills training	Adolescent Curriculum for Communication and Effective Social Skills

Thank You!

For more information, contact
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www.healthyamericans.org

Certified Community Behavioral Health Clinics – Opportunities for Improving Behavioral Health Access and Quality

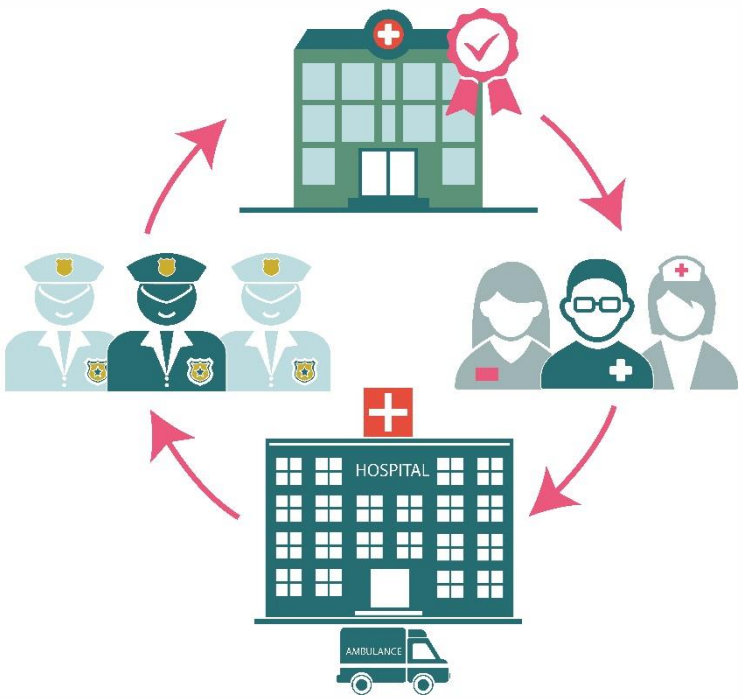
Charles Ingoglia, MSW
National Council for Behavioral Health

The Vision

Certified Community
Behavioral Health Clinics

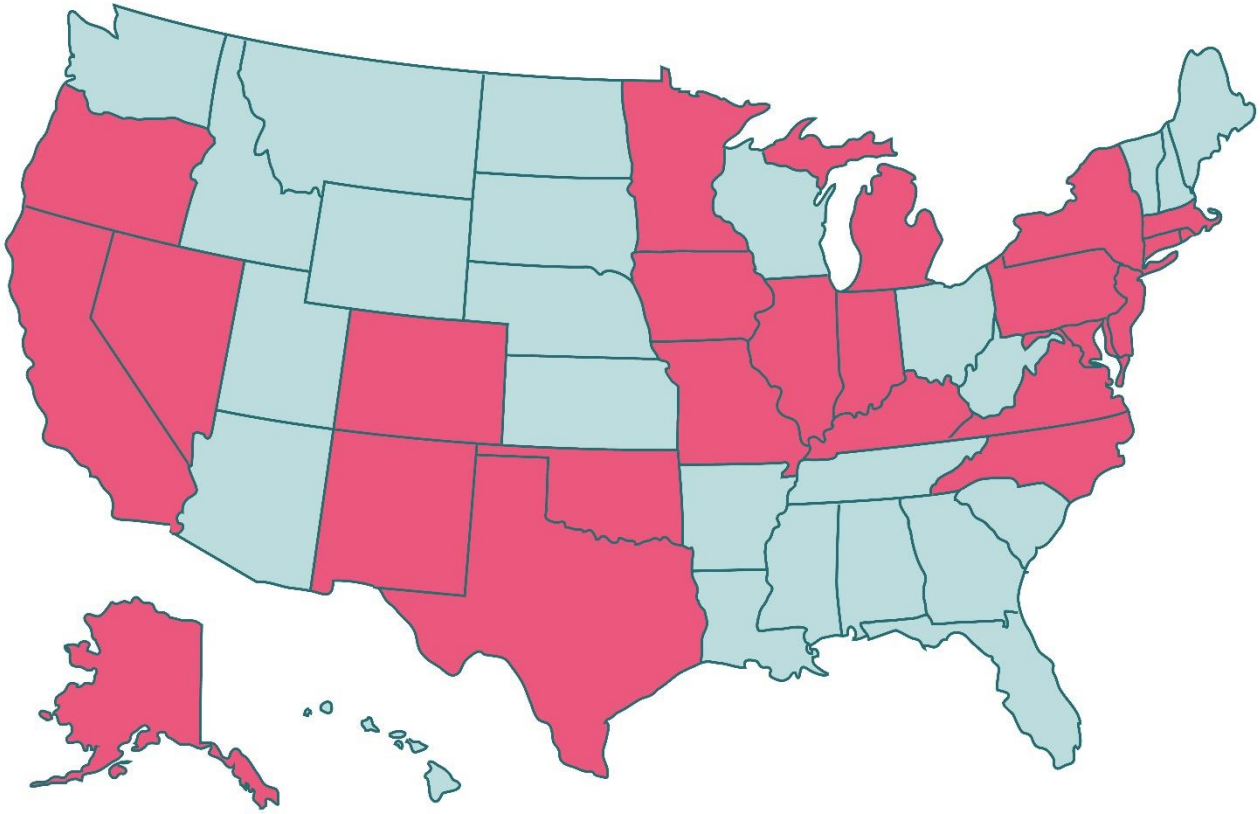
- Improve overall health by bolstering community-based mental health and addiction treatment
- Advance behavioral health care to the next stage of integration with physical health care
- Assimilate and utilize evidence-based practices on a more consistent basis

