national council on aging

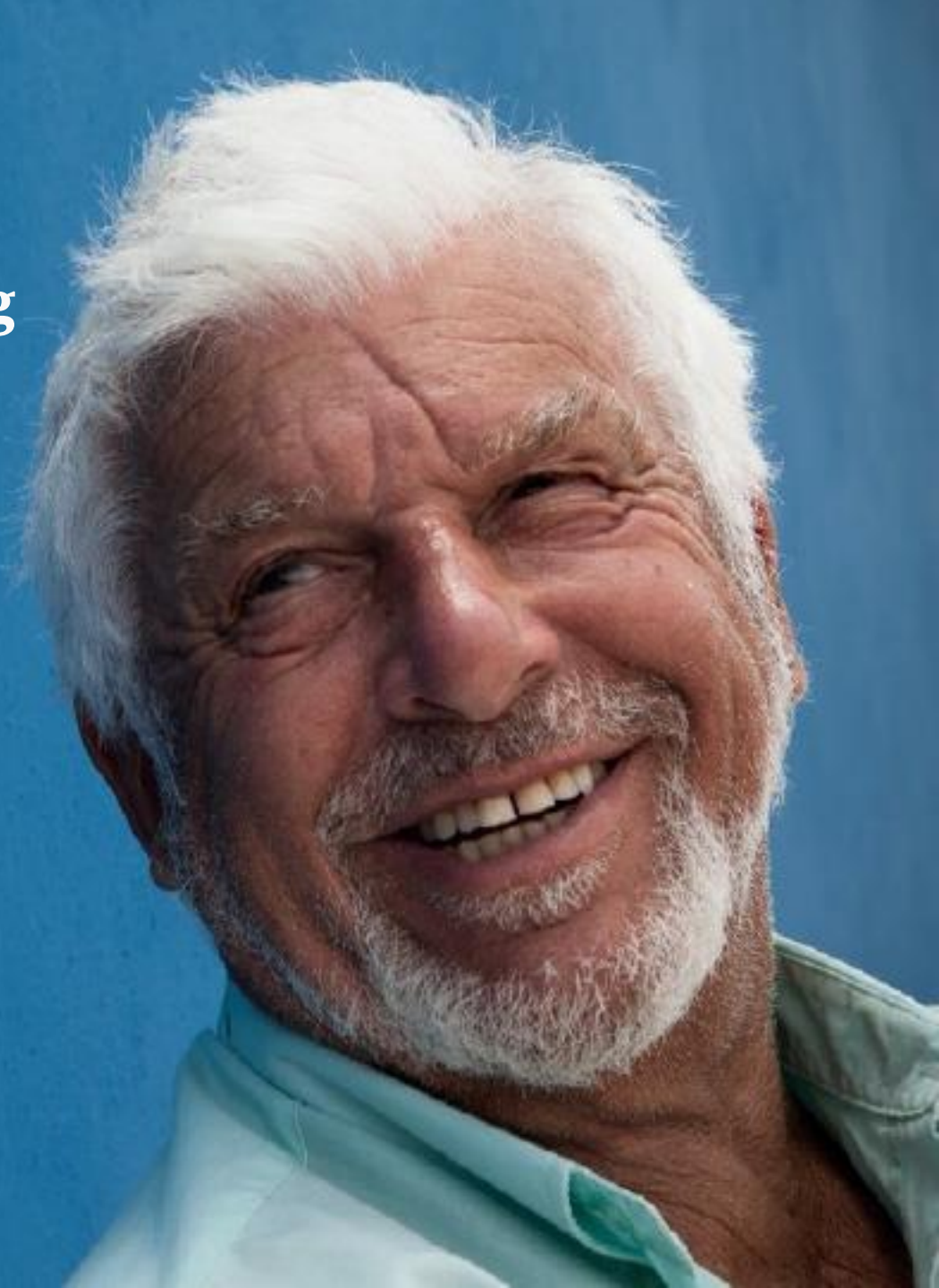
National Coalition on Mental Health and Aging

and

National Council on Aging

Present

Transforming Mental Health and Addiction Services for the 21st century



NCMHA
National Coalition on Mental Health & Aging

March 17, 2021

Tips for using Zoom

- You have joined the webinar in **listen-only mode**.
- The audio portion of this call will be **heard through your computer speakers**.
- Please make sure your speakers are on and the **volume is turned up!**
- Click the microphone at the bottom of your screen for instructions **if you prefer to join by phone.**
- Type all questions into the **Q&A box** at the bottom of your screen.
- The **slides and recording** of this webinar will be shared by email within a few days.

