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

Parity or Disparity: The State of Mental Health in America 2015
# How Does Ohio Rank in MH/Access?

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<thead>
<tr>
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<th>Overall Ranking</th>
<th>Adult Ranking</th>
<th>Youth Ranking</th>
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<tbody>
<tr>
<td>2015 Report (Final)</td>
<td>21</td>
<td>26</td>
<td>10</td>
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<tr>
<td>2016 Report (Preliminary)</td>
<td>24</td>
<td>26</td>
<td>18</td>
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Source: MHA Parity or Disparity Report, plus 2015 data for 2016 Report
Ohio by the Numbers

Ranking: Best → Worst

- Youth Suicide
- Youth Drugs
- Child ED
- Adult Prevalence
- Access
- Need

Mental Health America
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
Why Ohio Was Smart to Expand Medicaid: Who’s in the ACA Coverage Gap?

ACA Medicaid Expansion Coverage Gap and Mental Illness (millions)

<table>
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<tr>
<th>TOTAL IN &quot;COVERAGE GAP&quot; (KFF)</th>
<th>TOTAL IN &quot;COVERAGE GAP&quot; WITH MENTAL ILLNESS (AMHCA)</th>
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<td>4.8</td>
<td>3.7</td>
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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

Ever Been Diagnosed?

- National
  - No: 60%
  - Yes: 30%

- Ohio
  - No: 60%
  - Yes: 30%
Even Moderate to Severe Have Never Been Diagnosed

Not Been Diagnosed

Moderate - Severe/Positive

Minimal - Mild

50%  55%  60%  65%  70%  75%

Ohio  National

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Co-Occurring Conditions – Especially Pain

- Migraines
- ADD/ADHD
- Heart Disease
- Diabetes
- COPD/Lung Conditions
- Cancer
- Arthritis/Chronic Pain
- Alzheimers

Co-Occurring Conditions

- Ohio
- National

Mental Health America
Plurality Plan To Do Nothing

What Will They Do Next?

- None at this time
- Monitor w regular screens
- Find treatment
- Find add'l info online
- Discuss the results

0% 5% 10% 15% 20% 25% 30% 35%

Ohio National

Mental Health America
Screeners Want Online Support

What Do Screeners Want?

- Other (please specify): 7.58%
- Easy way to find providers who accept insurance: 21.28%
- Add'l info about where to go for MH help: 33.22%
- A way to contact a peer: 13.59%
- Online, self-help apps or tools to help me: 24.32%

0% 5% 10% 15% 20% 25% 30% 35%

Ohio National
State (and Federal) Policy

Where Do We Go Next?
MHA’s Mental Health Model

- Recovery
- Prevention
- Integrated Services and Care
- Early ID and Intervention
Policy Strategy #1: Ubiquitous Screening

MHA screening: [www.mhascreening.org](http://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.


“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

Stage 1
Mild symptoms and warning signs

Stage 2
Symptoms increase in frequency and severity and interfere with life activities and roles

Stage 3
Symptoms worsen with relapsing and recurring episodes accompanied by serious disruption in life activities and roles

Stage 4
Symptoms are persistent and severe and have jeopardized one’s life

Mental Health America
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

B4Stage4


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

#B4Stage4
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

- 6% of Overall Population
- 15% of Men in Prison
- 31% of Women in Prison

Source: Steadman et al, 2009
What’s the Alternative? Homelessness?

Percent of Homeless People

- Serious MI: 33%
- Alcohol Dependency: 38%
- Drug Dependency: 26%
A Chain of Neglect: For me, it’s personal.
THANK YOU!

Paul Gionfriddo
Still a handsome guy!