

Beyond MH and Addiction Parity: Are Ohioans Getting the Services They Need?



**Paul Gionfriddo, President and CEO, MHA
Ohio Health Policy Institute 8/31/15**



Outline

**Parity or Disparity:
Ohio and the
Nation**

**MHPAEA Act:
Impact,
Implications, and
Shortcomings**

**What Ohioans
Need: Results from
MHA Screening**

**Federal and State
Policy: What Next**



Parity or Disparity: Ohio and the Nation

Middle America

Five Challenges of Parity

1. **Fair coverage overall coverage.**
2. **Adequate supply of providers.**
3. **Access to specific providers.**
4. **Access to drugs.**
5. **Access to non-medical supports.**

Mental Health America's Report

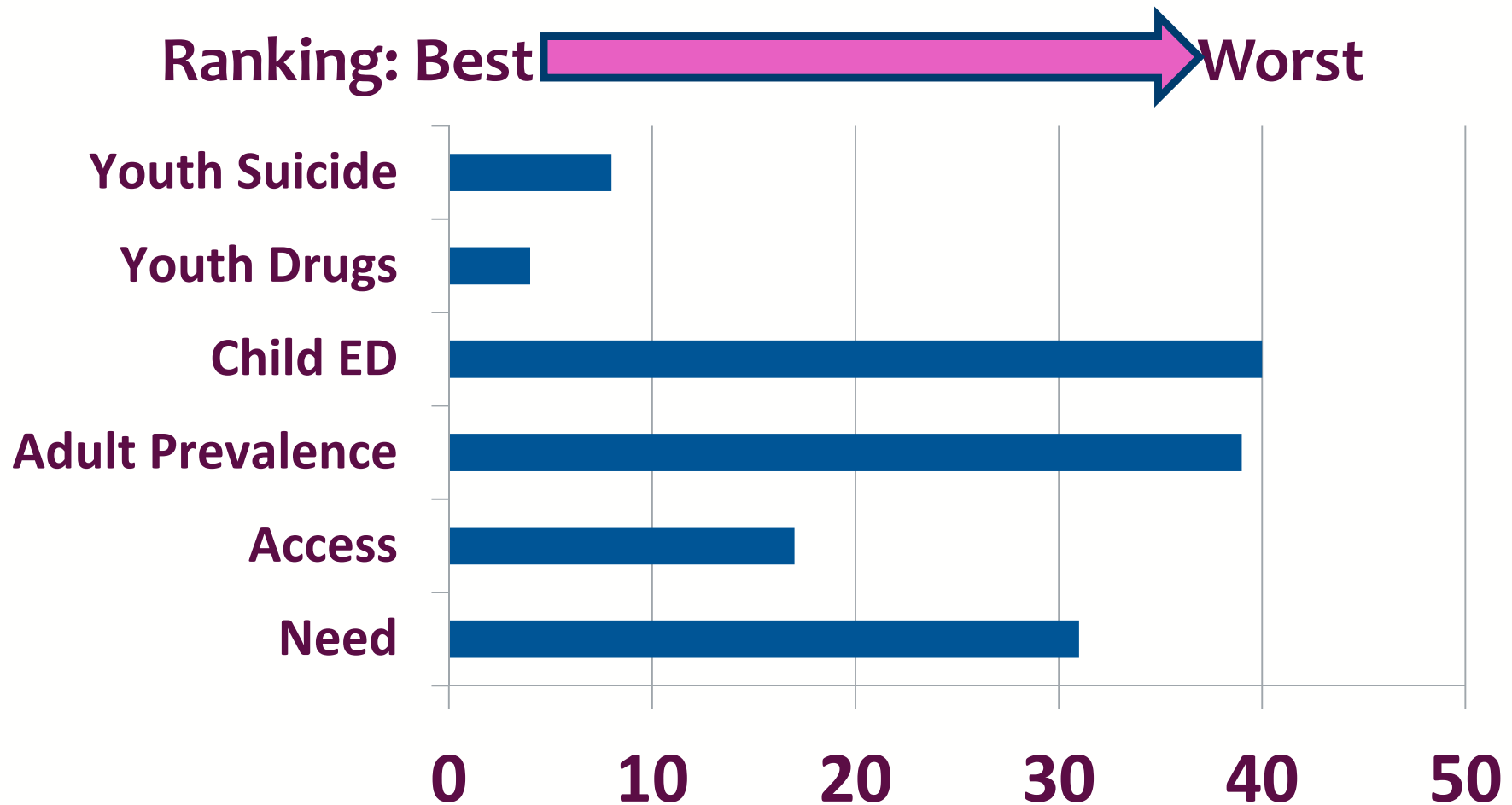


How Does Ohio Rank in MH/Access?

	Overall Ranking	Adult Ranking	Youth Ranking
2015 Report (Final)	21	26	10
2016 Report (Preliminary)	24	26	18

Source: MHA Parity or Disparity Report, plus 2015 data for 2016 Report

Ohio by the Numbers



Six Ongoing Concerns

1. What does “substantially equal” to “benchmark” mean?
2. Some benchmark plans are vague about coverages; some are specific. Which approach is better?
3. Lack of transparency in marketplace plans.
4. Formularies may need to be revised. For example, do they cover the newest drugs?
5. Rehabilitative services may need to be expanded. Cognitive therapy as well as physical therapy?
6. Scope of preventive services is unclear.

The Biggest Concern

Mental health conditions are the only chronic conditions that as a matter of public policy we wait until Stage 4 to treat, and then often only through incarceration.