NCMHA
National Coalition on Mental Health & Aging

NCMHA
National Coalition on Mental Health & Aging

Mission:

To provide opportunities for professional, consumer and government organizations to work together towards **improving the availability and quality of mental health preventive and treatment strategies** to older Americans and their families through education, research and increased public awareness.

Visit: www.ncmha.org

NCMHA
National Coalition on Mental Health & Aging

History, Membership and Activities:

- Formed in 1991 by a group of organizations from the aging and mental health fields
- Comprised of 100 national and state associations, state coalitions, and governmental agencies, e.g., SAMHSA and ACL.
- Co-sponsor events to highlight challenges of mental health and aging
- Identify new approaches to addressing problems.

NCOA: Who we are

Vision	A just and caring society in which each of us, as we age, lives with dignity, purpose, and security
Mission	Improve the lives of millions of older adults, especially those who are struggling
Goal	Impact the health and economic security of 40 million older adults by 2030, especially women, people of color, LGBTQ+, low-income, and rural individuals

NCOA's Center for Healthy Aging

- **Goal**: Increase the quality and years of healthy life for older adults and adults with disabilities
- **Two national resource centers funded by the Administration for Community Living**
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention
- **Other key areas:** Behavioral health, physical activity, immunizations, oral health

Webinar Series on "Addressing Disparities in Behavioral Health Care for Older Adults"

- Following the May 20th **National Older Adult Mental Health Awareness Day (OAMHD)** events, NCMHA developed a plan to collaborate with interested government agencies, private sector groups, and experts to maintain the momentum and recommendations generated from OAMHD.
- A series of webinars during 2020/2021 that **target specific topics with a practical focus and accompanying tools/resources** to address the needs of older adults with mental health conditions, as well as state/local efforts/best practices.
- A special feature of the webinars will be that the sessions will coincide with **monthly, weekly and daily national mental health or aging observances**.

NCMHA
National Coalition on Mental Health & Aging

Key Objectives of the Webinar Series

- **Identify specific approaches that address disparities in behavioral health care for older adults**
- Ensure that older adults with mental health and addiction-related conditions are **integrated within all MH awareness raising, policy, programmatic and research efforts going forward**.
- **Raise awareness among primary care, mental health, other health service providers and the aging network** about the impact of suicide, opioid use, and interrelated problems, and impact provider practice patterns for older adults.
- Identify **specific tools such as geriatric assessment, questions** – suicide ideation, firearm presence, opioid use and other screening tools – and detailed guidance.

NCMHA
National Coalition on Mental Health & Aging

Webinar Series Roll Out – 2020-2021

April 21 – *Wrap-Up Webinar on Potential Funding Sources for Services and Programs for Older Adults with Mental Health Conditions Recommended in the Webinar Series*

NCMHA
National Coalition on Mental Health & Aging

Transforming Mental Health and Addiction Services for the 21st Century

MARGARITA ALEGRIA, PHD, RICHARD FRANK, PHD, HELENA HANSEN, PHD, JOSHUA SHARFSTEIN, PHD, RUTH SHIM, PHD, AND MATT TIERNEY, NP

National Coalition on Mental Health and Aging
Webinar Series
March 17, 2021

No Conflicts to Disclose

Agenda

- Vital Directions Background
- Areas of Needed Intervention: Three Goals
- Policy Recommendations

National Academy of Medicine's Vital Directions for Health and Health Care: Priorities for 2021

- Health Costs and Financing-Challenges and Strategies
- Optimizing Health and Well-Being for Women and Children
- **Transforming Mental Health and Addiction Services**
- Actualizing Better Health and Health Care for Older Adults
- Infectious Disease Threats: A Rebound to Resilience

Alegría, M., Frank, R. G., Hansen, H. B., Sharfstein, J. M., Shim, R. S., & Tierney, M. (2021). Transforming Mental Health And Addiction Services: Commentary describes steps to improve outcomes for people with mental illness and addiction in the United States. *Health Affairs*, 10-1377.

By Margarita Alegría, Richard G. Frank, Helena B. Hansen, Joshua M. Sharfstein, Ruth S. Shim, and Matt Tierney

COMMENTARY

Transforming Mental Health And Addiction Services

ABSTRACT **Even with great advances in behavioral health policy in the last decade, the problems of mental illness and addiction persist in the United States—so more needs to be done. In this article, which is part of the National Academy of Medicine's Vital Directions for Health and Health Care: Priorities for 2021 initiative, we describe the steps needed to improve outcomes, focusing on three strategies. We argue for transforming the behavioral health system to meet people where they are, decriminalizing mental illness and substance use disorders to facilitate recovery, and raising awareness of social context and social needs as essential to effective care. We call for supporting structures in the workforce and structures of accountability, outcome measurement, and more generous financing of behavioral health care. These steps have costs, but the enormous benefits of a major transformation in behavioral health policy far outweigh the expenses.**

