Best Practices in Mental Health State Policy Initiatives

Presentation to the Nevada Senate Legislative Committee on Health Care
February 5, 2014
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National Alliance on Mental Illness (NAMI)
Overview

- NV strengths and challenges
- Mental health system
  - What does an effective mental health system look like?
  - Medicaid and mental health
- State Best Practices
  - Crisis system redesign
  - Creating Homes Initiative (CHI)
  - Supported employment (IPS)
  - Integrated mental health/addiction treatment (IDDT)
  - Peer Support Specialists
  - Family education and support
  - Early identification and school linked services
- Opportunities
NAMI is…

- The nation’s largest grassroots mental health organization: individuals, families, supporters
  - 50 states & DC
  - 1,000 affiliates
  - 100,000+ members

- Building better lives for Americans affected by mental illness through support, education and advocacy

- 2013 State Legislation Report
  
  [www.nami.org/stateadvocacy](http://www.nami.org/stateadvocacy)
Nevada Public Mental Health: Strengths and Challenges

Strengths

1. NV Mental Health Plan Commission Report, 2005
   - Sen. Townsend, Chair
2. Implementation started
3. Cuts partially restored
   - $23.4 M + $7M
4. Coverage for uninsured: mental health parity
   - Medicaid expansion

Challenges

• Nevada hit *hard* by recession
• $80 M cut 2007 – 2012
• MH plan initiatives halted
• Capacity stretched, effectiveness eroded
• Inpatient accreditation lost
  - Federal funding jeopardized
• Negative publicity
# Adult Mental Health Service and Supports

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<thead>
<tr>
<th>All Mental Illness</th>
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<td>Employment and education supports</td>
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<td>Housing with supportive services</td>
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<td>Skill-building and socialization services*</td>
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<td>Daily living and personal care services*</td>
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<td>Assertive Community Treatment (ACT)</td>
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<td>Jail diversion and reentry services</td>
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*Including transportation services
# Child and Youth Mental Health Service and Supports

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<td>Intensive evidence-based interventions (e.g., MST, FFT)</td>
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<td>“Wraparound” planning and services</td>
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<td>School and in-home skill-building and behavioral supports</td>
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<td>Respite care</td>
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<td>Therapeutic foster care</td>
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<td>Juvenile justice screening and diversion</td>
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<td>Crisis intervention and stabilization</td>
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Medicaid and Mental Health

- **Medicaid**
  - Most important public program for mental health
  - Evidence-based community treatment
  - MH services not covered otherwise

- **Medicaid Expansion**
  - Best state strategy to strengthen mental health **
    - $5.6B federal over 10 years *
  - Fill health/mental health care gaps
  - Reduce uncompensated crisis care
    - $210M over 10 years *
  - Pave the way to recovery and economic self-sufficiency for 26K uninsured Nevadans with MI. **


Crisis Service System

- 24/7 statewide crisis line
- Mobile crisis response
- CIT law enforcement
- Walk-in, respite services
- Crisis stabilization units
  - 24/7, short term, voluntary
  - Evidence-based intervention, triage, stabilization
  - 16 bed, Medicaid reimbursable
- Social detox centers

Result:
Reduced state psychiatric inpatient utilization

TX Crisis Redesign
- $82M invested
- Community Investment Incentive: 25% local match
- 175% rate of return *
- Aggregated spending increased by $33.80 per direct dollar invested *

CO: SB 266/Ch. 231
- Establish statewide BH crisis response system
- $10.3M in FY2013

* Source: Perryman Group, 2009
Housing: Creating Homes Initiative (CHI)

- **Range of housing**
  - 24/7 supervised to
  - Home ownership
- **Regional Housing Facilitators**
- **Public/private strategic plan**
- **Leverage HUD funds**
  - Draw private and community investment
- **Consumer Housing Specialists**
  - Assist residents
  - Educate community

- Annual investment of $2.5M leveraged $259.7M total
- 7,228 units of housing for people with mental illness or co-occurring disorders.

**Lack of Affordable Housing**
- Nevada: 2012 average rent
- Efficiency apartment
- 93% of monthly SSI income

Source: Creating Homes Initiative.
http://tn.gov/mental/recovery/CHIpage.html

Source: Priced Out in 2012
http://www.tacinc.org/knowledge-resources/priced-out-findings/
Supported Employment

- **Individual Placement and Support (IPS)**
- Evidence-based *employment first* model
- Competitive employment
- Client job preference
- Benefits counseling
- Employment support integrated with treatment
- Services not time-limited

- **It’s TIME!**
  Improving economy + access to health coverage = increased need for SE

- 70% prefer work over government support

- **Cost of doing nothing:**
  Disability due to MI:
  36% SSI
  30% SSDI

- **MN: SF 644 §268A.13**
- State grants to counties for IPS supported employment
- $2.5M/year in 2014 & 2015
Adult Mental Health Consumers Served in the Public Mental Health System in Nevada, by Employment Status and Age (2012)\(^6\)

Among adults served in Nevada’s public mental health system in 2012, 37.1% of those aged 18-20, 42.5% of those aged 21-64, and 85.9% of those aged 65 or older were not in the labor force.

In 2012, 4,130 children and youths were served in Nevada’s public mental health system.