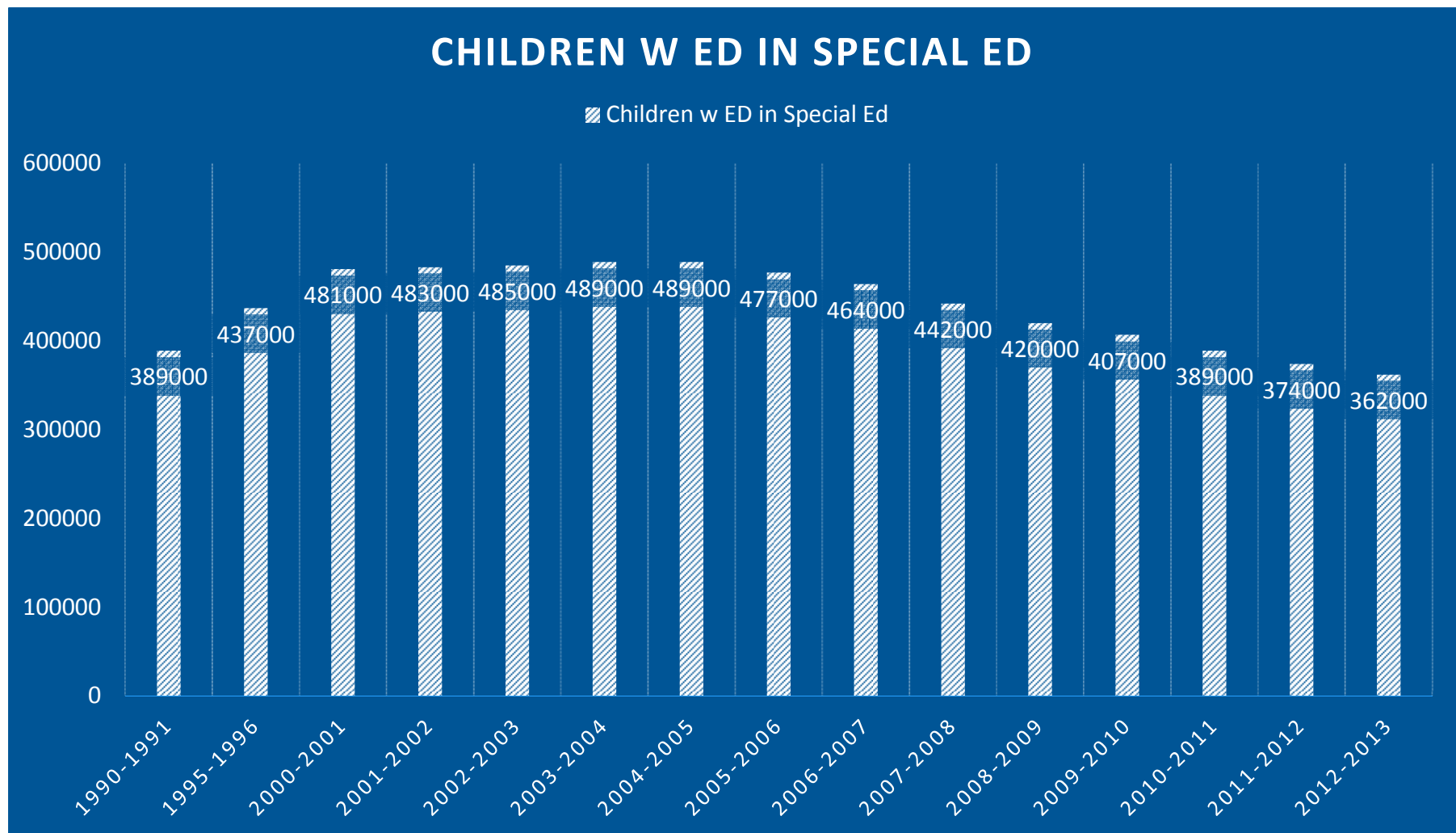
The Mental Health Parity and Addiction Equity Act

Impact, Implications, and Shortcomings

The Problem: Current Landscape

- States cut \$4.6 billion from mental health budgets between 2009 and 2013.
- Medicaid expansion gap disproportionately affects adults with SMI.
- Serious mental illnesses are diseases of childhood, but children with serious mental illnesses rarely receive special education services.

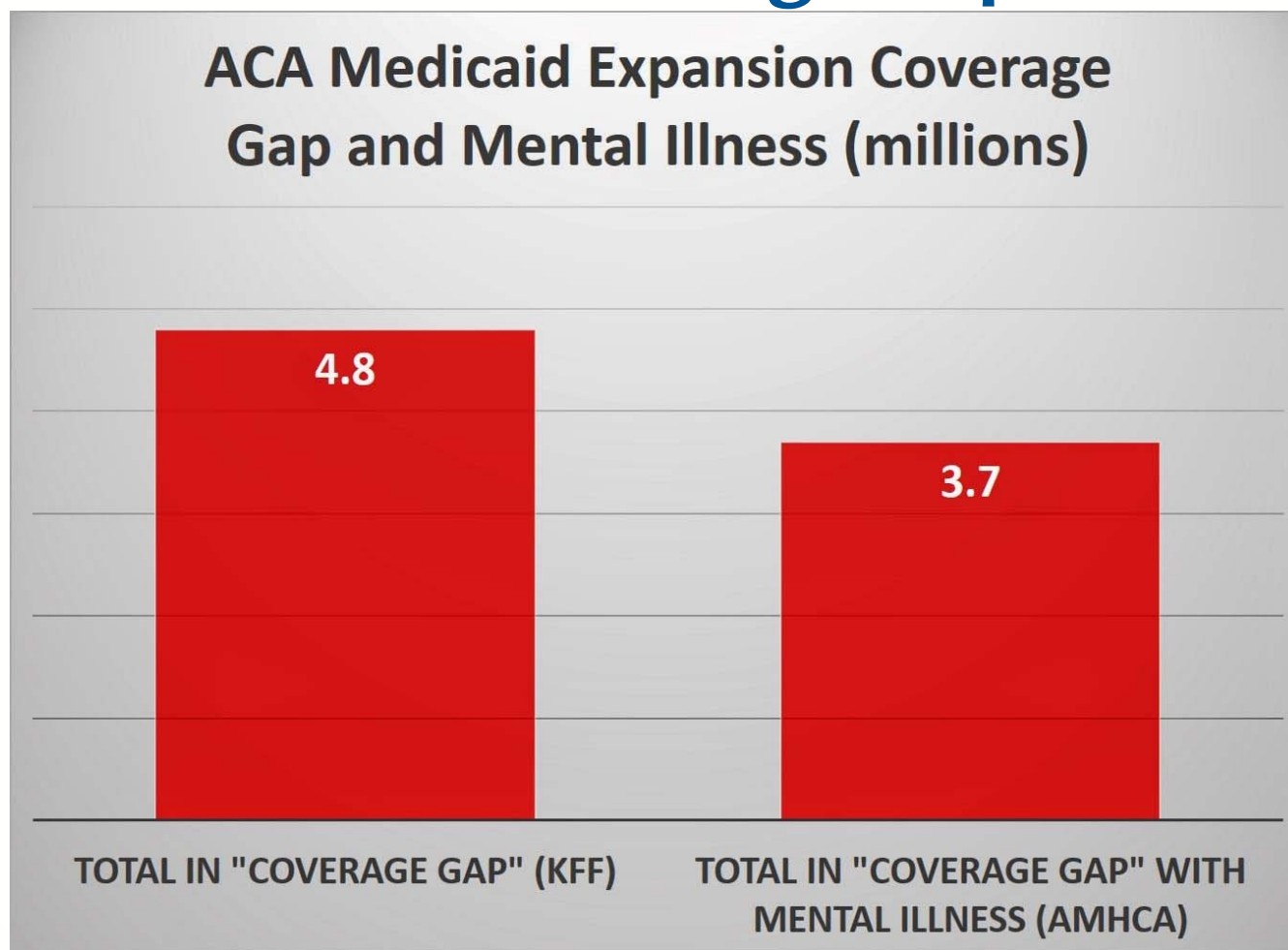
Only 1 in 28 with SMI is identified with ED



Source: US DOE, 2015

Mental Health America

Why Ohio Was Smart to Expand Medicaid: Who's in the ACA Coverage Gap?