For the past fifty years the model for care and advocacy in the mental health and addiction field, usually referred to as "behavioral health," funds treatment programs and waits for "patients" with behavioral health conditions to arrive. The result is relentless unmet need. The National Survey on Drug Use and Health estimates that in 2019 only 4% percent of adults with any mental illness received mental health services and that only 10 percent of people age twelve or older who had a substance use disorder received substance use treatment—estimates that are consistent with those of the four previous years.[1] Recent behavioral health policy advances include achieving parity in financing and expansion of access to behavioral health care as part of the Affordable Care Act and other policies (see online appendix exhibit A).[2] Yet more needs to be done to address the persistently poor behavioral health outcomes for so many,[3] particularly for people of color, including immigrants; those with low incomes; and those from disadvantaged communities.[4]

Meanwhile, advances in neuroscience and clinical experience highlight the importance of early interventions to address risk factors for mental illness such as adverse childhood experiences.[5] These advances emphasize the importance of effective interventions during the early stages of a first psychotic episode[6] to counteract negative behavioral health outcomes. Improvements in these outcomes would be reflected in patient engagement and willingness to complete treatment, as well as in participation in mainstream society through employment, good relationships with families, and social connections for people with behavioral health conditions.[7] Achieving these ends requires an emphasis on prevention and equity and challenges the biomedical model with the need to shift to a community-based model that brings care to the person in need and focuses on the outcomes that matter most to them.

The coronavirus disease 2019 (COVID-19) pandemic and protests against racial injustice have called attention to systematic inequities in health and mental health outcomes,[8] creating

Goal of Vital Directions

- Provide evidence-based guidance for policy makers on opportunities and challenges in health, health care, and biomedical science

Transforming Mental Health and Addiction Services offers policy solutions that call for a ***reconceptualization of the behavioral health care system*** *to* ***prioritize the social needs of patients and to foster greater support of the behavioral health workforce*** *" – Transforming Mental Health ad addiction Services*

Great Unmet Need

- National Survey on Drug Use and Health Survey from 2019:
  - Only 45% of adults with any mental illness received mental health services
  - Only 10% of people ages 12 and older who had an SUD received substance use treatment

- Behavioral Health policy initiatives have made advances in achieving parity in financing, yet there is more to be done particularly for marginalized groups traditionally excluded from the MH care system

SAMHSA, 2020

Early Intervention is Key

- Evidence from neuroscience and clinical experience highlight the critical need to address early life risk factors for mental illness such as ACEs (Arango et al., 2018)

- Effective interventions that are accessible are vital to improving behavioral health outcomes

Goal I: Improve Access to Behavioral Health Services by reaching out to meet people "where they are"

Improved Access to Behavioral Health Services

- We need to change the paradigm of service delivery – instead of waiting for people to access services, we need to meet them **"where they are"**
  - Requires outreach, engagement and efforts to address an individual's clinical and socioeconomic circumstances

Change the Service Paradigm

Current State	Moving to where People Are
Individuals must find treatment	Treatment programs find those in need of Tx services
Patients must “prove” intent to engage before starting Tx	Invite person to Tx, allowing patients to engage and re-engage-CHWs/peers
Patients not given choices of what they want and need	Patients encouraged to participate in range of offerings accommodating to them
Patients discharged from treatment if they do not attend	Relapse recognized as part of disease process; addressed through intensified engagement, follow-up

Community and Home Outreach

- Leverage the unique position of **Community-Based Organizations** to offer prevention, access to early identification and treatment of behavioral health conditions (Rusch, Frazier & Atkins 2015)
  - Staff under supervision of licensed professionals can administer preventative programs and treatments
  - Trusted institutions in community, offering wide range of social services
  - Often place for care for non-English speaking minority groups

Community Health Worker Model

Importance of CBOs in the Community Ecosystem

- CBOs meet community needs by addressing shortcomings of a community in a culturally responsive manner
- They facilitate community involvement and empowerment
- They address gaps and needs present in underserved communities
- Families in at risk communities are more likely to seek aid from CBOs rather than other channels due to mistrust
  - This creates a unique position for CBOs in preventing negative health outcomes

Rusch, Frazier & Atkins 2015

Home Visits

- Can aid in identifying unmet behavioral health needs
  - Evidence points to home visits to effectively treat maternal depression and improve behavioral health needs among families (Goodson et al., 2013)
- Meal delivery services for older people serves critical gap in preventing malnutrition as well as meeting behavioral health needs
  - Aids in reducing isolation or loneliness experienced at high rates throughout this demographic group (NASEM, 2020)

