

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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In our 2019 Preview Issue, leaders in the behavioral health field, Elinore McCance-Katz, M.D., Ph.D., Patrick Kennedy and other stakeholders, weigh in on important issues in 2018, and the challenges and opportunities the field can look forward to in the new year.

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## MHW looks back at some noteworthy moments involving mental health in 2018

As 2019 begins, it's time to reflect on some key moments in mental health over the past year. Some of the more notable events of 2018 included the 10th anniversary of the federal parity law, new opportunities for states to make important improvements to help Medicaid beneficiaries access quality behavioral health care, legislation to combat the opioid crisis and a ruling that the Affordable Care Act (ACA) is unconstitutional.

In an exclusive interview, Elinore McCance-Katz, M.D., Ph.D., assistant secretary for mental health and substance use for the Substance Abuse and Mental Health Services Adminis-

### Bottom Line...

*The 10th anniversary of the federal parity law, concerns about Medicaid work requirements, and a ruling declaring the ACA unconstitutional, are among the issues in the field last year.*

tration (SAMHSA), highlighted some of the federal agency's successes in 2018, and new training opportunities with a particular focus on clinical and evidence-based practices.

McCance-Katz noted the parity celebration of 10 years in 2018 and indicated how important it is for people living with mental health

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## Advocates seek continued collaboration around justice reform in communities

Criminal justice reform became a hot-button issue both within and outside the behavioral health arena in 2018, marked at year's end by the bipartisan adoption of much-discussed sentencing reform legislation in Congress. Other initiatives continue to revamp the justice system with less fanfare, however, and one of these will face a pivotal moment in its history in the new year.

The vice president of policy and advocacy at the National Council for Behavioral Health told *MHW* that the federal Certified Community Behavioral Health Clinics (CCBHC) demonstration has been an extremely important, if unsung, catalyst for collaboration between local mental health providers and law

### Bottom Line...

*The sentencing reforms in the First Step Act gained much attention nationally in 2018, but less-noticed activities at the community level are improving the treatment of individuals who formerly saw few avenues outside of incarceration.*

enforcement in the eight states with programs.

"In order to meet certification criteria, clinics must establish relationships with law enforcement around various activities, and one is crisis response," said the National Council's Rebecca Farley David.

The progress CCBHCs have  
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and substance use disorders to access the care they need in the same way as individuals with physical illnesses. Resources and a trained medical workforce willing to provide that care are essential. “We need to greatly expand easy access by clinicians to better care for their patients,” McCance-Katz told *MHW*. Making treatment available and addressing prevention and intervention are also ways of addressing parity, she said.

SAMHSA established a new system of technology transfer centers to provide training and evidence-based practices, to include substance abuse prevention, substance abuse treatment and mental health treatment, she said. SAMHSA’s National Training/Technical Assistance Centers are made available to all providers and communities, as opposed to a previous system that focused mainly on SAMHSA grantees, she noted.

Another technology transfer center has been developed specifically for eating disorders, she noted. “Eating disorders can be a deadly condition if they are not treated,” she said, noting that too often the condition is not well-understood by clinicians. The agency’s suite of training programs also include suicide prevention and criminal justice as it relates to mental health and substance abuse problems, she added.

**CMS, addressing privacy**

McCance-Katz also noted the Center for Medicare & Medicaid Services’ (CMS’s) letter to state Medicaid directors outlining existing and new opportunities for states to design innovative delivery systems for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). States are presented with a new opportunity to receive authority to pay for short-term residential treatment services in an Institution for Mental Diseases for these patients. The CMS believes these opportunities offer states the flexibility to make significant improvements on access to quality behavioral health care.

SAMHSA has also established the first privacy technology transfer center to help clinicians as well as families affected by mental health and substance use disorders understand their rights under the Health Insurance Portability and Accountability Act and 42 CFR Part 2.

SAMHSA intends to help individuals with a mental health crisis and establish a nurturing environment in schools, she said. “We will support our mental health technology transfer centers to provide funding to focus on a healthy school environment, recognizing mental health problems in children and [determining] what kinds of services

should be available to children and families,” McCance-Katz said.

**Parity anniversary**

Oct. 3, 2018, marked the 10th anniversary of the Mental Health Parity and Addiction Equity Act being signed into law. To mark the event, the Kennedy Forum, the Kennedy-Satcher Center for Mental Health Equity, the Carter Center and other advocates released a report, *Evaluating State Mental Health and Addiction Parity Statutes: A Technical Report*. The report found that 32 states have received failing grades for statutes designed to ensure equal access to mental health and addiction treatment (see *MHW*, Oct. 8, 2018).