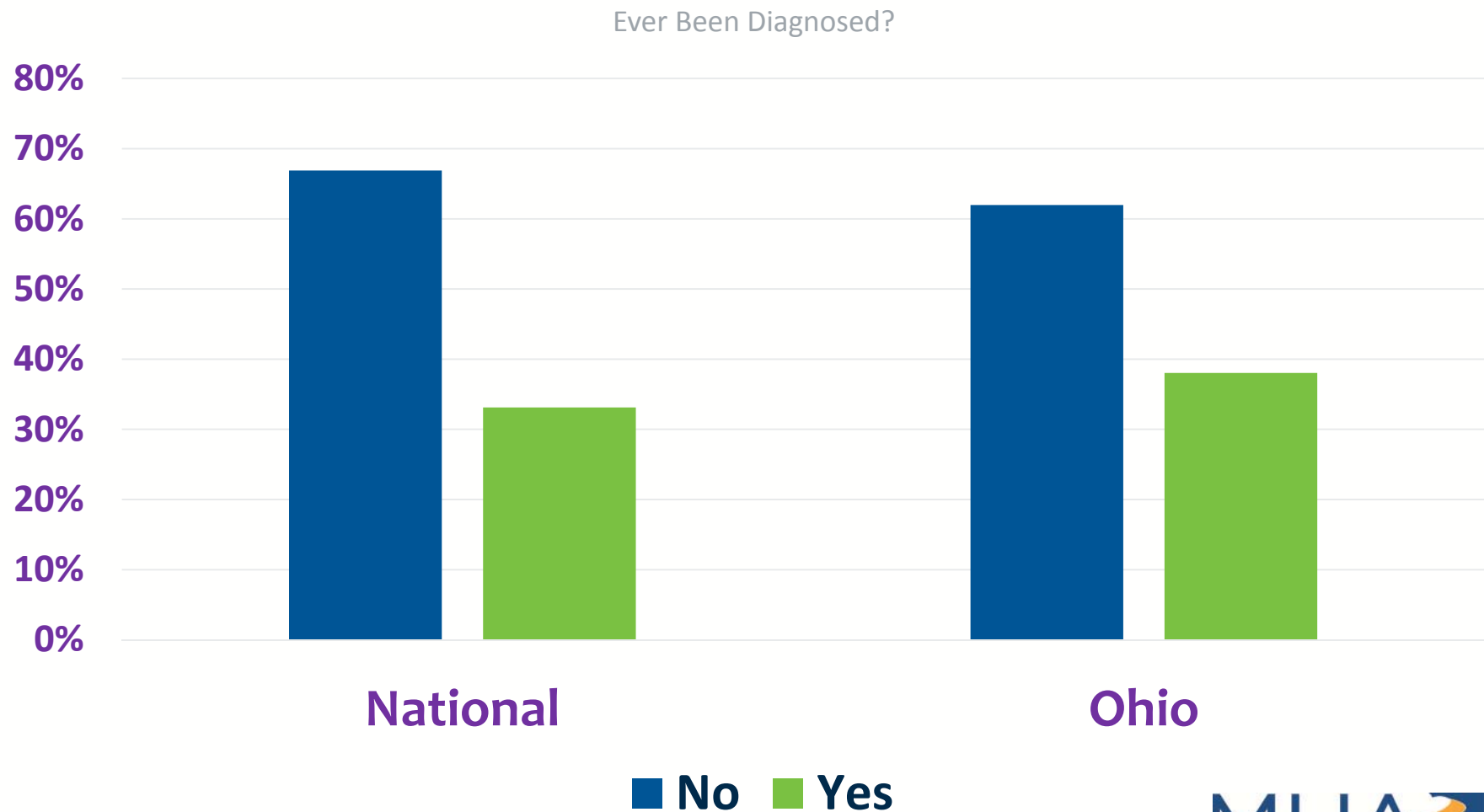
What Ohioans Need

Results from MHA Screening

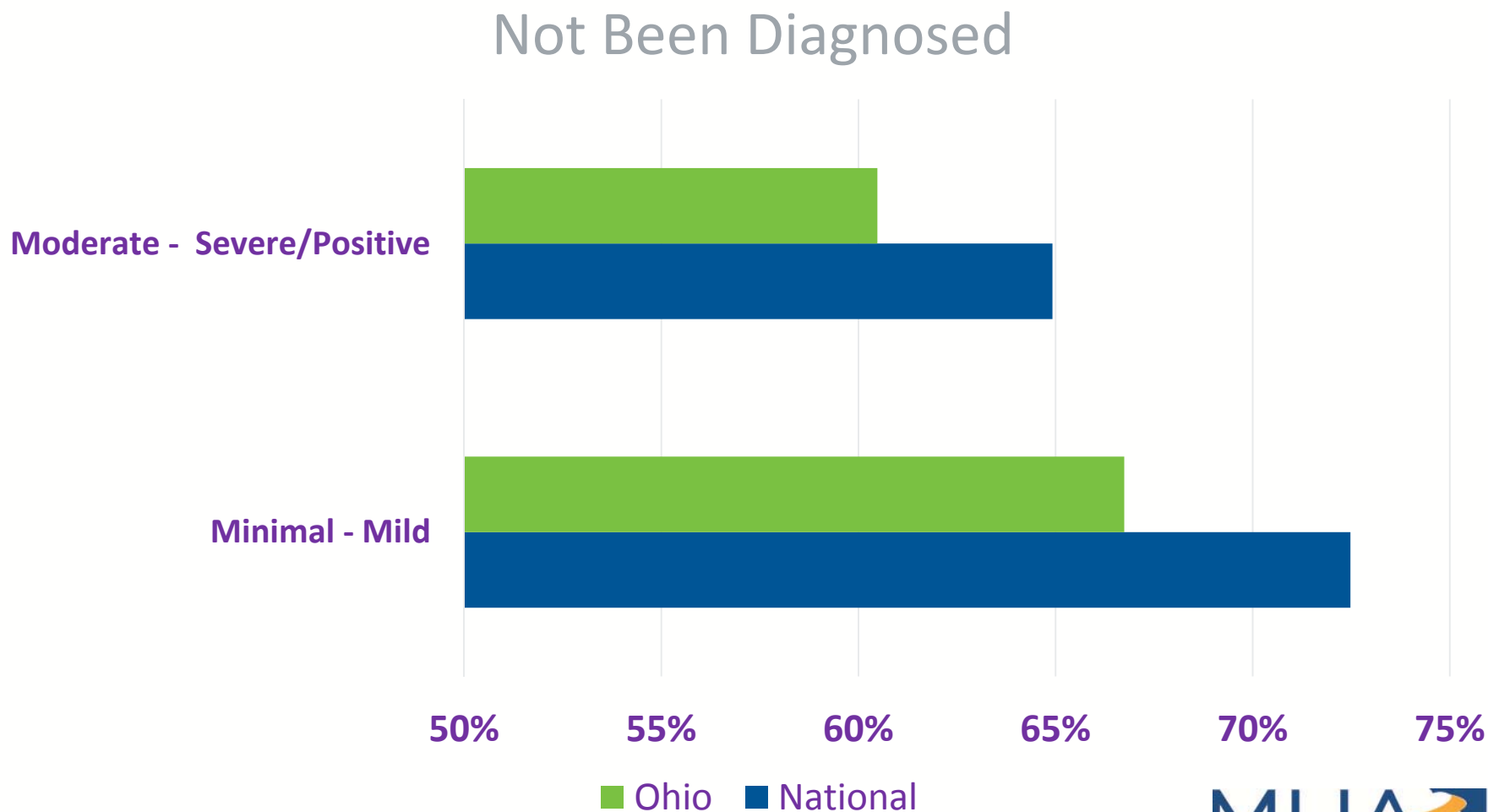
Ohioans are Screening Online

- 4 tools at launch: depression, anxiety, bipolar, PTSD
- 5 more after 5/1/15: SUD, youth, adults for children, psychosis, workplace
- Unduplicated Count, 4/22/14-4/22/15: 5,947
 - 50% under age 25
- Unduplicated Count, May-July, 2015: 3,341
 - 64% under age 25
- 74% Female
- Most popular screening tool: Depression (PHQ-9)