Telehealth

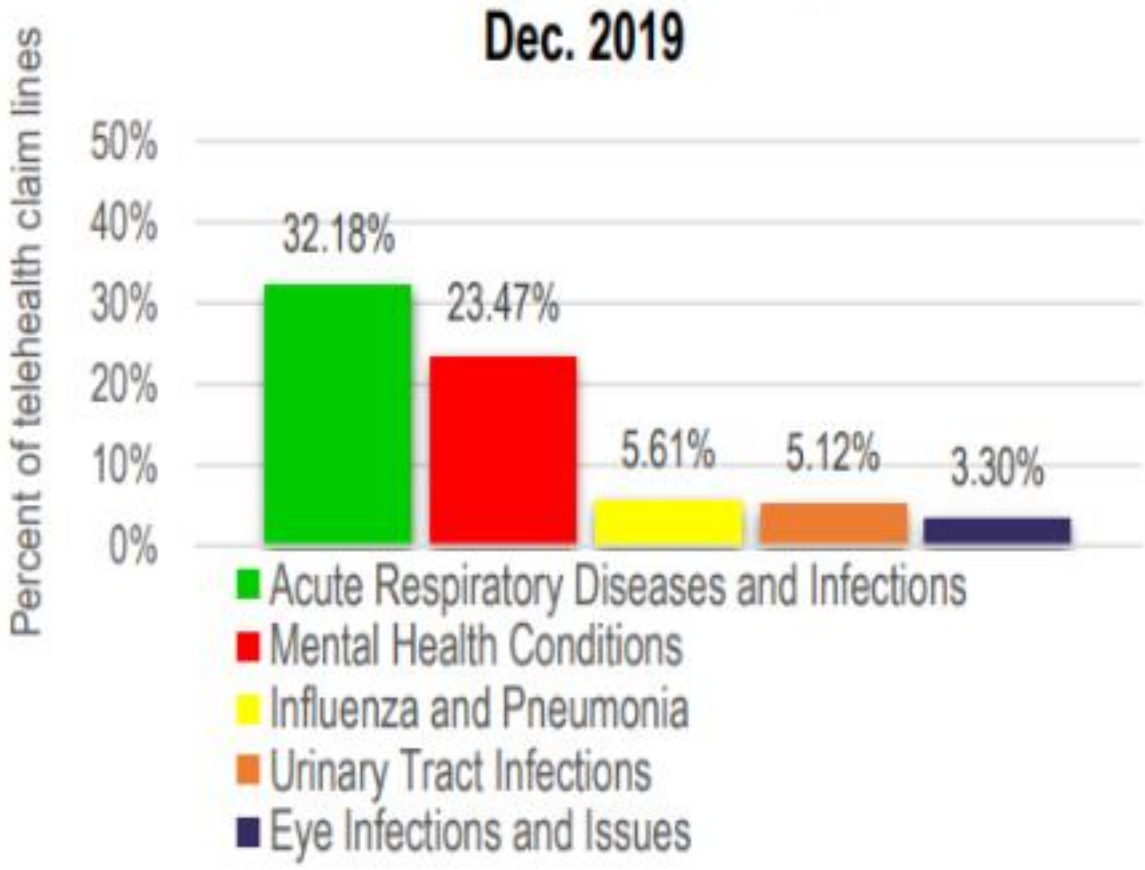
- Delivery of behavioral health services via telehealth have been shown to be comparable to receiving in-person care (Hubley et al., 2016)
- Modality of delivery meets the needs of homebound individuals, or those with other limitations that make it difficult to seek out care

