The College for Behavioral Health Leadership

Leadership Conversation:

Behavioral Health and the New Administration
A Call to Action

January 28, 2021

12:00 – 1:30pm PST / 3:00 – 4:30pm EST

The College for Behavioral Health Leadership (CBHL) supports and develops cross-sector behavioral health leadership across the full professional continuum. Distinctly different from other organizations, CBHL aims to help leaders address emerging challenges facing the behavioral health field by facilitating opportunities for multi-sector collaboration to foster and expand innovation. This is achieved through purposeful advocacy for innovative leadership practices that continually evolve and draw from multiple and diverse opinions, sectors, and stakeholders. The goal is to connect leaders working in silos to focus on effective, multi-sector, and community-based solutions. CBHL positions leaders to lead, and to respond to challenges of the future.

Background and Introduction

On January 28, 2021 CBHL hosted a leadership conversation: **Behavioral Health and the New Administration – A Call to Action**. This dialogue featured 5 multi-sector senior leaders from the behavioral health field addressing the key challenges that face the new Biden-Harris administration. It was designed to identify key behavioral health challenges and opportunities that should be addressed by changing leadership at the federal level. The summary of these proceedings identifies key themes and outlines opportunity for further discussion and action.

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<u>Opening Remarks</u>

Dr. Ron Manderscheid moderated the panel discussion and began with an inspirational challenge with a quote from the recent inauguration address from the poet Amanda Gorman, where she noted that:

> *The new dawn blooms as we free it*
> *For there is always light,*
> *if only we're brave enough to see it*
> *If only we're brave enough to be it*

Framing the discussion, Dr. Manderscheid observed that there is an important behavioral health pandemic within the current COVID-19 pandemic. Citing a recent (June 2020) survey from the CDC it has been observed that as a result of the pandemic: 41% of adults had at least one mental or behavioral consequence; 31% experienced anxiety or depression; 26% experienced trauma or stress; and 13% reported increased substance abuse. In addition, 11% of respondents have contemplated suicide, including: 33% of unpaid caregivers contemplated suicide; 25% of those 18-24 have contemplated suicide; and 22% of essential health workers have contemplated suicide.

Additionally, important components of the Biden-Harris American Rescue Plan with implications for the behavioral health field include: $350 billion in federal relief to support state, county, and city recovery, including schools and 100,000+ new public health workers. There has also been $4 billion in new resources pledged for SAMHSA and HRSA to expand behavioral health services. Tax credit for insurance deductibles and copays have been noted, and a commitment to opening the Health insurance Marketplace for new enrollments in the wake of COVID-19.

Dr. Mandescheid observed that we are in a changing environment and suggested 2 guiding questions for today's discussion:

1. Where do we think the field needs to go, and
2. What can we expect from the government?

Benjamin Miller, Psy.D

Dr. Miller suggested that this is a unique time in the history of American health care, and **opportunities for radical changes in behavioral health care exist**. At this time there are ongoing challenges for behavioral health and well-being that have been exacerbated by the current pandemic. Citing the underlying addictions problem and deaths from preventable problems, **behavioral health systems of care must emerge** and take on new approaches and solutions. Noting the current challenges of despair; economic decline; and, social isolations, well-being is compromised.

Opportunities exist for developing **community-initiated care** that include the **mobilization of partnerships beyond traditional partners**. There are promising routes for more creative solutions that share tasks from current services to **better integrated resources, new care models,** and a **workforce grounded in community-based resources and supports**. With leadership from the new Surgeon General there is also a commitment to focus on loneliness and isolation.

Dr. Miller noted that there has been an effort to **build a [Unified Vision for Transforming Mental Health and Substance Use Care](#)**, a theme that will likely be repeated throughout this dialogue. This supports a broader embrace of **brining services to where people are**, following a **no wrong door approach** that supports treatment and follow up wherever people go to address their needs. This includes 7 critical elements and offers pathways for success to transform our behavioral health system. We need to revisit what works and what needs restructuring in the areas of financing and policy and developing support for new resources. This is a promising time for change and opportunities for bold new initiatives. Thus far, change has been incremental, and we need **to transform fragmented and disjointed systems of care to meet people where they are in the community** and provide the **resources and service in real-time** as they need them.

Pamela Greenberg, MPP

Ms. Greenberg began her overview of key issues with the observations that the Democrats are in control of Congress and the White House for the first time since 2011. We have **already seen movement** on issues like COVID-19 vaccination efforts; Affordable Care Act; and anticipate action on Medicaid issues like rolling back work requirements and encouraging Medicaid expansion and telehealth. More specifically, in the area of behavioral health issues, Ms. Greenberg noted that we **anticipate action to improve veterans' mental health**; **initiatives addressing suicide**; **support for increasing school-based mental health**; **resources for fighting the opioid crisis**; and **enforcing mental health parity**.

