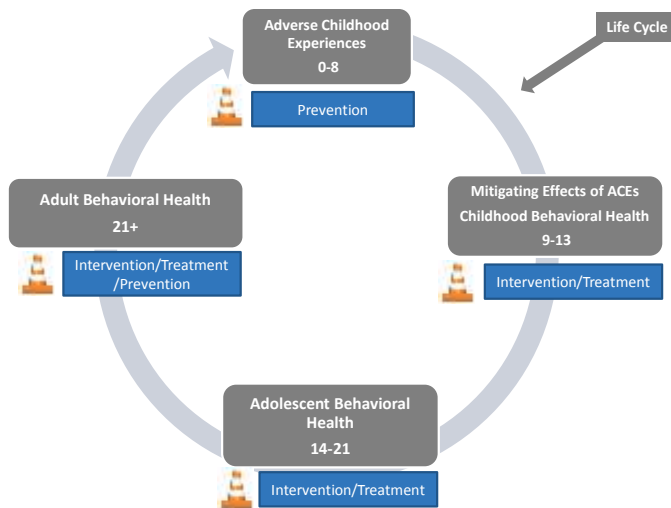

ADDRESSING BEHAVIORAL HEALTH ACROSS THE LIFESPAN

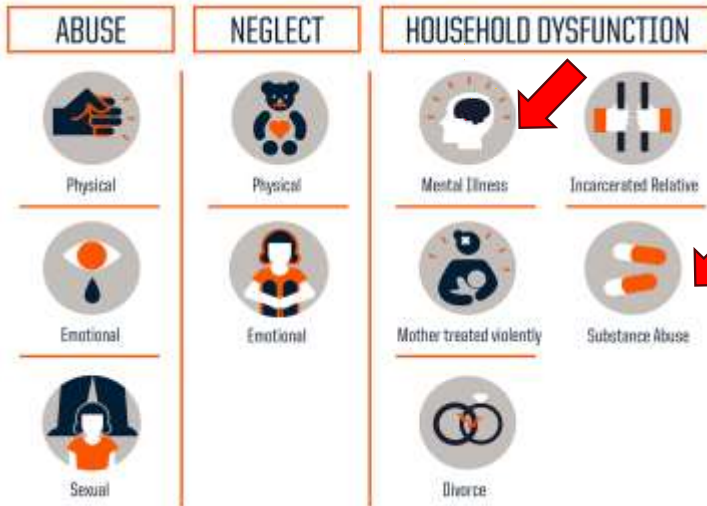
STATE INNOVATIONS AND OPPORTUNITIES TO IMPROVE HEALTH AND HUMAN SERVICES
A NATIONAL MEETING OF STATE HEALTH AND HUMAN SERVICES COMMITTEE CHAIRS
JUNE 27, 2019



Behavioral Health Life Cycle



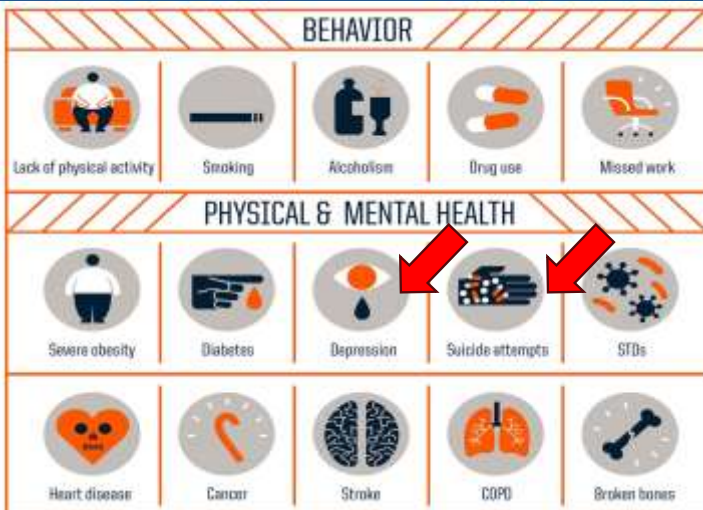
WHAT ARE ACES?



- CDC-Kaiser Permanente **ACEs Study** revealed that ACEs are common and increase risk for many negative health and wellbeing outcomes



WHAT ARE THE IMPACTS OF ACES?