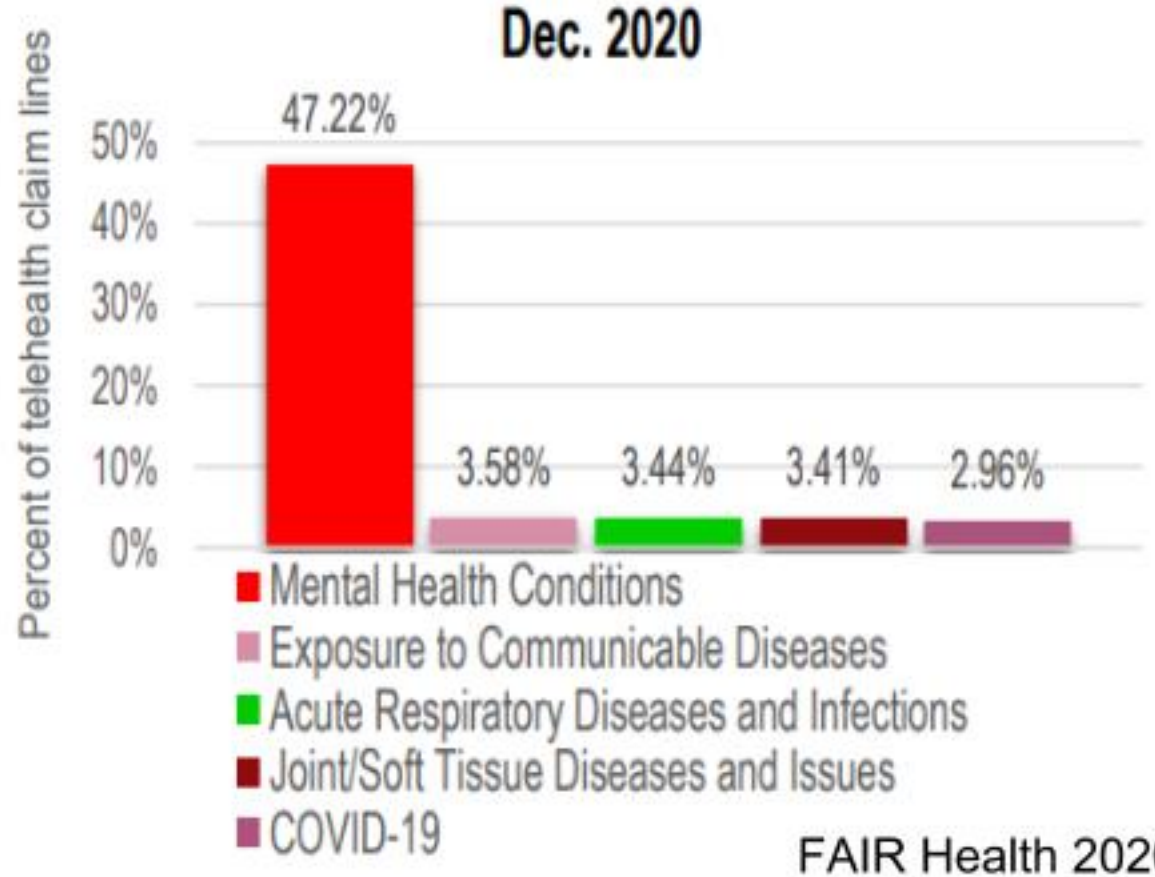
- Barriers to widespread adoption include reimbursement issues and privacy issues
  - COVID-19 has diminished some of these barriers yet this modality needs to be expanded to reduce health disparities

Tele Health & COVID-19

- **Mental health condition was number one telehealth diagnosis** in every region since March 2020