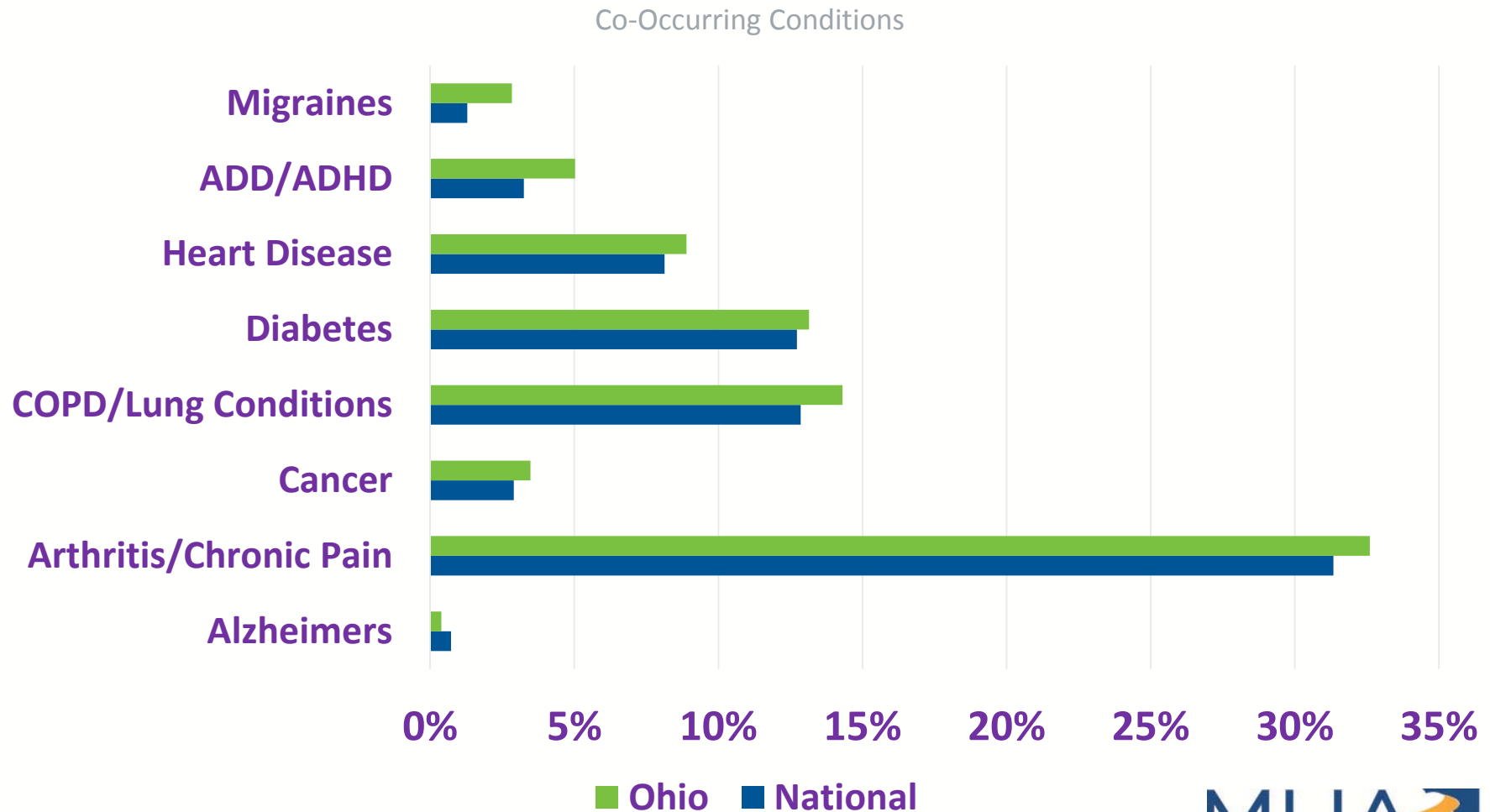
Two-thirds Never Been Diagnosed



Even Moderate to Severe Have Never Been Diagnosed

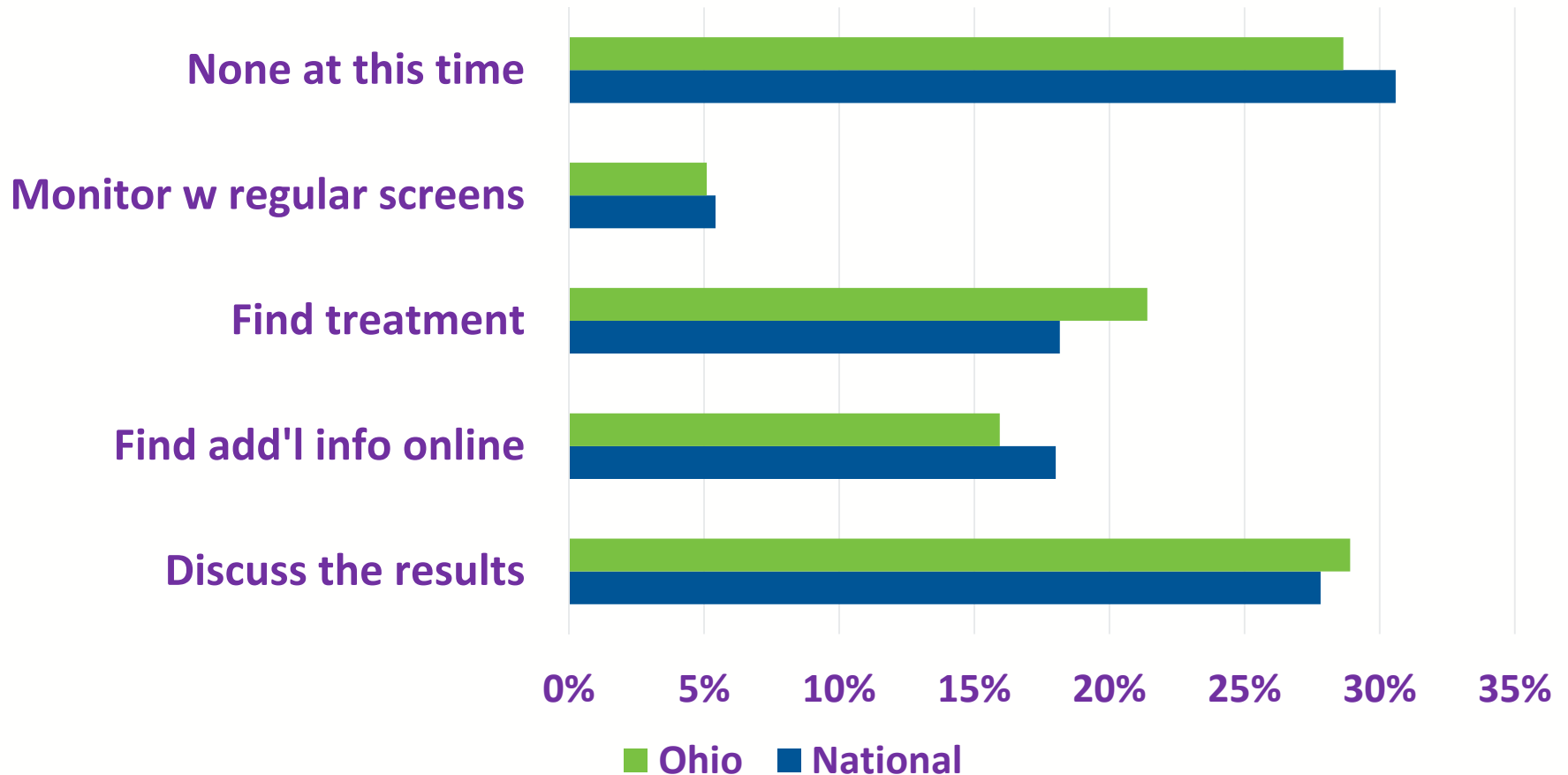