Meanwhile, the Mental Health Liaison Group gathered in Washington, D.C., during its Dec. 6 annual meeting to celebrate the MHPAEA’s anniversary. The coalition of more than 60 national health care organization leaders, mental health and addiction providers, advocates, family members and other stakeholders convened its meeting to celebrate the 10th anniversary of the MHPAEA.

Many states are beginning to take parity enforcement more seriously and working diligently in pushing laws to increase parity enforcement. Illinois’ new law S.B. 1707 increases transparency by requiring health plans to submit parity

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compliance analyses to the Illinois Department of Healthcare and Family Services that align with the Kennedy Center's six-step process that shows compliance with federal parity rules.

Despite some gains, the field had hoped for more progress in the 10 years since parity became law. Mark Covall, president and CEO of the National Association for Behavioral Healthcare, said that failure to enforce parity's laws and regulations was one of last year's disappointments. "There are still significant barriers to getting appropriate access and care for people with substance use issues and mental illness," he told *MHW*. "We hope to continue to work very hard with our colleagues to support full implementation of parity going forward."

### ACA activity

Last September, seven health advocacy and consumer groups, including the American Psychiatric Association and the National Alliance on Mental Illness, filed a lawsuit in federal court against the Trump administration to enforce ACA protections they say would be eroded if a planned final rule is implemented (see *MHW*, Sept. 24, 2018). The lawsuit argues that the short-term, limited-duration insurance plan rule issued by the Departments of Labor, Treasury, and Health and Human Services, in addition to harming patients, families and others, threatens to bring back discriminatory practices to harm consumers and undermine access to quality, affordable coverage.

Part of the administration's intent for the rule is having to do with providing more options for consumers to have cheaper health plans available for younger, healthier people.

Additionally, on the ACA front, a ruling by a federal district court judge in Texas that the ACA is unconstitutional has raised some serious concerns in the field regarding the potential consequences such a ruling might have on consumers

### 'A positive year'

"2018 is seen as a very positive year on two fronts," said Mark Covall, president and CEO of the National Association for Behavioral Healthcare (NABH). Covall pointed to the organization's name change from the National Association of Psychiatric Health Systems last March to the National Association for Behavioral Healthcare with the tagline: "Access. Care. Recovery."

"We changed our name to better reflect who our members are and services they deliver and focus on a continuum of services," he told *MHW*. "We see that as a transition for us." NABH members have welcomed the name change, Covall said. "We hope we can build on this platform going forward," he said.

Legislation provided good news for the field in 2018, noted Covall. President Trump signed significant legislation to address the opioid crisis. "We saw a very good signal that Congress and policymakers in general saw the opioid crisis as a critical issue for people with mental illness and substance use [disorders]," said Covall. "That bodes well for the future."

The legislation includes several provisions to help reduce overuse of opioid prescriptions and increase access to substance use treatment, recovery and support services (see *MHW*, Sept. 24, 2018). "At the end of the day, patients and individuals with substance use [disorders] and mental illness won in 2018," Covall said.

with serious mental illness and on Medicaid (see *MHW*, Dec. 24, 2018). Advocates are calling for an appeal effort to protect health care for everyone.

The U.S. Department of Health and Human Services on Dec. 17 released a statement addressing *Texas v. Azar* indicating that the department will continue administering and enforcing all aspects of the ACA as it had before the court issued its decision.

### Medicaid work requirements

Kentucky was the first state to receive HHS's approval for the Medicaid work requirement. Fifteen Kentuckians had filed a class action lawsuit last February challenging changes to the Medicaid program. Last summer, a federal judge invalidated a Kentucky Medicaid waiver that included a work mandate (see *MHW*, July 2, 2018; July 16, 2018). However, on Nov. 20, 2018, the CMS reapproved the state's Section 1115 demonstration waiver program and subsequently opened a new federal public comment period.

The federal government's Med-

icaid work requirements that make employment a condition of eligibility for Medicaid coverage continue to stir up controversy, most recently in Arkansas, which had cut more than 12,000 individuals from the program as a result of not meeting federal work reporting requirements. Thousands more are at risk for not complying, say observers (see *MHW*, Dec. 3, 2018). Mental health advocates are challenging the rule and filed an amicus brief in a Washington, D.C., federal court last month.