Top Five Diagnoses, 2019 vs. 2020

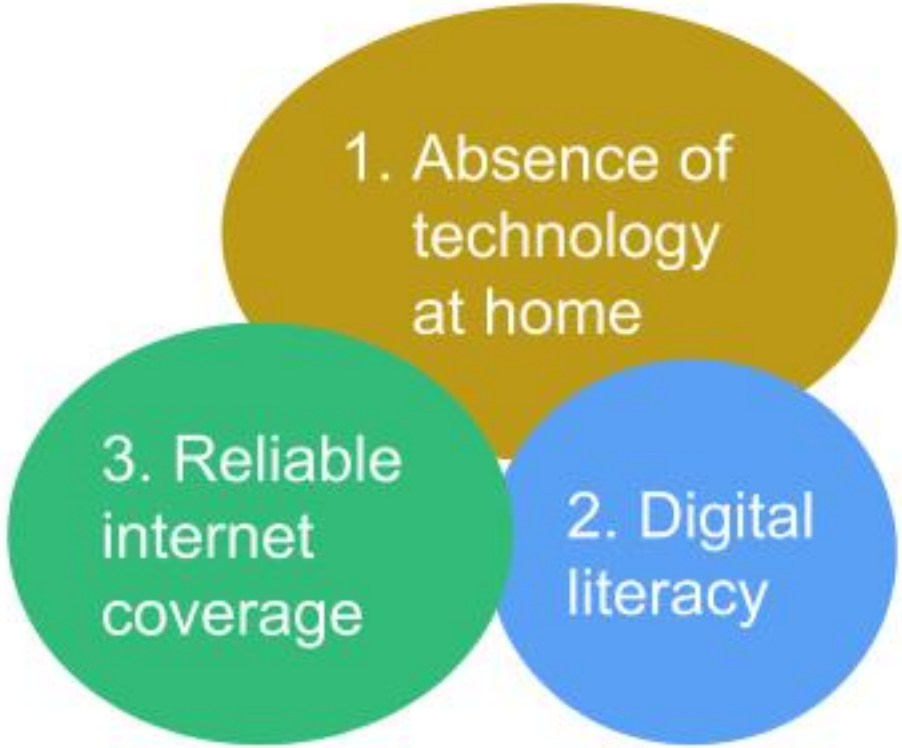




FAIR Health 2020

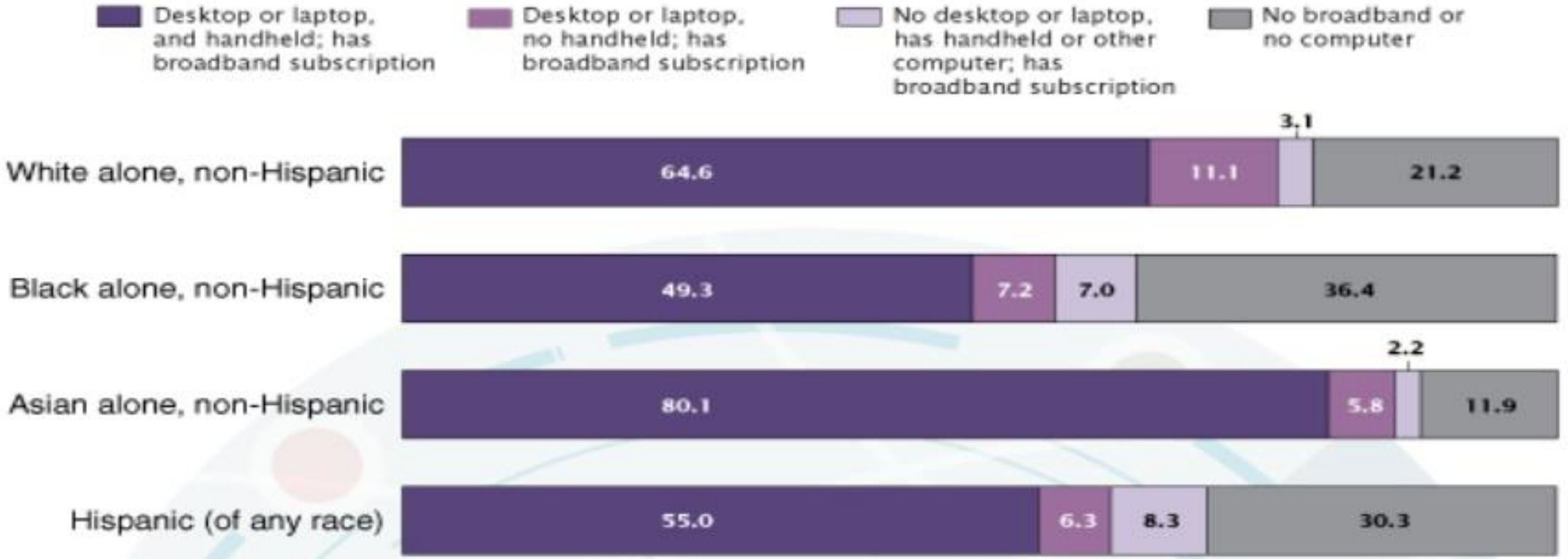
The Digital divide

Digital divide = 3 overlapping barriers to accessing telehealth:



- Digital divide disproportionately affects older people of color and those with low SES (Velasquez & Mehrotra, 2020)

Percentage of Households by Broadband Internet[1] Subscription, Computer Type, Race and Hispanic Origin



[1] Broadband internet refers to households who said "Yes" to one or more of the following types of subscriptions: DSL, cable, fiber optic, mobile broadband, satellite or fixed wireless.

Note: Estimates may not sum to 100 percent due to rounding.

United States Census Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

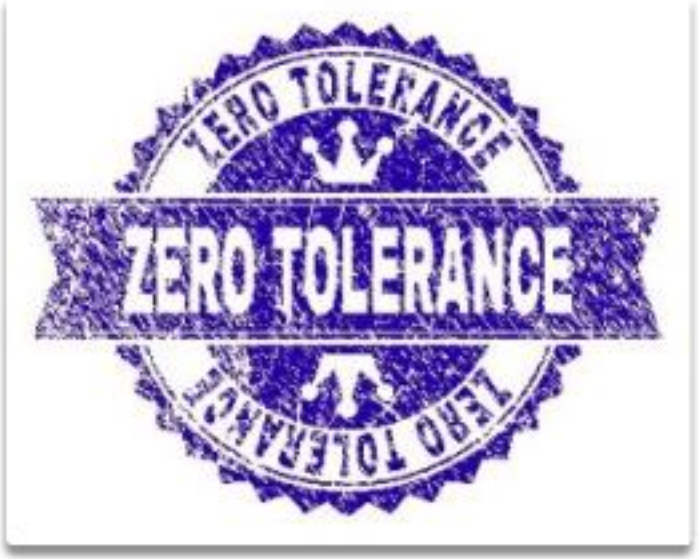
Source: 2015 American Community Survey
www.census.gov/programs-surveys/acs/