Co-Occurring Conditions – Especially Pain



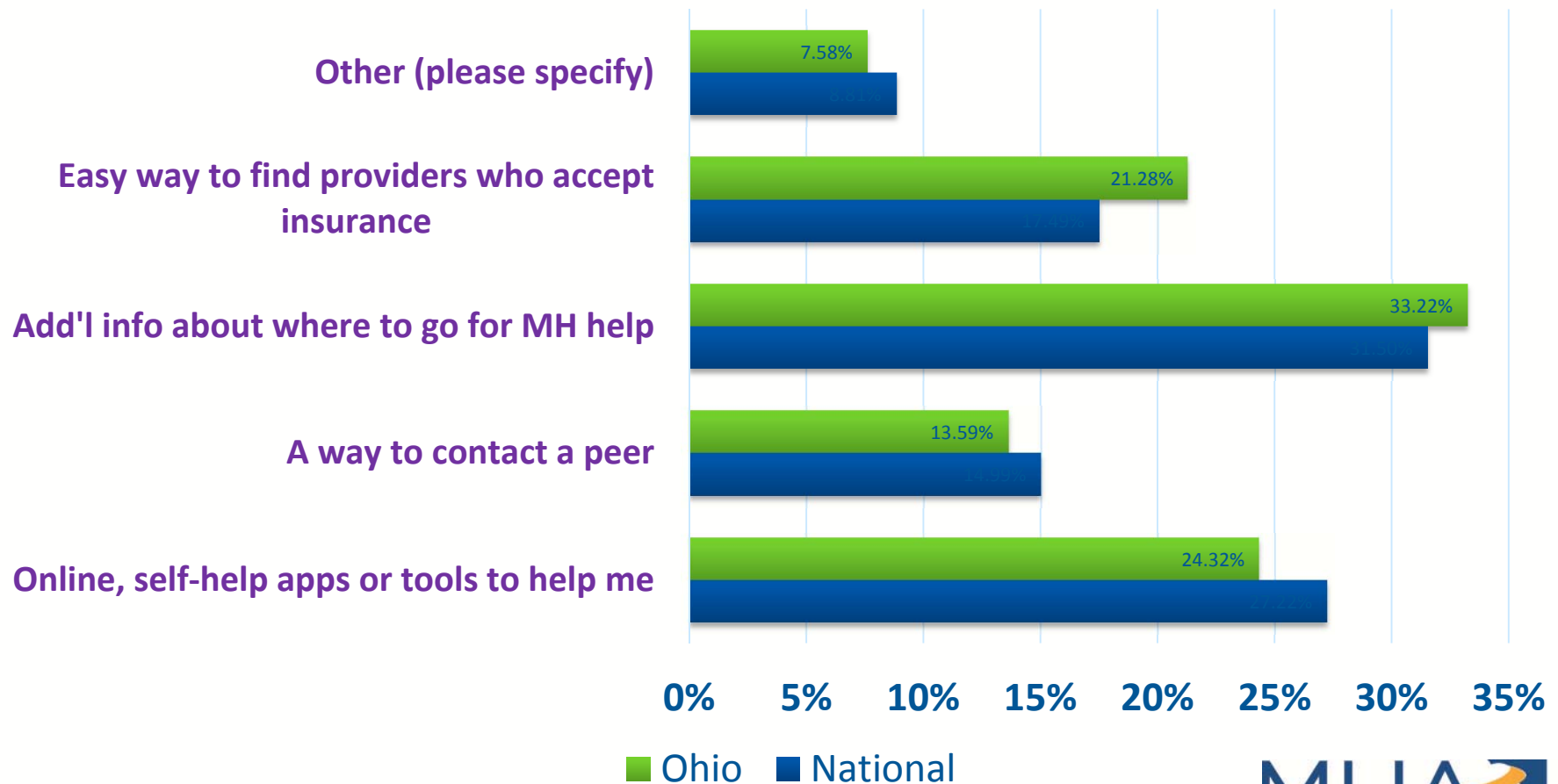
Plurality Plan To Do Nothing

What Will They Do Next?



