

January, 2013

**Senate HELP Committee Holds Major Hearing on Mental Health Issues;
Parity Issues, Integration, Importance of Peer Specialists Spotlited
During the Session**

The Senate Health, Education, Labor and Pensions (HELP) Committee convened a hearing on the state of the mental health system on Thursday, January 24. This was the first hearing on mental health held by the Committee since 2007 *and the Committee's first hearing of the new session.*

This memorandum includes highlights some of the panelists' testimony. The agenda, full witness testimony and an archived webcast from the hearing may be accessed at:

<http://www.help.senate.gov/hearings/hearing/?id=b2048a10-5056-a032-529c-340d7ae5f237>

Two panels were held during the hearing. The first panel included Pam Hyde, J.D., SAMHSA Administrator; and Tom Insel, M.D., Director of the National Institute of Mental Health. The second panel consisted of state, local and non-profit community mental health organizations and providers, each offering solutions to help with early identification of mental illness. Panelists were Michael Hogan, Ph.D., Former Commissioner of the New York State Office of Mental Health and Chair of the President's New Freedom Commission; Robert Vero, Ed.D., Chief Executive Officer, Centerstone of Tennessee, Nashville, Tennessee; George DelGrosso, M.A., Executive Director, Colorado Behavioral Health Council, Denver, Colorado; and Larry Fricks, Consultant, National Council for Behavioral Health.

The hearing prompted a larger than normal turnout of HELP Committee members, especially given that the confirmation hearing for Sen. John Kerry (D-MA) to head the State Department was taking place simultaneously. It was clear responding to the Newtown tragedy continues to be on Committee members' minds.

In his opening statement, HELP Committee Chairman Sen. Tom Harkin (D-IA), commented it's been over four years since the Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted and "we still have no final rule." Harkin added, "We saw the President include it in his package and said a [MHPAEA] final rule would be coming "soon," but we don't know what soon means."

Ranking Member Sen. Lamar Alexander (R-TN) expressed his appreciation that this hearing has been conducted in a very bipartisan and open manner. He noted that about 25 percent of mental health funding in Tennessee comes from the federal government and the government should make it easier rather than harder for individuals to receive services.

Pam Hyde, SAMHSA Administrator

During her oral statement, Pam Hyde, SAMHSA Administrator, testified on the prevalence and treatment

gap associated with mental illness and substance use disorders. In addition, she reported that the mental health system and the substance abuse system currently exist outside of the mainstream of American healthcare and have been operating as separate entities, including different structures, incentives, practitioners, and governing laws in some states. She noted that it was time for that separateness to change and emphasized that behavioral health is essential to health. Ms. Hyde underscored that prevention works, treatment is effective, and people do recover. She further emphasized the need for early intervention and noted that behavioral health is a public health issue, not a social issue. Further, she highlighted the President's plan to protect children and communities, which she noted includes several important steps to help address early intervention and prevention.

In her written testimony, Ms. Hyde underscored that the Mental Health Block Grant (MHBG) is a key source of funding for services for adults with serious mental illness (SMI) and children with severe emotional disturbances (SED). She noted that services include rehabilitation services, crisis stabilization and case management, peer specialist and consumer-directed services, wrap around services for children and families, supported employment and housing, jail diversion programs, and services for special populations.

Her written testimony further noted that the FY 2013 President's Budget proposed \$460 million to continue the MHBG and \$1.4 billion for the Substance Abuse Block Grant (SABG), and \$400 million for primary prevention of substance abuse.

In addition, she cited the National Association of State Mental Health Program Directors in her written testimony and the \$4.35 billion cuts in mental health services over the last four years, while an additional 700,000 people sought help at public mental health facilities during this period. She noted that these changes have occurred despite the evidence that early treatment and prevention for mental illness and substance use programs can reduce health costs, criminal and juvenile justice costs, and educational costs, and increase productivity.

Additionally, she reported in her written testimony that some states have found that providing adequate mental health and addiction-treatment benefits can dramatically reduce health care costs and Medicaid spending.