Source: SAMHSA (1/31/2014) Behavioral Health Barometer: Nevada, 2013
• 12.6% with SUD have SMI
  • 26,000 in NV
• Increased Risk:
  • Relapse MI and/or SUD
  • Increased hospitalization, service use, cost
  • Violence, victimization, suicidal behavior
  • Homelessness, incarceration
  • Medical problems, HIV, hepatitis
  • Problems with family and employment
• Integrated Dual Diagnosis Treatment (IDDT)
  • Treatment of substance use and serious mental illness together
    • Same team
    • Same location
    • Same time

Source: SAMHSA, 2012 National Survey of Drug Use and Health
# IDDT Cost Comparison: North Dakota

## IDDT Pilot Study Cost Comparison 2007 - 2009

<table>
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<tr>
<th></th>
<th>Southeast Regional Human Service Center</th>
<th>Fargo, ND</th>
<th>Difference</th>
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<tbody>
<tr>
<td></td>
<td>2007</td>
<td>2010</td>
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<tr>
<td>Level of Care</td>
<td>Days</td>
<td>Days</td>
<td>Days</td>
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<tr>
<td>ER admissions</td>
<td>24</td>
<td>17</td>
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<tr>
<td>Local/Acute Hospitalizations</td>
<td>97</td>
<td>10</td>
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<tr>
<td>North Dakota State Hospital</td>
<td>908</td>
<td>258</td>
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<tr>
<td>Crisis Beds</td>
<td>83</td>
<td>50</td>
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<tr>
<td>Respite Beds</td>
<td>94</td>
<td>12</td>
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<tr>
<td>Incarceration</td>
<td>199</td>
<td>3</td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>1405</strong></td>
<td><strong>360</strong></td>
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N=12 consumers, 48 months

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<th></th>
<th>2007</th>
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<tbody>
<tr>
<td><strong>Savings</strong></td>
<td><strong>$514,717.93</strong></td>
<td><strong>$157,447.07</strong></td>
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Source: Jeff Stenseth (9/13/2012) Integrated Dual Disorder Treatment (IDDT). Presentation to the Commission on Alternatives to Incarceration. North Dakota Assembly


NDCC § 54-35-24
Certified Peer Support

Evidence-based, Medicaid reimbursable *

Qualified peer support providers:
1. Assist with daily management
2. Social/emotional support
3. Linkage to services
4. Long term support

Appropriate use of peer support specialists can enhance mental health workforce capacity
1. Hospital/crisis/respite
2. ACT/IDDT
3. Supported employment/housing
4. Support groups, peer centers
5. Integrated Behavioral/Primary care


<table>
<thead>
<tr>
<th>GA DBHDD</th>
<th>2006</th>
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<tbody>
<tr>
<td>Peer Specialist</td>
<td>$997</td>
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<tr>
<td>Day Treatment</td>
<td>$6,491</td>
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</tbody>
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WA: Peer Bridger Project
Peer respite alternative to hospitalization 2009-10

19.5% less hospitalization
– $1.47M saved

32% less involuntary hosp.
– $1.99M saved

Inpatient days/1000
38.2% below state average
– $4.4M saved

Peer Support Specialists

Mental Health Peer Specialists
States where Medicaid pays for them

In 31 states, Medicaid pays for licensed peer specialists, counselors recovering from severe mental illness or substance addiction who are trained to help others with similar conditions.

Families give ongoing support: Emotional, financial, case management, advocacy, housing

**Family-led psycho-education**
- Evidence-based practice
- Instruction + support group

**Benefits for the family:**
- Empowerment to access services
- Knowledge of mental illness
- Coping skills
- Lower distress
- Improved problem-solving skills

**Benefits for the individual:**
- Support for person’s recovery
- Enhanced treatment goal achievement

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**NAMI courses tuition-free**
- NAMI Family-to-Family
- NAMI Basics
- NAMI Homefront

**Funding:** Mental Health Block Grant, state general MH funds, Medicaid managed care reinvestment, foundation grants

Dixon et al (2011)
Early Identification/Intervention

- **Half of all mental illness** begins by age 14, three quarters by 24*
- Average of 8-10 year delay in diagnosis, lost opportunity**
- 1 in 4 parents have difficulty obtaining mental health services for their child
- Early identification/intervention
  - Improves outcomes
  - Saves costs over the lifespan

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**Medicaid/Healthy Kids/EPSDT**

- Early and Periodic Screening, Diagnosis and Treatment
  - Medicaid requirement
- MH/SU screening tools:
  - American Academy of Pediatrics, 2010
- AAP: MH/SU screen with EVERY well-child exam

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* AAP Mental Health Toolkit: [www.aap.org/mentalhealth](http://www.aap.org/mentalhealth)
** Surgeon General, 1999

AAP urges their 63,000 members to screen for mental health with EVERY well-child exam
**Early Identification/Intervention**

* Source: Mann, (2013) Prevention and Early Identification of Mental Health and Substance Use Conditions  

- **CO**: Healthy Living Initiatives
- **MN**: School linked mental health services
- **MA**: Children’s Behavioral Health Initiative
- **NC**: Assuring Better Child Health and Developmental Program (ABCD)
- **SC**: Quality though Technology and Innovation in Pediatrics (Q-TIP)
Opportunities

- Revisit 2005 Commission Plan
- Restore MH budget to 2007 levels
  - Improve service system in Carson City
- Leverage Medicaid expansion
  - Mental health parity in Alternative Benefit Plans
  - Evidence based treatment, quality assurance
  - Continuity of provider networks
  - Bridge services to private Marketplace QHPs
    - Supported Employment
- Crisis redesign
- Housing: HUD funds + private investment
  - Available housing stock – housing continuum
Thank you!
Questions?

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