- ACEs are linked to higher risk of early initiation of alcohol and illicit drug use
- ACEs are also associated with higher risk of depression and Rx drug abuse
- People reporting six or more ACEs were more than 24 times as likely to attempt suicide



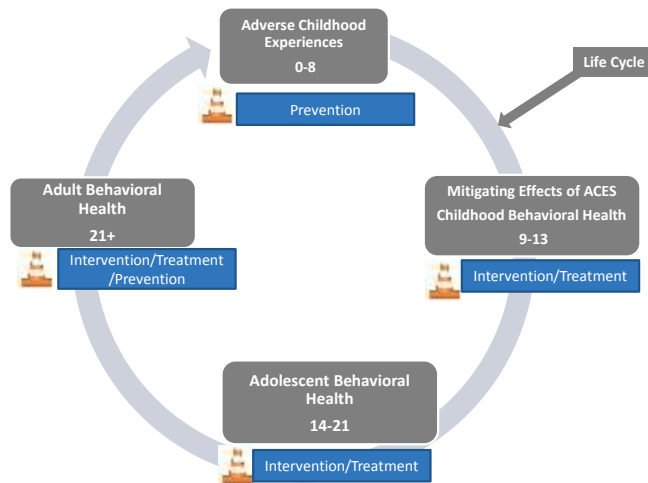
IF ACES ARE NOT ADDRESSED

- Cost of ACEs to overall health systems
 - Diabetes, Heart Disease, Respiratory Disease and others are the leading cause of death in the United States and also contribute significant costs to the health care system.
- Cost of Child Abuse and Neglect: \$124 billion



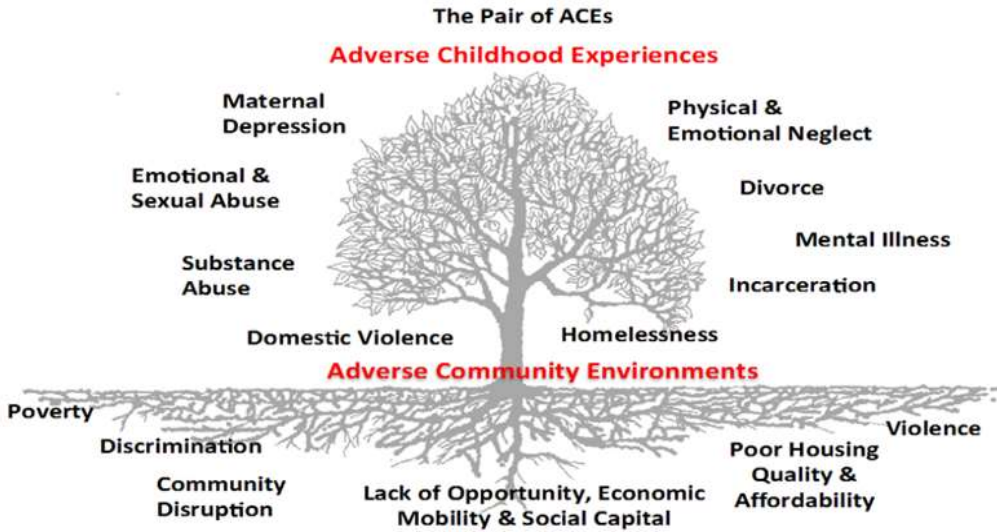
Behavioral Health Across the Lifecycle

Lynda Zeller, Senior Fellow, Michigan Endowment Fund
Former Deputy Director for Behavioral Health and Developmental
Disabilities at the Michigan Department of Health and Human Services.