Mobile Health Clinics

- Provide screening, behavioral health medication management, referral and timely access to behavioral care (Yu et al., 2017)
- Function as an accessible and cost-effective outreach mechanisms by which to deliver care to underserved yet high need populations (

Lower Threshold for Treatment

- Need for programs to make minimal demands on patients to participate in behavioral health treatment (Gostin, Hodge & Gulinson 2019)
  - I.E. Not requiring drug abstinence; commitment to a number of treatment sessions
- These demands may create additional barriers to those seeking care, and harm retention efforts
- Essential to lead with compassion and understanding to truly meet people where they are in the recovery process
  - Adopt harm reduction approach such as syringe exchanges and overdose prevention programs



Goal II: Decriminalize people suffering from behavioral health conditions and reconfigure the crisis response system

Mental Health & The Criminal Justice System

- The police force plays an essential role in the lives of people with serious mental illness
  - 7-10% of police encounters involve mental illness
  - Estimated 2 million people with serious mental illness are involved in the criminal justice system each year
  - More than one half of state prisoners and two-thirds of jail inmates meet diagnosable criteria for drug use disorders

Wrenn, McGregor & Munetz 2017; Bronson & Berzofsky 2017; Bronson et al., 2017

Lack of Available Treatment

- Severe lack of treatment resources in the community increases risk for police contact and incarceration
  - Contributes to:
    - Longer sentences
    - Higher rates of recidivism
    - Disproportionality higher rates of people of color in the criminal justice system

Intersection of behavioral work and complex systems

Alexander and Schnell (2020) find that increasing payments for new patient office visits reduces reports of providers turning away beneficiaries: closing gap in payments between Medicaid and private insurers would reduce more than two-thirds of disparities in access among adults.

- Black Americans make up 29% of drug-related arrests and 33% of drug-related incarcerations despite representing only 5% of those using illicit drugs (NAACP, 2021)
- Essential to consider the institutional factors including biased law enforcement, and corrupt bail systems contributing to disparities in outcomes for people of color with SUD.

Public Health Approach

- Crimes linked to drug seeking behaviors or mental illness should be decriminalized and treated as a public health issue

- Necessary to take a public health approach involving:
  - Expanding access to medication-assisted treatments and psychosocial Tx, behavioral health services and social resources

Crisis Response

- Efforts to bolster evidence-based response systems would decrease the likelihood that those with serious mental illness interact with the police
  - Crisis Assistance Helping Out on the Streets (CAHOOTS) model
    - Dispatches mobile teams of health care and crisis workers to administer care and services instead of law enforcement

Cost Effectiveness of Crisis Response

- Evidence from Cochrane Review of Crisis intervention for people with severe mental illness (Murphy et al., 2015)
  - Less expensive than standard care
  - Avoids repeated hospital admission
  - Improved mental wellbeing of service users more than standard care
- However, no differences in death rates were found
- Essential to expand future research in areas of crisis intervention

Limiting Confrontations with Police

- Police force are first point of contact for marginalized members of the community experiencing a behavioral health crisis
- Need to reconfigure our system so that those experiencing suicidality, homelessness or drug overdoses are met with a mental health clinician or trained paraprofessional to **deescalate** crises, reduce interaction with police and appropriately triage

Goal III: Recognize social context and address social needs

Social Context and Social Needs

- Social context including poverty, neighborhood exposure to violence contribute to poor mental health outcomes and greater prevalence of substance use disorders

- Structural racism in the United States interferes with the ability of marginalized communities to receive high quality behavioral health care
  - Chronic stress of discrimination reduces the ability to engage in health behaviors (NAM, 2019)
  - Exposure to violence in childhood increases risk for behavioral health conditions

Systemic Barriers to Quality Behavioral Health Care for Diverse Populations

Low provider diversity or diversity in leadership

Few culturally and linguistically competent providers and/or institutions

Service silos and limited understanding of social determinants of health and their impacts

Unequal community resources and investments in care

Geographical differences to care availability: urban, rural, frontier, borders

SDOH- Factors Contributing to Health Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Targeting Social Determinants of Health

- Improving early child development programs
- Promoting access to fair employment and living-wage work
- Ensuring a social safety net through social programs or cash transfers
- Enhancing the living environment

Promoting Economic Stability

- Limited opportunities for social mobility have been found to increase the prevalence of behavioral health problems (Compton & Shin 2015)
  - Increased worry about meeting ends meet
- Efforts to ensure a living wage (particularly for young people with lower-educational backgrounds), racial/ethnic minority groups and for those in poverty imperative in ensuring economic and social stability