What makes CCBHCs so different?



- New provider type in Medicaid
- Distinct service delivery model: trauma-informed recovery outside the traditional four walls
- New prospective payment system (PPS) methodology
- Care coordination and service delivery requirements necessitate new relationships with partner entities

Current CCBHC Activities in the States



Timeline

SAMHSA has granted a 6-month extension for states that are selected to participate in the demonstration

- The demonstration start date may be between Jan. 1 and July 1, 2017

Community Needs Assessment

- State conducts community needs assessment
- Identified needs inform:
  - Required CCBHC services
  - Evidence-based practices
  - Cultural/linguistic competency requirements
  - Staffing requirements

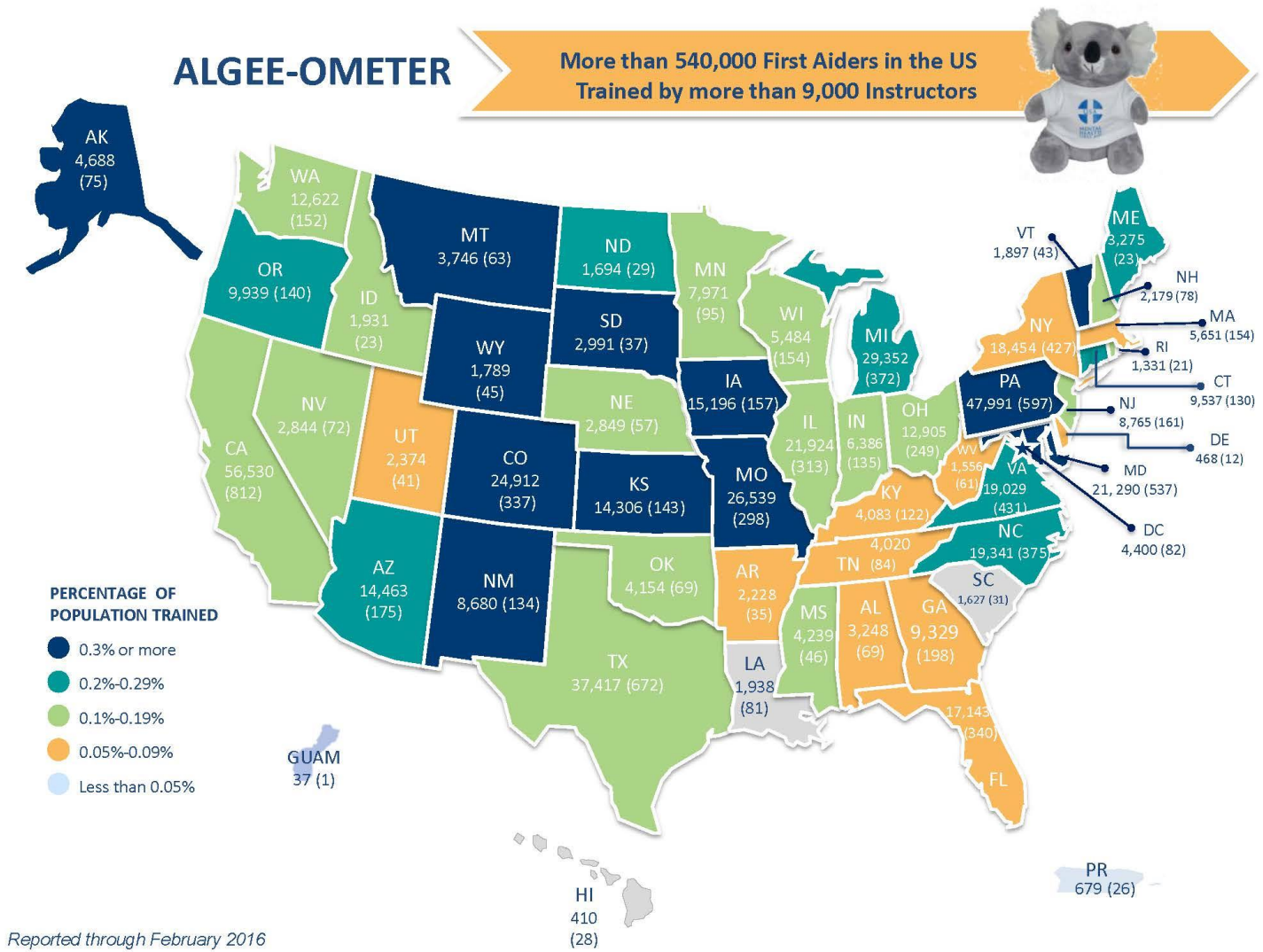
Mental Health First Aid USA

Betsy Schwartz

Grantmakers in Health

May 25, 2016

Who We're Reaching…



MHFA Action Plan

Assess for risk of suicide or harm

Listen nonjudgmentally

Give reassurance and information

Encourage appropriate professional help

Encourage self-help and other support strategies

Adult Curriculum Overview

- What is Mental Health First Aid?
- Mental Health Problems in the United States
- Mental Health First Aid Action Plan
- Understanding Depression and Anxiety
- Mental Health First Aid Action Plan for Depression and Anxiety
  - *Suicidal Behavior - Depressive Symptoms*
  - *Nonsuicidal Self-Injury*
  - *Panic Attacks*