Screeners Want Online Support

What Do Screeners Want?





State (and Federal) Policy

Where Do We Go Next?

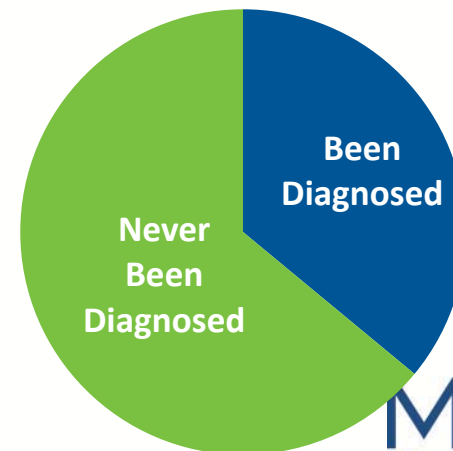
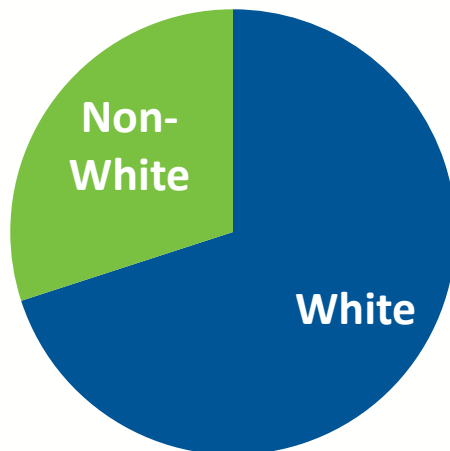
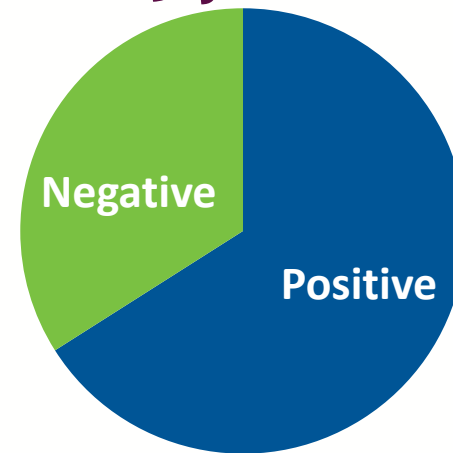
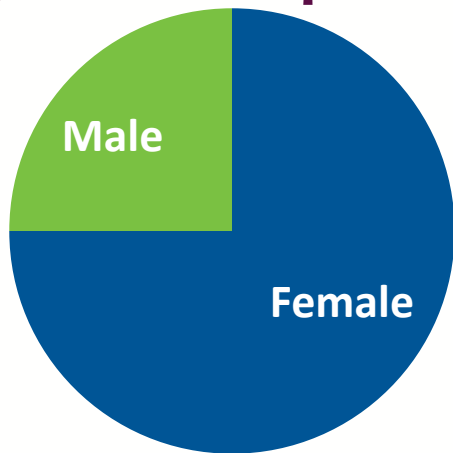
MHA's Mental Health Model



Policy Strategy #1: Ubiquitous Screening

MHA screening: www.mhascreening.org

- 600,000+ completed screens, 46% < 25 years old.



Free Care Rule

As of December, 2014, schools can now bill Medicaid for ubiquitous screening offered free to all students, for those students who are Medicaid-eligible.

<http://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf>

“As a result, Federal Financial Participation (FFP) is available for Medicaid payments for care provided through providers that do not charge individuals for the service, as long as all other Medicaid requirements are met.”

Policy Strategy 2: Services Integration

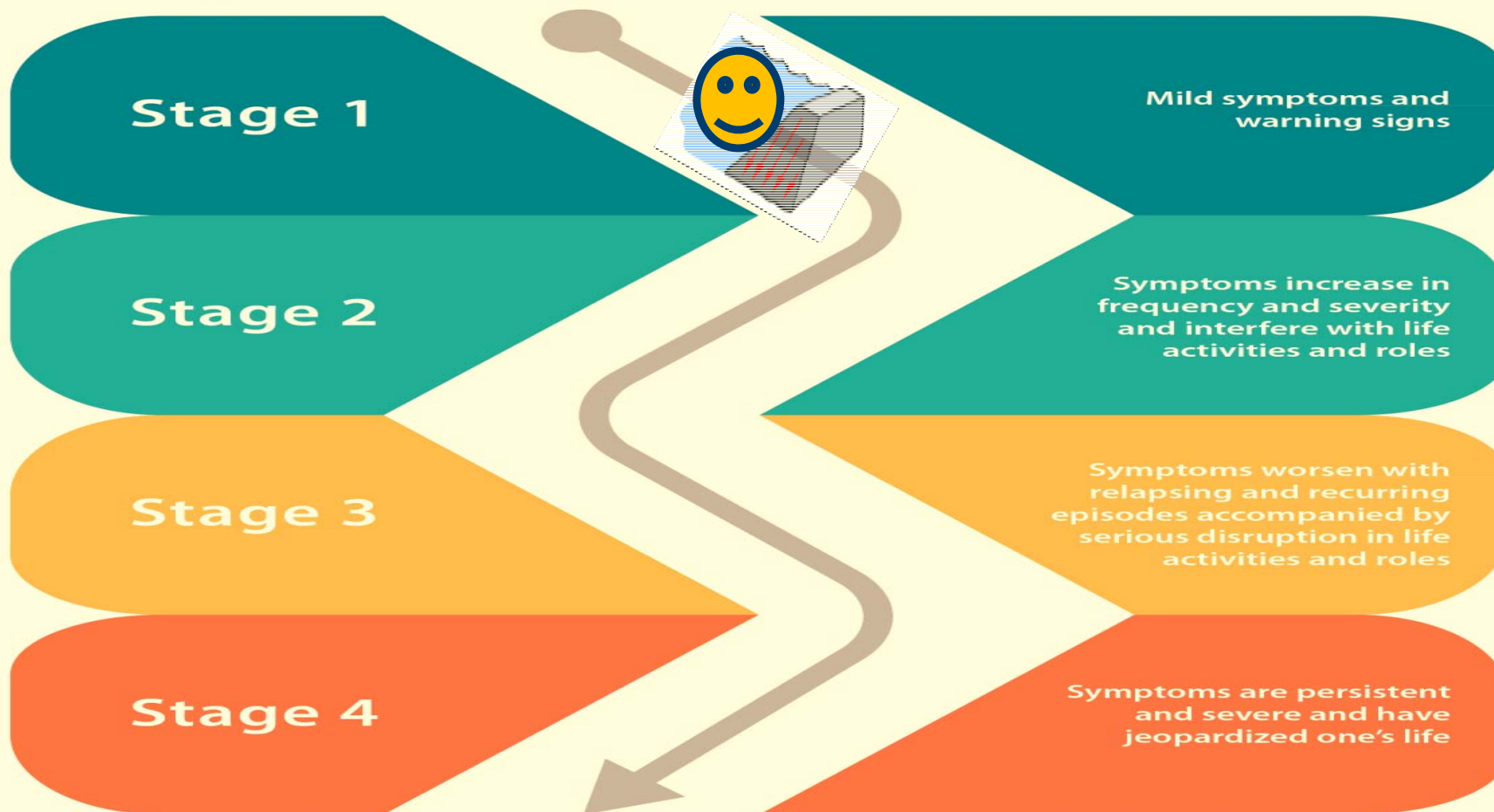
- **Train primary care providers:**
 - 80% of people with MI have a primary care provider.
 - 70% of MH prescriptions are written by PCPs.
- **Incorporate community-based MH services into special education programs (IEPs).**
- **Increase supply of MH providers.**
- **Credential peers as part of clinical care teams.**
- **Eliminate separate authorizations to share health and behavioral health data – you can't treat a whole person with half a record!**