Living Environment

- Affordable Housing
- Minimum Housing Standards
- Securing the Rights of Tenants
- Revitalizing Communities
- Investing in Green Space

Policy Recommendations

Workforce

- Increase the **diversity of mental health workforce**
  - Offer **loan repayment programs** to underrepresented minorities
  - Invest in training opportunities to create the pipeline-CHWs & peers

- Increase behavioral health care providers knowledge and understanding of issues impacting their clients' lives
  - Require provider training on role of **structural racism**, social determinants and implicit bias

HSRA 2020; Hansen, Braslow & Rohrbaugh 2018; Yeager & Bauer-Wu 2013

Workforce infrastructure alignments of services to needs

- "A **more racially and ethnically matched workforce** are not only more likely to work with URM populations, but can help to **minimize disparities**, while also designing and **delivering culturally tailored programming** (Jordan 2020, citing Gainsbury, 2017).

Workforce

- Scaling up the **community health** and **peer recovery workforce**
  - Including peers in behavioral health workforce reduces substance use and relapse rates; improves social supports and increases treatment retention, patient satisfaction, and hope (Eddie et al.,2019)

- Providers should adopt shared decision-making to center clients in care and give patient's a voice in their BH care (Stacey et al., 2017)

Policy Goals for Behavioral Health in the US: Workforce

Polices and Programs	Responsible Actors	Actions
Opioid Workforce Act of 2019 (H.R. 2439)	Medicare	Make more residency positions eligible for Medicare graduate medical education payments in hospitals with addiction or pain management programs
National Health Service Corps loan repayment program	SAMHSA	Increase funding for loan forgiveness or repayment programs for graduates of behavioral health education programs working in identified areas of behavioral health need in public facilities
Health Equity and Accountability Act of 2020 (H.R. 6637)	HRSA	Expand and sustain financial support for the HRSA Title VII health professions and Title VIII nursing workforce development programs; reauthorize and expand the Conrad-30 J-1 visa program

Accountability and Outcome Measurement

- Reconceptualization of accountability measures to focus on outcomes at both individual level and population levels

- **Increase use of simulated patient studies** to assess concerns about access and quality of behavioral health care to identify areas for intervention (Rhodes & Miller 2012)

Policy Goals for Behavioral Health in the US: Accountability and Outcome Measures

Polices and Programs	Responsible Actors	Actions
Affordable Care Act	State-level Medicaid accountable care organizations	Require health-related social needs screening as part of quality performance measure for social determinants of health interventions, such as housing programs
World Health Organization Quality of Life instrument	CMS, HRSA	Incentivize use of quality-of-life measures as outcomes for studies of mental health and addiction services

Financing and Organization

- Increased **collaboration across sectors**: aggregating funds from multiple agencies to align with Health in All Policies approach
- Modifications to Medicaid and Medicare risk-adjustment capitated payment models for private managed care may incentive plans to devote sufficient resources to BH care
- Payment models centered in population health encourage holistic approach
  - Leverage existing structure of The Health Resources and Services Administration to fund and support expansion of programs

Huffstetler & Phillips 2019; Gase et al., 2017

Policy Goals for Behavioral Health in the US: Financing and Organization

Polices and Programs	Responsible Actors	Actions
Medicaid Disaster Relief for the COVID-19 National Emergency State Plan Amendment	CMS	Increase the federal contribution to Medicaid during periods of downturn in state revenues such as the COVID-19 pandemic
Health Information Technology for Economic and Clinical Health Act (2009)	HHS	Encourage public health agencies to measure effectiveness of their behavioral health systems by linking social and clinical data and then using resulting analyses to target investments for improvement

Additional Recommendations

- **Partnerships:**
  - Building strong academic-public partnerships to effectively use research evidence to inform best practices (Rubin et al., 2016)
- **Data systems:**
  - Need to centralize data at both the clinical and patient level to inform structural policy change

A Call to Action

- **We already have a lot of knowledge of what we need to do and models of how it can be done, but we are missing the action**.
- We need to move away from focusing so much on behavior change of individuals to how to use research and practice evidence to take on needed actions.
- This might require building interorganizational and multisectoral partnerships to connect to supporters in policy, grassroots movements and advocacy to carry it through.

Questions & Answers

Thank You!

Margarita Alegria, PhD
Chief, Disparities Research Unit, MGH
Professor, Harvard Medical School

SUBSCRIBE TO MY MONTHLY NEWSLETTER "CONVERSATIONS WITH MARGARITA"
BIT.LY/CONVERSATIONSWITHMARGARITA