During her oral statement, Ms. Hyde reported that Medicaid parity, parity in the essential health benefits final rule, and a commitment to a final MHPAEA rule were included in the President's recent executive actions. Administrator Hyde said work on a MHPAEA rule is ongoing and would go through the normal regulatory process.

In the question and answer session following Ms. Hyde's oral statement, Sen. Harkin asked her if the final rule would clarify gray areas in the MHPAEA Interim Final Rule (IFR) like scope of services. She said that the IFR had solicited input on that topic and work was ongoing on the final regulation. Several Committee members, including Senator Murray (D-WA) and Senator Franken (D-MN), underscored the need for the final regulation to be issued by April, otherwise health plans would not be ready by their October 2013 date to launch their health insurance policies in state insurance exchanges.

Sen. Harkin also expressed concern over the use of anti-psychotics with children and Tom Insel, Director of the National Institute of Mental Health (NIMH), said children are sensitive to the side effects of anti-psychotics, and the FDA had approved their use only in rare circumstances.

Michael Hogan, Ph.D., Former Commissioner of the New York State Office of Mental Health and Chair of the President's New Freedom Commission

Dr. Hogan's testimony underscored the need to integrate mental health into health care. He noted that most Americans with mental health problems get no treatment and that more people are treated in primary care than by mental health specialists, but this care is poorly paid for and often inadequate. Collaborative care is a proven approach to integrated care and that it would be timely and very helpful if the Committee were to track progress toward integrated care.

In addition, he emphasized that protecting the safety net for individuals with serious mental illness is essential to ensure that the errors of deinstitutionalization are not repeated as systems move to integration. Further, national standards with expert leadership are needed.

Dr. Hogan also testified on the need to improve children's mental health care. He highlighted that mental illness usually emerges before young people enter high school, but the average lag to treatment is 9 years. Reform presents major opportunities and should include the following practical steps: 1) screening for and treating maternal depression, 2) helping pediatrics and child mental health programs to provide holistic care, 3) upgrading performance standards for child mental health care within health care plans and programs, and 4) improving school mental health services using only research-tested approaches.

Dr. Hogan further underscored the need for developing a national approach for effective early treatment of psychotic illness. He reported that more improved approaches have been tested in the U.S. and implemented widely in Australia and Great Britain. The Committee's attention to this issue would have a positive effect.

He also reported that supported employment is underutilized and called upon the federal government, with leadership from the Social Security Administration and the Centers for Medicare and Medicaid Services, to change this and reduce needless disability.

Dr. Hogan emphasized the need for suicide prevention and that now is the time to act with the numerous opportunities offered with the Affordable Care Act to incorporate best and effective practices for suicide prevention into Medicare and Medicaid, and into reform more broadly. The Committee's attention could help assure that other federal agencies beside SAMHSA and the Department of Defense are focused on preventing suicide, that the National Action Alliance for Suicide Prevention is sustained and that the national network of crisis lines that can be reached at 1-800-273-TALK is strengthened. He noted that these steps would be life-saving.

Larry Fricks, Consultant, National Council for Behavioral Health

As a consumer advocate and leader, Larry Fricks shared some of his personal journey, including the debilitating effects of stigma. In addition, he highlighted the effectiveness of peer specialists, whole health, and recovery self-management techniques and shared how these aspects positively affected his journey towards recovery.

Mr. Fricks further shared that certified Peer Specialists are the newest workforce in behavioral health and cited CMS as noting the use of Peer Specialists as “an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance abuse disorders.”

He urged the Committee to support including Certified Peer Specialists as billable providers under Medicaid, given their effective role in supporting their peers in recovery and whole health. However, he noted that because Medicaid requires “medical necessity” documenting illness and symptoms and peer specialists are trained to focus on strengths and supports, more flexible funding sources are needed to grow the recovery and whole health outcomes peer support services can deliver.

It is likely that there will be additional hearings on these topics in the 113th Congress with the HELP Committee taking the lead in the Senate.

If you have any questions on this bulletin, please contact Joel Miller, NASMHPD Senior Director of Policy and Healthcare Reform, at joel.miller@nasmhpd.org, or by phone at (703) 682-7552.