Behavioral Health & Public Policy: Meeting the Challenges Ahead

On October 3, 2008, behavioral health advocates ended a decade-long push for equity within private health insurance plans that cover mental health and addiction services. As part of the Emergency Economic Stabilization Act of 2008 (H.R. 1424), a separate piece of legislation known as the Mental Health Parity and Addiction Equity Act of 2008 was included as a way to "sweeten" the bill and help generate broader legislative support for the expansive bailout package.

According to the new law, group health insurance companies offering coverage for mental illness and substance use disorders must provide coverage on the same terms as physical illnesses, including deductibles, copayment rates, out-of-pocket expenses, and treatment limitations or service restrictions. Prior to its passage, employer-sponsored health insurers could promote mental health care and addiction coverage within their plans but institute arbitrary treatment restrictions or lower reimbursement rates.

Supporters have heralded parity as a critical step toward the fair and equitable treatment of all individuals with behavioral illnesses. They have also informed updated language and equity requirements within other health programs, including the Children's Health Insurance Program (CHIP), which up until reauthorization in February 2009 allowed plans to provide mental health and addiction treatment coverage at only 75 percent of other physical health services. The reauthorization removes this discriminatory provision and requires equal coverage for all services provided by state plans (The National Council 2009).

THE BIGGER PICTURE

Yet while these favorable advances in public policy may expand access and increase reimbursements for behavioral health services, their strength and jurisdiction still remain in question. Although group insurers must soon comply with federal parity laws, there are no legal requirements for insurers to provide these services in the first place. Similarly, CHIP plans are not mandated to offer any specified behavioral health benefits. With increasing health care costs and new coverage requirements, it is unclear whether or not states and private insurers will meet these requirements and restructure their plans accordingly.

Furthermore, establishing parity across insurance plans ignores more fundamental issues of a fractured and underfunded behavioral health care system. Persons with serious mental illness (SMI) have an estimated life expectancy 25 years shorter than the general population (Parks et al. 2006). This staggering health disparity has been linked to treatable medical conditions caused by risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care. Given the current siloed structure of services, patients with SMI often miss critical opportunities to avoid preventable health conditions.

The current economic crisis only intensifies an already strained state-level health care system. In *Grading the States 2009*, a state-by-state assessment of services for adults living with SMI published by the National Alliance on Mental Illness (NAMI), the overall national grade was a "D." Although 14 states have made improvements, nearly as many have fallen behind due to inadequate care, staffing shortages, and the broader fiscal challenges threatening state-sponsored care.

Despite the current economic climate, advocates still see opportunities for policymakers to improve the nation's behavioral health care system. Beyond broader efforts toward comprehensive health care reform, there are a number of discrete federal- and state-level actions that would improve quality and increase access to behavioral health care. These include expanding funding commitments for state-level programs to integrate and coordinate behavioral health services and primary care within community health facilities and private care providers; establishing federally mandated data collection standards to help track and assess patient indicators and outcomes; and creating new incentives to attract and retain the next generation of behavioral health workers.

OPPORTUNITIES FOR FUNDERS

Grantmakers are employing a variety of strategies in order to advance behavioral health objectives using both direct and indirect policy efforts. Through direct support for advocacy groups, policy research and analysis, and partnership strategies to influence policy, funders have the potential to inform and educate policymakers; build public demand for improved policies; and advocate for substantive behavioral health policy reform at the local, state, and federal levels.

- ***Funding Direct Policy and Advocacy Projects*** – Meaningful policy change is often inspired by passionate and committed organizations. By supporting policy-minded grantees seeking to reverse or refine the current system, funders can give these organizations a more forceful voice to advocate for change.

In 2008 the Hogg Foundation for Mental Health awarded more than $450,000 in single-year grants to policy and advocacy organizations across the state. Grant awardees included the Texas Association for Infant Mental Health to seek changes in state child care licensing standards; the Mental Health Policy Initiative for Texas Exonerees to study the mental health needs of people wrongfully convicted and imprisoned in Texas; and the Harris County Healthcare Alliance to map out, assess, and make policy recommendations to coordinate behavioral health services with physical health care services. The foundation plans to award new policy grants in 2009 and will increase its total award amount in the coming year (Hogg Foundation for Mental Health 2008).

- ***Developing Policy Papers and Briefs*** – In order to make sound behavioral health policy decisions, lawmakers must have reliable evidence and an appropriate contextual basis to inform their analysis. Many grantmakers have funded research reports and issue briefs focused on systems-level behavioral health challenges and opportunities for state and federal policymakers.

  In October 2008 The Health Foundation of Greater Cincinnati released the first issue of the series *Location, Location, Location: Providing Physical Health Care in Other Settings to Increase Access*, designed to raise awareness about how health care access can be improved by changing the context and delivery of services. The first report *Reclaiming 25 Years of Life: Integrating Physical and Mental Health Care to Reduce Health Disparities for People with Severe Mental Illnesses* frames the issue within the context of the 25-year life expectancy differential for persons with SMI; examines strengths and drawbacks of multiple integrated care models; and offers concrete activities to improve care integration and reduce health disparities. Future issues will focus on topics such as school-based health centers and evidence-based recovery models for substance use disorders (The Health Foundation of Greater Cincinnati 2008).

- ***Building Grassroots Demand for Change*** – As part of its strategy to advocate for care integration and engage public sector stakeholders to advance policy change, the Missouri Foundation for Health began a three-year pilot program in 2007 to integrate primary care services provided by Federally Qualified Health Centers and behavioral health services provided by community mental health centers across the state. A technical assistance team assists local partners in addressing changes in organizational policies, procedures, and attitudes of care providers required to implement high-quality integrated care. In conjunction with the Missouri Department of Mental Health, the team also identifies state-level policy changes to enable proper provider reimbursement practices and ensure the long-term sustainability of the initiative. The foundation committed nearly $500,000 over the past two years to support development, training, and technical assistance. The Department of Mental Health has invested $1.5 million dollars to aid program implementation as well (Missouri Foundation for Health 2009).

Funders can also connect with national behavioral health organizations that track the progress of specific legislation and broader policies shaping the current landscape of the behavioral health system. Organizations such as NAMI, National Council for Community Behavioral Healthcare, and Mental Health America produce materials devoted to policy and advocacy issues surrounding mental health and substance use disorders.

2009 is a critical year for the economy, health care reform, and the behavioral health community. The economic downturn will likely spur increased demand for mental health and addiction services – even as policymakers are forced to curtail publicly funded services. As demonstrated by the passage of the economic stimulus package earlier this year, the Administration must make difficult choices that will either strengthen or further cripple the ability to care for persons with mental illness or substance use disorders. Looking ahead, lawmakers and grantmakers must stay focused on substantive policies and programs that will enable and ensure a high-quality and sustainable behavioral health care system.

SOURCES

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