In the past year, the Association for Behavioral Health and Wellness (ABHW) updated their policy priority areas and guiding pillars. These **guiding pillars** are organized around five key themes including: **Increasing access to care**; **driving support for integration**; **supporting prevention**; **raising awareness and reducing stigma**; and **advancing evidence-based treatment and quality outcomes.**

In order to achieve these key priorities, ABHW member companies are focused on what issues will most positively impact consumers; what issues are important to the behavioral health field; and, what issues are likely to see legislative or regulatory attention. With all of that in mind, ABHW has identified 8 policy priorities. These include:

1. Eliminate Institutions for Mental Disease (IMD) Exclusion
2. Expand Access to Medication Assisted Treatment (MAT)[1]
   - Eliminate in-person evaluation requirement
   - Suspend Drug Enforcement Administration (DEA) practitioner waiver
3. Parity
   - Consolidated Appropriations Act that requires more guidance from the regulators and hopefully more uniformity
4. Privacy
   - Health Insurance Portability and Accountability Act (HIPAA) Reform
   - 42 CFR Part 2 regulations
5. Suicide Prevention
   - 9-8-8 crisis line implementation
   - Funding for National Suicide Prevention Lifeline
   - Access to services, screening, assessment, and prevention in emergency departments
   - Legislation supporting a national awareness campaign
6. Telehealth
   - Eliminating geographic and originating site restrictions – progress in CAA
   - State licensure reciprocity
   - Audio-only with guardrails
7. Workforce
   - Medicare coverage for mental health counselors, marriage and family therapists, and peer services
   - Measures to expand the workforce
8. Criminal Justice
   - Expansion of coverage for individuals released from jails and prisons
   - Alternatives to incarceration

Ms. Greenberg also identified **health equity and racial disparities** as key crosscutting themes among all of the priorities. In addition, she referenced the importance of the work of behavioral health organizations that came together to develop a **Unified Vision for Transforming Mental Health and Substance Use Care**. This includes 7 critical elements and offers pathways for success to transform our behavioral health system.

Kana Enomoto, MA

Ms. Enomoto cited the major issues that she sees as key elements of the behavioral health services, systems, and new policy opportunities under the Biden-Harris administration moving forward. The **#988 lifeline crisis and suicide line** is being set to scale up in July 2022. This will shift calls from #911 to a more effective, responsive, and serviceable resource for those that need it. This shift will be system wide, and free up unnecessary visits from emergency departments and other high-cost services where acute needs can meet needs via telephone.

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[1] ABHW recognizes that HHS and ONDCP are committed to working with interagency partners to examine ways to increase access to buprenorphine, reduce overdose rates and save lives

This **new crisis system will be a real-time opportunity for the Biden-Harris administration to bolster crisis center services and resources**. Under this plan, services will transition from a volunteer staff model to an employed and professional base with improved human resources, new investments in technology systems, expanded training, and data monitoring. This should result in **ramping up the availability of crisis centers** throughout the community and improved continuity of care. **Reducing the behavioral health care system's dependency on high-cost levels of care** and **shifting these services to the community supports** will result in improvements across the full continuum of health care.

In addition, Ms. Enomoto anticipates more **investments in child, school based, and community crisis services**. Social isolation as a result of the COVID pandemic has had numerous ill effects on the health and well-being of people across the population. She anticipates that in the new administration there will be **increased partnerships across most all federal agencies**. This will likely include investments in regulatory systems for parity and health equity.

There is a sincere commitment from the Biden-Harris administration to **address issues of equity and providing needed services and resources for underserved communitie**s. The President's commitment to serve all Americans includes addressing their needs through **equal health care opportunities**, **justice systems reform**, and **equity for all**. Disadvantaged populations have experienced a greater impact of COVID, and for many services and resources have not always been available. **Health equity will become a crosscutting theme or lens to view and evaluate programs and guide funding decisions**.