Policy Strategy 3: Recovery as the Goal

- When cure is not possible, recovery is (e.g. cancer).
- Identify realistic goals with the individual.
- Don't wait for a crisis to act.
- Offer education, employment, and housing supports.
- Provide family supports, wrap-around services, and social supports.
- Don't use police and sheriffs as EMTs, jails as hospitals, or lawyers and judges as clinical care teams.

Intervention B4Stage 4

Stages of Mental Health Conditions



Symptoms and Warning Signs

When people first begin to experience symptoms of a mental health condition, they shouldn't be ignored or brushed aside in the hopes that they go away. Like other health conditions, we need to address the symptoms early, identify the underlying disease, and plan an appropriate course of action on a path towards overall health.



Too much sleep or trouble sleeping



Trouble focusing or having racing thoughts



Changes in appetite



Isolating yourself from others or losing interest in things you once enjoyed



Irritability or having a short temper



Get informed.



Get screened.



Get help.



B4Stage4  Mental Health America

B4Stage4

Get screened.



www.mhascreening.org

Anonymous • Free • Confidential

Approximately 1 in 5 U.S. adults has a mental health disorder.




Mental Health America
#B4Stage4


Mental Health America

What's the Alternative?

Hospitalization?

Mood disorders ranking by age group as principle inpatient diagnosis:

Age 1-17

#1

Age 18-44

#3

Note: 4 of top 5 related to delivery

Age 45-64

#5

Note: top four related to aging

Source: "Most Frequent Conditions in US Hospitals, 2010," AHRQ, January 2013

What's the Alternative?

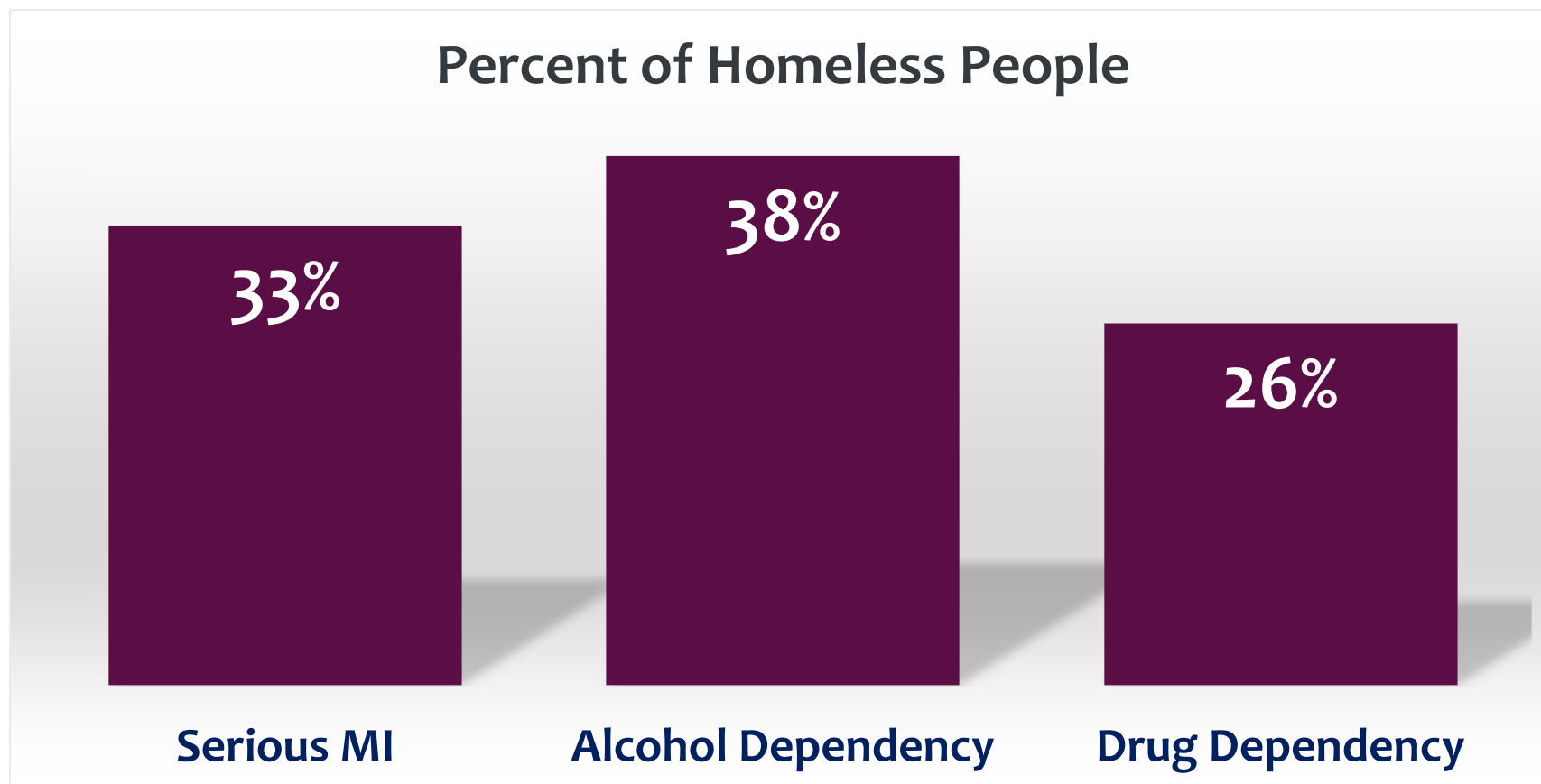
Incarceration?