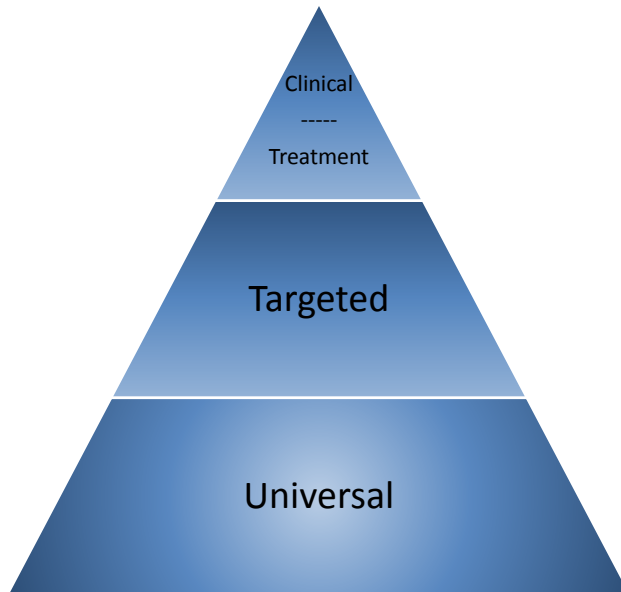


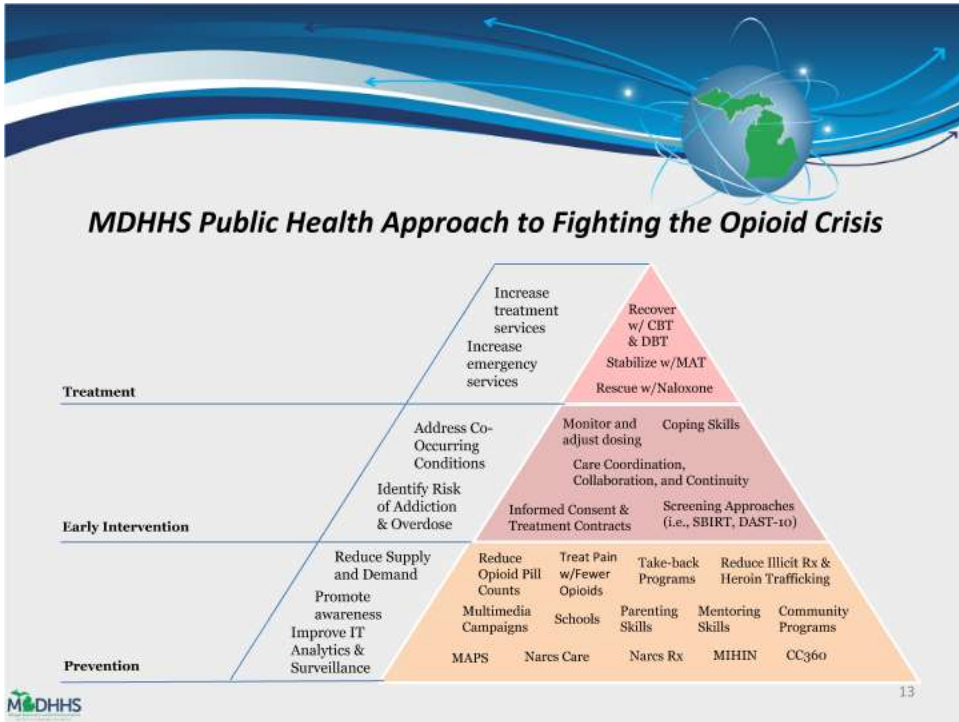
Effective State Behavioral Health Strategy

- Universal prevention for all populations:
 - Stigma, Mental Health Awareness, Wellness, Substance Use Prevention, etc.
- Targeted for special populations:
 - Early identification- ACES, Screening, Data Informed
 - Vulnerable populations
 - LGBTQI+, Native Populations, Deaf and Hard of Hearing, Child Protective Services/Welfare, Justice Involved, People experiencing homelessness, Military Service Veterans, Older Adults, etc.
- Clinical/Treatment
 - Culturally & Linguistically Competent and Appropriate
 - Evidence Based
 - Multi Payer, Multi Agency, Systemic View



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011





STATE-FEDERAL UPDATE: BEHAVIORAL HEALTH

HALEY NICHOLSON-POLICY DIRECTOR, HEALTH

STATE-FEDERAL AFFAIRS, NCSL DC



TOPICS COVERED:

- **SUPPORT Act**
- **Medicaid Provisions under SUPPORT**
- **Institutions of Mental Disease (IMDs) Changes**
- **Medicare Provisions**



SUPPORT ACT OF 2018:



FEDERAL LEGISLATION: CARA, CURES AND SUPPORT:



FEDERAL LEGISLATION: CARA AND CURES:

- Part of three major pieces of federal legislation addressing opioid crisis passed
- Enacted in the 114th Congress to address the opioid epidemic along with the 21st Century Cures Act
- Focuses primarily on opioids and broader substance use disorders as well



SUPPORT FOR PATIENTS AND COMMUNITIES ACT:



SUPPORT ACT (H.R. 6):

- Passed last fall and signed into law
- Focused on opioid related policy including funding as it relates to substance use disorder (SUD) treatment and telehealth programs in the states
- Builds upon Comprehensive Addiction and Recovery Act (CARA) and 21st Century Cures Act (Cures Act), and created 21 new programs under the legislation.



