OBAMA-BIDEN TRANSITION PROJECT

THIS DOCUMENT WAS PRODUCED BY AN OUTSIDE PARTY AND SUBMITTED TO THE OBAMA-BIDEN TRANSITION PROJECT.

# Mental Health Action Agenda

December 19, 2008

The public mental health system (including substance abuse and addictions) will require significant attention for a successful health care reform environment. Effective services exist, but targeted federal action is needed if access, recovery, and quality are to become the hallmarks of the nation's public mental health system.[i]

To reach this achievable goal, NASMHPD requests that the Obama administration commit itself to three decisive steps:

- ☐ As part of the White House Office of Health Reform and improved mental health policy/programming at HHS, an Office of National Mental Health Policy (ONMHP) must be established to plan for and coordinate the multiple systems involved in aiding the recovery of children and adults with mental illnesses, eliminating redundancies, and providing greater efficiency, consistency and quality in policy and planning. This Office (at the highest executive level) would establish program, budget, and guidelines/expectations for cooperation among Federal, State, and local entities to achieve its goals.[ii]

- ☐ In its first 12 months, the Administration must develop through the ONMHP an action agenda demonstrating its commitment to: applying science to mental health services; maximizing resources by aligning federal programs; incentivizing early identification and early interventions for mental disorders; and increasing self-sufficiency and recovery for all children and adults with mental illnesses and addictions.

- ☐ To address the near crisis workforce shortage in all mental health professions, the administration should establish a "Mental Health Service Corps" incorporating principles of universal public service and applying them to education and training of aspiring mental health workers in order to expand mental health and public health outreach in underserved communities across the nation.

**Much is Known; Much Can be Done:**

Over the past ten years, the federal government has supported three comprehensive assessments of the Nation's approach to mental health services, all of which have gained widespread support from the mental health community.[iii] The incoming Obama administration can build on these efforts and realize their promise by acting on their recommendations without delay. The problems and many potential solutions are well understood. **Needed now is action**.

THIS DOCUMENT WAS PRODUCED BY AN OUTSIDE PARTY AND SUBMITTED TO THE OBAMA-BIDEN TRANSITION PROJECT.

**Issues to be addressed in the Mental Health Action Agenda:**
In its commitment to reform the Nation's health system, the Obama administration can prioritize and demonstrate leadership in the following key issue areas. Steps to address each can be taken both through immediate legislative action and/or decisive executive action early in President Obama's term.

**As Part of Health Reform**
**Lack of coverage and access to quality services (as well as multiple systemic failures of the Nation's healthcare system) result in a disproportionate burden on Americans with or at risk of mental illnesses/addictions. While the fundamentals of health reform—cost, quality and access—do not uniquely impact individuals with mental illness, the transformation and sustainability of the Medicaid and Medicare programs are especially important to people with disabilities and chronic conditions. The integration of mental health with overall health should inform all approaches to improve health, including chronic care management, health information technology, and medical homes.**

- The Office of National Mental Health Policy will provide leadership within the Office of Health Reform on mental health science, services, and coverage as part of overall health care reform.
- Authorize grants for states to fund health information technology (HIT) that encourage coordination across agencies and stakeholders.
- Require compliance with basic privacy and security protections for all entities seeking federal support for the advancement of HIT.
- Develop an "Empowerment" action plan to ensure a benefit package that meets the needs of individuals with chronic mental illnesses. This includes income supports and supportive services for housing, employment, education, and other activities essential to overall health and recovery. The goal is to support independent, community-based living that empowers individuals with chronic mental illness to contribute fully to their communities.

**Financing Mental Health Services**
**While Medicaid has become a primary source of funding for public mental health services, policy decisions within the Centers for Medicare and Medicaid Services (CMS) fail to support evidence-based practices and, in fact, disrupt service through lack of stable financing.**

- Rescind the proposed regulations included in the moratorium that expires April 1, 2009 as well as the recently finalized Hospital Outpatient and Community Clinic Services Regulation.
- Include an enhanced Medicaid Federal Medical Assistance Percentage (FMAP) through CMS and Mental Health and Substance Abuse Block Grants through SAMHSA in an economic recovery package for at least

THIS DOCUMENT WAS PRODUCED BY AN OUTSIDE PARTY AND SUBMITTED TO THE OBAMA-BIDEN TRANSITION PROJECT.

two years and hold States harmless for Block Grant MOE during the economic crisis.

- Through the ONMHP, develop policy guidance to govern decisions by the Centers for Medicare and Medicaid Services (CMS) regarding reimbursement for services to children and adults with or at risk for mental illness to provide stable financing and support best practices in treatment and prevention.

**Mental Health Parity**

**The historical lack of access and equity in private and public insurance programs for mental health services has resulted in limited access and service delays in care for people who need it and has put tremendous and growing pressure on the public mental health safety net programs. The passage of HR 1424 in 2008 is an enormous step forward for coverage for mental health services.**

- Ensure an immediate, inclusive, and rigorous rule-making process involving three federal agencies (Health and Human Services, Labor and Treasury) to timely and effectively implement "The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act."
- Move to ensure that parity is applied across all public programs including in the Medicare and Medicaid programs and/or in any evolving universally available coverage for Americans.