Harvey Rosenthal

A key theme of Mr. Rosenthal's dialogue is on **restoring and advancing progressive behavioral health policy**. His focus has been in supporting the efforts of people with major mental health conditions and recovery-focused community service providers and working with state and the federal government on policies that advance their recovery, rehabilitation, rights and community inclusion. Currently, that involves advocacy to see a very strong COVID relief package for those groups and, notably, significant investments in urgently need state and local behavioral health services to address the pandemics of COVID-19 and trauma. He identified five key themes:

1. Prioritize Alternatives to Institutions and Incarcerations. The current **COVID pandemic powerfully underscores the impact of the policies of institutionalization.** Approximately 40% of COVID-related deaths nationally have involved individuals in congregate care facilities, including nursing homes, psychiatric hospitals, assisted living facilities and adult and group homes. While these facilities have typically been a dead end for millions, they have now become deadly incubators for the virus. And, they shouldn't be there anyway. The high numbers of infected individuals reemphasize the **critical need for diversion, re-entry and community services**. Accordingly, SAMHSA, CMS, DOJ, HUD, FEMA and other agencies should act collaboratively and quickly to ensure that states receive technical assistance and guidance concerning steps that they can take to safeguard people with physical and mental health disabilities in congregate living settings. The government **must prioritize vaccines for individuals in these settings**.

2. Improved Engagements, Incentivized Community Approaches. There is a need for **greater Medicaid flexibility with waivers that increase access to a full array of community-based services**. This includes the **services that people most want and need and allows them to leave prisons and jails for a life in the community**. This is in contrast to last Administration's policy of extending Medicaid reimbursement for institutions by weakening the IMD. It is important to give people what they routinely want and need in order to **address their Social Determinant of Health-related needs**. This includes financially incentivizing states, managed care organizations

and providers, with **value-based purchasing arrangements that extend outcomes beyond process measures** to support real life outcomes like economic stability; housing stability; reductions in incarceration; and an investment use and value of peers who are experts in outreach and engagement; as well as a full range of crisis, recovery, wellness, employment and other supports.

Key here will an **expansion, diversification and increased financing and technical assistance for peer run services**, in sharp contrast to the devaluation we have experienced during the last Administration.

3. <u>Define and Financially Incentivize Service Outcomes relating to the Social Determinants of Health</u>. Value based purchasing ties financing of healthcare services to service outcomes. Yet, the only nationally accepted (HEDIS) behavioral health outcomes primarily deal with follow up clinical care 7 and 30 days after discharge from an inpatient stay and the taking of anti-depressant and anti-psychotic medications. **Since funding typically drives care, the only meaningful expectations of state Medicaid authorities, managed care plans, hospitals and community providers is that they get folks to the doctor or clinicians following discharge and to take medications**.

   It is intuitive that stable housing and finances and reductions in incarceration are essential to promoting health and, often enough, saving the lives of the people we serve. **Yet, there are no accepted outcomes measures relating to the aforementioned social determinants of health as there are with clinical process outcomes. Providers are rewarded if people go to the doctor and take medications which are process measures, but not if those same people have stable housing and finances which are individual life outcomes.**

   This is unconscionable. The federal government must not wait for researchers to developed and validate measures of these kinds, it must require and fund them to do so right at the outset of the Biden Administration's term. When this is done, states and other payers should be rewarded for efforts see that people have stable housing, work and/or have access to entitlements and stay out of the criminal justice system and other related outcomes.

4. <u>Criminal Justice Reforms</u>. Behavioral health systems need to be financed and focused on offering **better diversion services, most notably mental health alternatives to police involvement**. Incarceration should adopt a central focus designed around **rehabilitation and recovery services, versus punishment and solitary confinement**. Re-entry from incarceration should include **re-starting Medicaid 30 days before discharge** to allow individuals to leave with a continuous relationship with a peer or case manager, a housing and community plan and Medicaid funded healthcare.

5. <u>Addressing Racist Behavioral Health Policies</u>. **People of color are more likely to be hospitalized involuntarily**, **administered higher doses of antipsychotic medications**, and **administered medications against their will**. They are also given **more severe diagnoses** and **secluded and restrained at higher rates**. People of color are also **more likely to be stopped by police, incarcerated, serve longer sentences**, and **placed in solitary confinement** at a higher rate than their white counterparts. We must confront the long-time racist practices in our behavioral health and criminal justice systems.

6. <u>Make the Voice of Consumers Central to Policy and to the Administration of Federal Agencies,</u> <u>Especially SAMHSA</u>. It is **vital to make the concerns and voices of those individuals who receive mental health service central to Administration policy**. In the past administration their perspectives were largely dismissed.

7. <u>Advancing Health and Racial Equity in the New Administration</u>. **Culturally responsive community engagement and inclusion** should focus on improved outreach and engagement and greater **access to healthcare** includes provider incentives to serve poorer people in underserved neighborhoods, improving provider capacity, consumer access, and linguistic and cultural competence. **Racism is also a persistent and pervasive problem**. It will be important to evaluate and reform behavioral health policies that promote more severe diagnoses, higher rates of involuntary hospitalization and dosage of antipsychotic drugs, mandating medications over will, and the use of seclusion and restraint.