SUPPORT ACT (H.R. 6):

- FY2019 Funds are not available yet, apart from grants under CMS that are funded by Medicaid or the Medicare Trust Fund
- Rest of funding requires an appropriation through an annual budget process
- Since Congress finalized a budget for FY2019 funding will likely not happen until FY2020
- Proposed funding this year in Labor HHS appropriations



MEDICAID PROVISIONS:



MEDICAID PROVISIONS:

- Medicaid health homes for substance-use-disorder, targeted at new substance use disorder health home activities including a requirement for state Medicaid program to provide coverage for Medication Assisted Treatment (MAT)
- Extend the 90% federal matching rate for new Medicaid health home activities
- Directs the Government Accountability Office (GAO) to study and submit a report on how Medicaid covers peer support services and the types of services provided as well as payment models
- Requires the secretary of HHS to publish data for each state on the statistics on the prevalence and treatment of substance abuse disorder among Medicaid beneficiaries under fee-for service and managed care



MEDICAID PROVISIONS:

- CHIP Mental Health and Substance Use Disorder Parity- will require CHIP to cover mental health benefits, including substance use disorder services for eligible pregnant women and children
- States cannot impose financial or usage limits on mental health treatment that would be more restrictive than physical health treatment
- Demo project to increase Substance Use Provider Capacity under Medicaid- \$50 million total to at least 10 states to assess provider capacity, identify gaps in treatment and develop strategies to increase capacity. HHS will choose up to five of these states to receive an 80% federal matching rate for the following 36 months
- Requires states to report annually on behavioral health quality measures in CMS's adult core set starting in 2024



INSTITUTIONS OF MENTAL DISEASE (IMDS) CHANGES:

- Significant changes under the (IMD) Care Act-allowing state Medicaid programs with the option to cover care in certain IMDs which otherwise would be non-federally reimbursable
- Suspension for five years FY 2019-2023 on inpatient mental health facilities with more than 16 beds, states can claim for Medicaid for up to 30 days in a 12-month period for those with SUD (not just opioids)
- As long as states meet certain outpatient and inpatient levels of care, and maintain state spending for eligible individuals in IMDs and outpatient and community-based settings



INSTITUTIONS OF MENTAL DISEASE (IMDS) CHANGES:

- If a state wants to carry out or pursue an approved section 1115 demonstration project on IMDs they still can
- Clarifies flexibilities under Medicaid's current Institutions for Institutions for Mental Disease exclusion regarding managed care plans and what alternative services they may provide
- Managed care plans can provide inpatient treatment in an IMD for 15 days in a month in lieu of other types of services



MEDICARE PROVISIONS:



MEDICARE PROVISIONS:

- Items and services for opioid use disorder treatment and treatment programs, including:
- Dispensing and administration of various forms of Medication Assisted Treatment (MAT) drugs, Substance Use Disorder counseling as authorized under state law, and individual and group therapy and toxicology testing
- These services will be paid for after January 1, 2020



MEDICARE PROVISIONS:

- Bipartisan Budget Act of 2018: several telehealth services for the treatment of opioid use disorder included under Medicare including:
- Increasing opportunities for certain accountable care organizations (ACO) and Medicare shared savings plans to receive telehealth payments, starting January 2020
- Allowing Medicare Advantage (MA) to provide additional telehealth benefits and allows them to be treated as if they are benefits required under original Medicare (A and B), starting in 2020
- Eliminate geographic originating site requirements listed above for telehealth services used for treating Substance Use Disorders (SUD) and co-occurring mental health disorders and adds the home of an individual as a permissible originating site for, starting July 1, 2019



STATE-FEDERAL UPDATE: BEHAVIORAL HEALTH

MARGARET WILE, SENIOR POLICY SPECIALIST- HEALTH AND HUMAN SERVICES
STATE-FEDERAL AFFAIRS, NCSL DC



TOPICS COVERED:

- **Public Health Provisions of the Support Act**
- **Federal Agencies Involved in Implementing Behavioral Health Efforts**
- **Federal Grant Programs**
- **Grant Opportunities and Resources**



PUBLIC HEALTH PROVISIONS RELATED TO TREATMENT AND RECOVERY – SUPPORT ACT

- Establish six year loan repayment agreements with substance use disorder treatment professionals in mental health shortage areas or suffering significantly from overdoses
- Resources to hospitals and other providers on developing protocols for discharging patients with an opioid overdose
- Allows pharmacists to administer injection or implant controlled substances for the purposes of maintenance or detox
- Establish regional centers of excellence in substance use disorder education