**Specific Populations of Immediate Concern**

**Children's Mental Health**

**Serious mental illnesses become evident on average at age 14, yet we are not intervening early and preventing their exacerbation. Failure to address mental health problems at an early age leads not only to poor school performance and strains on the family, but also to more serious illness, poverty, dependency, and strains on multiple social systems over a lifetime.**

- Support the reauthorization and expansion of the State Children's Health Insurance Program (SCHIP) that assures parity access to mental health services.
- Support legislation to strengthen identification and early intervention of emotional disturbance in at risk children, and ensure access to seamless mental health services, including prevention, in school and childcare settings.
- Invest in mental health research (biomedical and health services) as a national priority with emphasis the prevention of mental illnesses and the value of early intervention in averting chronic courses of illness.
- Promote evidenced-based public health models that have shown positive and long-term results such as home visits for mothers and infants at-risk for poor outcomes (not limited to first children).

THIS DOCUMENT WAS PRODUCED BY AN OUTSIDE PARTY AND SUBMITTED TO THE OBAMA-BIDEN TRANSITION PROJECT.

- Promote expansion of and state involvement in coordinated, community-based children's mental health services modeled on "systems of care." Invest resources in prevention and early intervention to keep children out of the juvenile and adult justice systems.

. **Mental Health of Returnees from Military Deployment – and their Families**
**Those returning from the current conflicts and their families (during and after deployment) are experiencing high rates of mental and substance abuse disorders and are often failing to find the services they need at traditional military and veterans' health care facilities, straining the social safety net and the public mental health system.**

- Create a seamless and lifelong mental and general health benefit for all veterans that include simplifying and streamlining the contracting process between the VA and community mental health centers.
- Pass legislation to make TRICARE coverage automatic for separating military personnel.
- Launch a major training initiative to create a workforce to provide care to returning veterans and their families in their home community. Upfront capacity building is needed within DOD, the VA and the public mental health systems to address the unmet needs of veterans and their families. This multi-faceted program would be part of a comprehensive community service initiative, including a "Mental Health Service Corps" along the lines of "Teach for America" and within a national plan for universal public service.

**Physical Illness and Mental Health**
**Morbidity and Mortality: People with serious mental illness served by the public mental health system die, on average, 25 years earlier than the general population with poor nutrition, obesity, smoking, and inability to access primary health care among the leading causes.**[iv]

- Establish a national goal to reduce morbidity and mortality among individuals with mental illness through federal investment in universal access to high quality, cost-effective care that includes prevention and wellness as well as treatment and the development of new models of care to integrate mental and physical health.
- As a function of the Office of the Secretary of HHS, conduct an analysis of the premature morbidity and mortality in people with mental illnesses and develop initiatives to reverse this trend. These would include funding and reimbursement mechanisms to support the provision of integrated primary care and behavioral health services for this population as well as their designation as a health-disparity population for purposes of setting programmatic priorities and targeting resources.
- Direct CDC to develop a national surveillance program that will incorporate information about health status in the population with or at

THIS DOCUMENT WAS PRODUCED BY AN OUTSIDE PARTY AND SUBMITTED TO THE OBAMA-BIDEN TRANSITION PROJECT.

risk of serious mental illness. Engage at the national and state levels (per the IOM report) in developing the National Health Information Infrastructure (NHII) to assure that EHR and PHR templates include the data elements needed to manage and coordinate general health care and mental health care.

**People with Mental Illness in the Juvenile and Adult Justice Systems**
**People with mental illnesses inappropriately burden law enforcement settings, courts, jails, and prisons, draining resources from the nation's crime-fighting capacity, while their needs for services remain largely unmet and their prospects of successful recovery diminish.**

- Support full funding for the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) that provides grants to state and local governments and other entities to assist correctional facilities provide services to people with mental illness, develop reentry programs, provide community crisis services, create mental health courts and other activities. Current funding levels cover a small percentage of the grant applicants.
- Utilize approaches to financing and budgeting that recognize the return on investment to be derived from appropriate funding of mental health services and the consequent savings in costs related to mental health needs in the criminal and juvenile justice systems.

## SUMMARY

**Improving the science, service, and policy fundamentals to enhance the mental health status of our Nation's citizens must be a priority goal. Mental health is integral to health, and it is an essential component of social and economic well-being. NASMHPD, the association that speaks nationally and in each of the fifty states for the policy and programmatic issues within the public mental health system, is ready to work intensively with both the Transition Team and the newly developing Obama leadership team at the White House and HHS. We are eager for a true partnership to address these opportunities.**

---

[i] *Emergency Response: A Roadmap for Federal Action on America's Mental Health Crisis,* The Campaign for Mental Health Reform, July 2005, www.mhreform.org

[ii] More information on this concept is available upon request. A full explanation is offered in a draft paper by Lisa Braude, PhD, Illinois Department of Human Services, Division of Mental Health and also in *Better But Not Well: Mental Health Policy in the United States since 1950*, Richard G. Frank and Sherry A. Glied, The Johns Hopkins University Press, 2006

[iii] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. available at: http://www.surgeongeneral.gov/library/mentalhealth/home.html;

OBAMA-BIDEN TRANSITION PROJECT
THIS DOCUMENT WAS PRODUCED BY AN OUTSIDE PARTY AND SUBMITTED TO THE OBAMA-BIDEN TRANSITION PROJECT.

President's New Freedom Commission on Mental Health (July 2003), *Achieving the Promise: Transforming Mental Health Care in America: Final Report*. DHHS Pub. No. SMA-03-3932. Rockville, Md. Available at: http://www.mentalhealthcommission.gov;
National Academy of Sciences, Institute of Medicine. *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, The National Academies Press, Washington, DC. 2006. Available at: http://www.iom.edu/

[iv] *Morbidity and Mortality in People with Serious Mental Illness,* National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, October 2006, www.nasmhpd.org