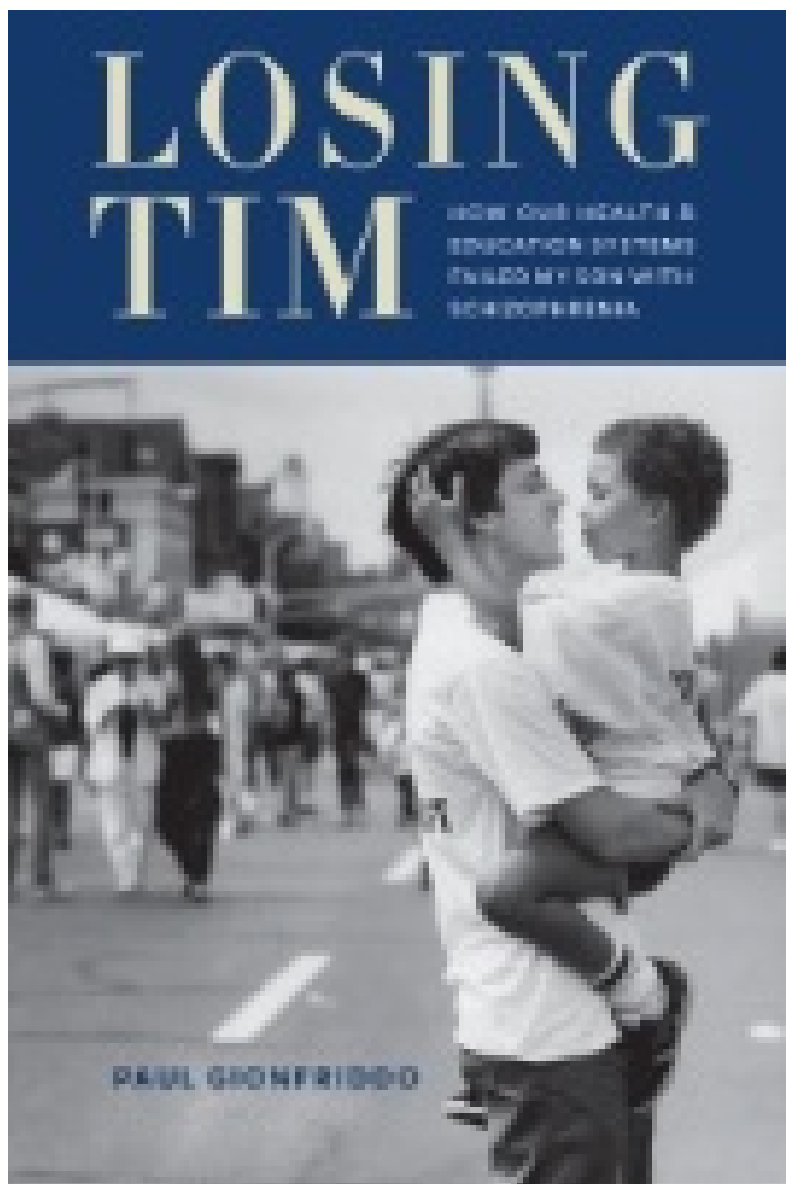
People with Serious Mental Illnesses



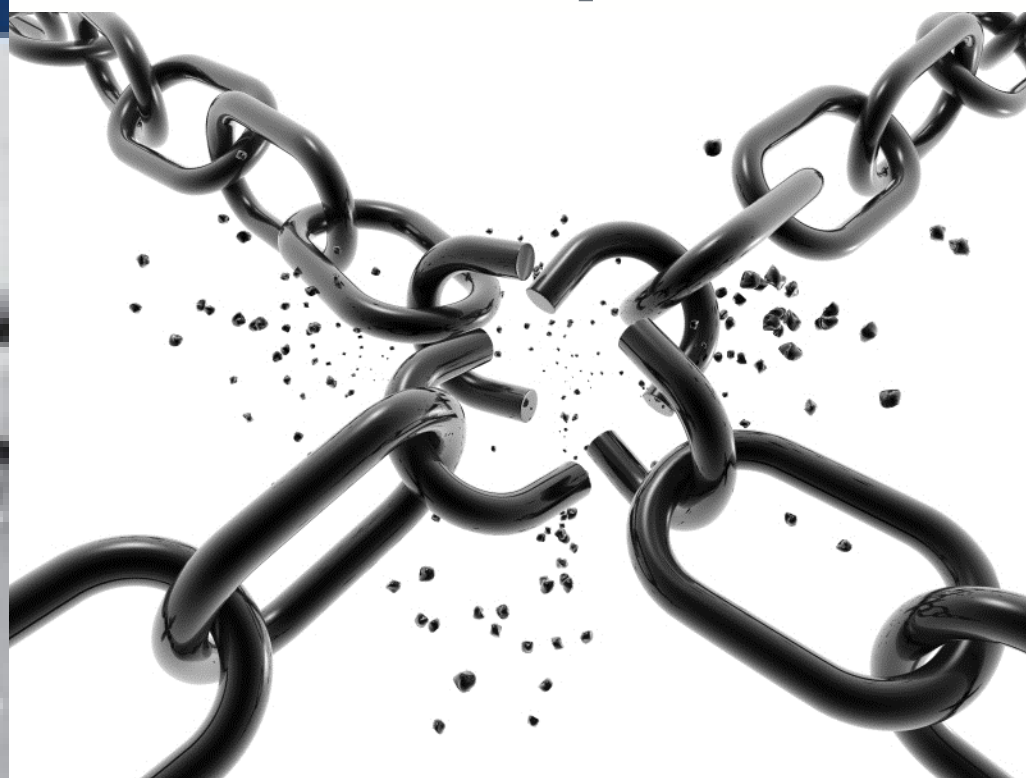
Source: Steadman et al, 2009

What's the Alternative? Homelessness?





A Chain of Neglect: For me, it's personal.





THANK YOU!



Paul Gionfriddo
Still a handsome guy!