  - *Traumatic Events*
  - *Anxiety Symptoms*
- Understanding Psychosis
- Mental Health First Aid Action Plan
  - *Acute Psychosis - Disruptive or Aggressive Behavior*
- Understanding Substance Use Disorders
- Mental Health First Aid Action Plan
  - *Overdose - Withdrawal*
  - *Substance Use Disorders*
- Using your Mental Health First Aid Training

MENTAL HEALTH FIRST AID®

Who We're Reaching…

Police Officers/Public Safety

Veterans & Military

Teachers & School Staff

Medical Personnel

First Responders

Faith Communities

Parents and Friends

Neighbors and Colleagues

Federal Support for Communities

Mental Health First Aid Act of 2015

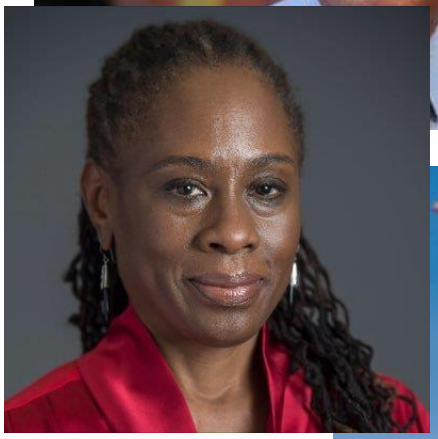
- The Mental Health First Aid Act of 2015 (S. 711/H.R. 1877) would authorize $20 million for Mental Health First Aid.
  - Has 49 bipartisan cosponsors
- Offered to emergency services personnel, police officers, teachers/school administrators, primary care professionals, students, and others
- Introduced in the Senate by Senators Kelly Ayotte (R-NH) and Richard Blumenthal (D-CT) and in the House by Congresswomen Lynn Jenkins (R-KS) and Doris Matsui (D-CA)
- $15 million annually in Mental Health First Aid appropriations

State Support for Communities

15 States with Legislative Action or Appropriations

- Arizona
- Colorado
- Connecticut
- Illinois
- Indiana
- Maryland
- Michigan
- Minnesota
- Nebraska
- New York
- Oklahoma
- Texas
- Virginia
- Washington
- California