    Eliminating racism requires eliminating damaging psychiatric profiling practices, and not justifying or expanding them. All too often, a person's actual or perceived history of psychiatric diagnosis, 'treatment," or institutionalization is used to justify police killings or brutality. There is a need to focus on criminal justice reform with alternatives to police interventions and the use of crisis behavioral health services, peer support services and rehabilitation services.

Dr. Ron Manderscheid

Dr. Manderscheid focused his panelist comments around 4 key themes which he characterized as essential leadership tasks. These include:

1. <u>Pattern Maintenance</u>. There is a critical need to focus on planning and resource development for the behavioral health workforce. Dr. Manderscheid noted that CBHL has a rich history of supporting the need for addressing challenges of the behavioral health workforce. When CBHL addressed this over 15 years ago it was at the level of a significant problem and has now grown to a full-blown crisis. Many in the workforce are aging out and retiring, while others are not able to work at their full scope of practice, nor are they well-integrated into systems of care. He used the example of the lack of peer support services as a routine part of the continuum of care. There is an acute need to engage governmental leadership in these workforce challenges.
2. <u>Integration</u>. There is an expanding need to address and bridge the chasm between residential and ambulatory care. A long-standing divide exists between inpatient and outpatient systems of care. Systems need to be improved to address the full continuum, where services are provided at the right level of care to meet the least restrictive need. As a field, there is a crucial question of how do we bridge this chasm, and what is the role for the federal government to address? As a unified force, we need to come together for a common vision and communicate this effectively to government officials.
3. <u>Adaptation</u>. Behavioral health must focus on implementing integrated care and value-based purchasing arrangements. The behavioral health field has a long way to go to better integrate care that addresses both the behavioral and physical health needs of individuals and lacks a clear understanding of how to speak to the value of the services we produce. As a result, we are falling behind in the implementation of evidence-based and value-based outcomes of care. There is a clear role for government support in this area and we need to involve them in addressing these challenges.
4. <u>Goal Attainment</u>. We must shift focus to achieving outcomes for recovery and wellbeing. There is currently a lack of clear measures to address questions related to how many people actually recover from behavioral health conditions, and how many achieve improved well-being. There

is also a need to implement better performance measurements. While a proliferation of outcome measures exist across the government, there is little organization for how these metrics are deployed, and a need for leadership to guide which measures are used to demonstrate improved behavioral health and well-being.

Dr. Manderscheid also noted the central theme of racial equity across all presentation in this forum. Black, Indigenous and People of Color are not faring well in the current pandemic, and they are in fact a "canary in the coal mine" for the challenges of equity in our health care systems. There is an acute need to address the power dynamics in healthcare and the essential role of behavioral health. This is particularly true in the area of social determinants of health (SDOH) and the role that behavioral health has in addressing these challenges. Behavioral health providers have a better understanding of SDOH challenges than many other providers and should serve in a leadership role to address related challenges.

Summary and Next Steps

Each panelist participating in this leadership conversation noted the important opportunities for a new administration to take a fresh look at longstanding problems and to seek to improve and transform behavioral healthcare services and policies. They also noted that this window of opportunity is time-limited, and an aggressive agenda must be developed. Throughout the conversation participants from a variety of sectors (N= 184) actively participated in a real-time chat dialogue. There were varied and diverse opinions expressed, and a general consensus that now is the time for action. As a neutral convener, the College for Behavioral Health Leadership is in a unique position to lead future dialogue to sharpen the concept of controversial or underdeveloped issues to work toward a common understanding. Topics warranting future discussion include:

1. The role of and needs to support leadership in facilitating the transformation needed in our behavioral health system
2. Community solutions to advancing equity and developing community leadership
3. Infrastructure to support the 988 implementation
4. Interface of health, public health and behavioral health
5. Resolving the conflicts between the use of forced and voluntary treatment, community-based and institutionalized care, and the IMD exclusion
6. Behavioral health financing: Value-Based Payment versus Fee-for-Service payment modeling
7. Advancing and incentivizing key roles for peer supporters
8. Development of a culturally responsive, diverse workforce to reflect changing demographics and the role of peers in our workforce (and to integrate/coordinate services between systems)
9. Child, youth & young adult systems of care, school based mental health and interconnected systems
10. The role of wellbeing in behavioral health

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For questions or information about The College for Behavioral Health Leadership, contact Holly Salazar, CEO, at hsalazar@leaders4health.org.