PUBLIC HEALTH PROVISIONS RELATED TO TREATMENT AND RECOVERY- SUPPORT ACT

- SAMHSA grant program to establish or operate comprehensive opioid recovery centers serving communities
- Creation of several programs for peer support communities of recovery including peer support networks and long-term support services
- Reauthorizes and improves state targeted response grants from the CURES Act to provide funding to Tribes and improve flexibility for states
- Requires HHS to develop and issue guidance to states on opportunities to support family-focused residential treatment starting in FY2019 for eligible states



FEDERAL PROGRAMS COVERING OPIOID PREVENTION, TREATMENT & RECOVERY- ALPHABET SOUP

- **Three Federal Agencies Covering Majority of Opioid Programs:**
 - Health and Human Services (HHS)
 - Department of Justice (DOJ)
 - Office of National Drug Control Policy (ONDCP)
- **Other Agencies in Presentation Today:**
 - Centers for Medicare & Medicaid Services (CMS)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)



HHS GRANTS PROVIDING RESOURCES FOR PREVENTION, TREATMENT & RECOVERY

- Substance Abuse Prevention and Treatment Block Grant (SABG)
- State Targeted Response to the Opioid Crisis Grants
- Strategic Prevention Framework for Prescription Drugs
- Improving Access to Overdose Treatment
- Medication Assisted Treatment-Prescription Drug and Opioid Addiction
- State Pilot Grant Program for Treatment for Pregnant and Postpartum Women



HHS GRANTS PROVIDING RESOURCES FOR PREVENTION, TREATMENT & RECOVERY

- Building Communities of Recovery
- Prevention for States
- Data-Driven Prevention Initiative
- Rural Health Opioid Program
- Substance Abuse Treatment Telehealth Network Grant Program
- Additional funding opportunities through the recently passed FFPSA for behavioral health prevention and treatment efforts



RECENT GRANT DEADLINES AND RECENT AWARDEES

- DOJ- Improving Reentry for Adults with Co-Occurring Substance Abuse and Mental Illness- June 25
 - <https://www.bja.gov/funding/CSAMI19.pdf>
- CDC- National Harm Reduction Technical Assistance and Syringe Services Program (SSP)- June 26
 - <https://www.scholarshipandgrants.com/business-grants/national-harm-reduction-technical-assistance-and-syringe-services-program-ssp-monitoring-and-evaluation-funding-opportunity/>
- SAMHSA- Drug Free Communities (DFC) Grant- July, 8
 - <https://www.bja.gov/funding/CSAMI19.pdf>
- Bureau of Justice Assistance- Rural Responses to the Opioid Epidemic- July 26
 - https://www.coapresources.org/Content/Documents/Funding/Rural_Responses_to_the_Opioid_Epidemic_Grant_Solicitation.pdf
- HRSA recently awarded \$24 million to 120 rural organizations in 40 states to address opioid crisis
 - <https://www.hrsa.gov/about/news/press-releases/hrsa-awards-24-millions-rural-opioid-response>



NCSL RESOURCES:

- NCSL's Health and Human Services webpage-
 - <http://www.ncsl.org/ncsl-in-dc/standing-committees/health-and-human-services.aspx>
- NCSL's Health and Human Services Newsletter-
 - <http://www.ncsl.org/ncsl-in-dc/standing-committees/health-and-human-services/hhs-standing-committee-newsletter.aspx>
- NCSL blog on Support Act-
 - <http://www.ncsl.org/blog/2018/10/15/congress-finds-compromise-on-opioids.aspx>



ADDITIONAL RESOURCES:

- Support Act Summary-
 - https://www.alexander.senate.gov/public/_cache/files/64a0f95e-e4b6-406e-9340-6a2755e8e34a/930-am-edits-09.26.18-final-opioid-sec-by-sec-bipart-bicam.pdf
- Report on 21st Century CURES-
 - https://www.everycrsreport.com/reports/R44720.html#_Toc470697526
- Report on “The Opioid Epidemic and Federal Efforts to Address it”-
 - https://www.everycrsreport.com/files/20171018_R44987_662e447b14866cd586fac897d1a7389e2add0957.pdf
- Federal Funds Information for States (FFIS) FFIS Issue Brief 18-39, Trinity Tomsic



THANK YOU!

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