A National Movement



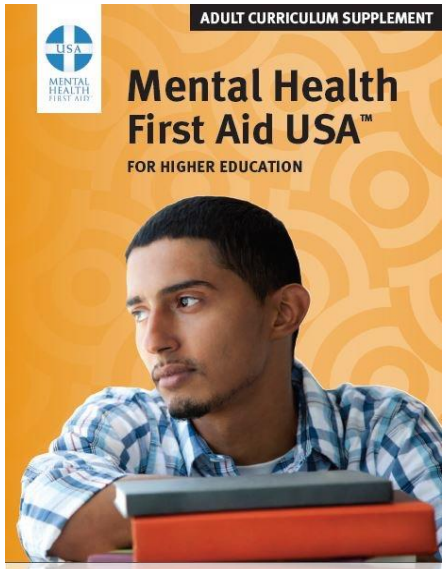
The Kennedy Forum
@kennedyforum

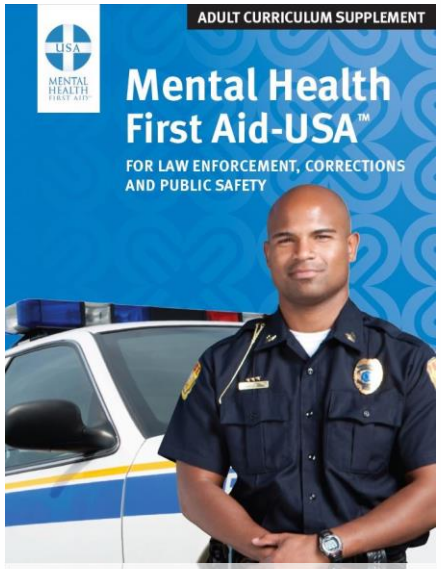
.@nationalcouncil trains 500k people in a Mental Health First Aid course, teaching signs of a mental health crisis: wapo.st/1mZOlRH

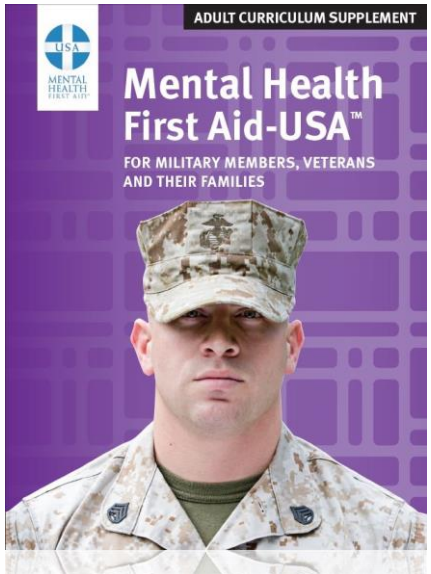
NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

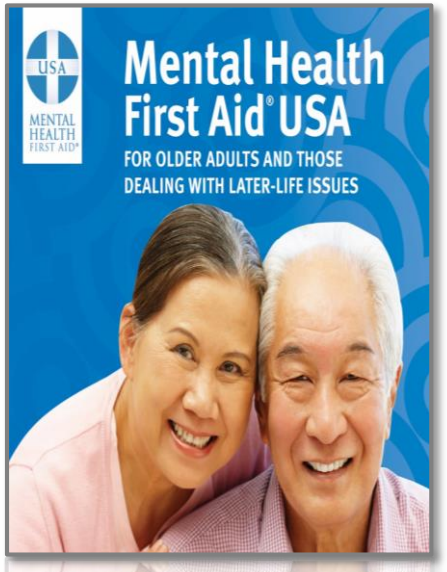
- Georgetown Longitudinal MHFA Study impact of the training nationally at 4 points in time (pre and post training, and 3 and 6 months)
- University of New Mexico, University of Kansas, Drexel and University of Maryland

Mental Health First Aid: Adult Curriculum Supplements









active minds

American Foundation for Suicide Prevention

IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Why Foundations are Investing in Mental Health First Aid

Evidence

Mental Health First Aid has proven results and is listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidenced-based Programs and Practices as an evidence-based, reliable intervention.

Reach

More than 600,000 First Aiders have been trained through a network of more than 9,000 instructors in all 50 states, Puerto Rico, Guam and the Northern Marina Islands. This evidence-based program is available in 24 countries worldwide.

Relevance

Mental Health First Aid is relevant for many different sectors, making it an attractive option for a vast array of funding priority areas. English and Spanish core curricula exist for adults and those serving youth. Population-specific modules are available for public safety, veterans and more.

Infrastructure

Mental Health First Aid is an established program with technical assistance and support available to instructors and implementers. The national authorities of Mental Health First Aid USA guide continuous quality improvement, disseminate emerging research and support curricula development on an ongoing basis.

Value

Mental Health First Aid is cost-effective, sustainable and accessible to most populations. The "training the trainer" model is effective in permitting small organizations to create sustainability in a relatively short period with a small investment.

Keys to Success

Organizations that **successfully** deliver Mental Health First Aid employ a number of tactics to ensure the training reaches people in a **sustainable way.**

How Foundations Can Help

Be a catalyst in your community.

Be a **convener**.

Embed Mental Health First Aid in other community initiatives.

Share your success.

Foundation Leaders

THE NEW YORK COMMUNITY TRUST

NYCT

Robert Wood Johnson Foundation

SCATTERGOOD FOUNDATION

INTERACT FOR HEALTH

A Catalyst for Health and Wellness

BRANDYWINE Health FOUNDATION

GRANT MAKERS IN HEALTH

Question?

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