California Gov. Jerry Brown in August signed S.B. 1108, a measure sponsored by State Sen. Ed Hernandez that would prohibit making work a requirement in order to receive medical coverage in Medi-Cal, the state's Medicaid program. The new law in California codifies that any other benefits that are attached to the state Medicaid program would have to be voluntary in nature (see *MHW*, Sept. 29, 2018). •

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## Opportunities, challenges for field in 2019 signal busy year

*For our first issue of the year, we asked our readers for their thoughts on the challenges and opportunities awaiting the field in 2019. Here are some of the comments we received. Many thanks to all who responded.*

### **Joseph Rogers, executive director of the National Mental Health Consumers' Self-Help Clearinghouse:**

Our challenge is the continuing struggle between organizations that work to promote freedom, dignity and equality, and organizations that work to limit these essential commodities. Our organization advocates for human rights, so the groups that use every excuse to curtail people's rights make it tougher to do our work. One example is the Treatment Advocacy Center, which fights to limit freedom and equality for people with serious mental health challenges — and twists the truth to do so, as detailed in an article published by FAIR ("Mindless and Deadly," May 1, 2001). Adding to the burden is the current administration, which is not supportive of human rights. That we are fighting an uphill battle makes our work even more necessary. "Don't waste any time mourning. Organize!" — the immortal words of labor organizer Joe Hill, falsely accused of murder and executed in 1915, in a telegram to activist Big Bill Haywood — is our call to action. We could be discouraged, but instead we are galvanized! We are working in coalition with such organizations as the National Coalition for Mental Health Recovery, and helping support the 2019 Alternatives conference, to make sure our voices are heard in the halls of Congress.

### **Debra L. Wentz, Ph.D., president and CEO of the New Jersey Association of Mental Health and Addictions Agencies Inc.:**

Despite the many significant factors currently impacting New Jersey's community-based behavioral health

system of care — move to fee-for-service (FFS), transition to managed care for specialty populations, inadequate rates and electronic records requirements, to name a few — the greatest issue in 2019 will be workforce shortages. The decades-old psychiatrist and nursing shortages become more challenging each year and are exacerbated by certain inadequate FFS rates. Now, staffing shortages extend to all clinicians, and direct care staff as well. The community-based system of care has always been at a disadvantage in recruiting and retaining staff since state departments, educational institutions and the private sector have significantly higher base salaries, and more generous benefit packages. Now, with retailers and other industries raising starting wages, and a minimum wage increase to \$15 (by 2024) expected here, recruitment and retention of all staff is increasingly challenging. The impact of the workforce difficulties is magnified by the ever-increasing demand for services at a time when baby boomers are retiring in droves. While agencies and schools can work around the edges of the problem, it can only be fully addressed with significant state investments in the workforce. I will continue to fight for those investments every day.

### **Linda Rosenberg, president and CEO, National Council for Behavioral Health:**

The National Council for Behavioral Health celebrates its 50th anniversary in 2019. To honor the past 50 years, we rededicate ourselves to our singular vision: healthy and safe communities. That means Americans must be able to get quality mental health and addictions treatment when and where they need it.

Startling figures show average life expectancy in the United States dropped for the third straight year, driven by increasing overdose deaths and suicides. Lack of access

has replaced stigma as the leading barrier to care.

Mental Health First Aid teaches Americans the signs and symptoms of mental and addictive disorders; now it's up to us to ensure there is capacity. Building on the accomplishments of the past 50 years in science, inclusion and parity, we'll continue to fight for the Excellence in Mental Health and Addiction Treatment Expansion Act. Extending the Certified Community Behavioral Health Clinic program will allow us to meet growing demand with high-quality care.

In 2019, we will celebrate those in recovery, but never forget the patients and families still suffering. Everyone must have the opportunity to recover.

### **Ron Manderscheid, Ph.D., executive director of the National Association of County Behavioral Health and Developmental Disability Directors and the National Association for Rural Mental Health:**

The recent Federal District Court decision in *Texas v. Azar* will rivet our attention in 2019. This decision invalidates the Affordable Care Act, but fortunately specifies no date for implementation of that decision. Already, Kentucky Attorney General Andy Beshear has initiated a case challenging the decision and has invited other states to join the suit. Kentucky would lose insurance coverage for 1.3 million people and \$50 billion in insurance and subsidy payments if the decision stands.

Clearly, the national mental health and substance use care community must organize immediately with other components of the health field to fight the decision and to mobilize needed action in the House and Senate, and in our local communities.

Our twin field crises — opioid deaths and suicides — will demand

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## An urgent matter of access

By Patrick J. Kennedy

Sadly, I wasn't surprised when the Centers for Disease Control and Prevention announced that U.S. life expectancy had dropped yet again due to increasing rates of overdoses and suicides. Or that the suicide death rate in 2017 was the highest it's been in 50 years.

Yes, it is wonderful that so many celebrities and public figures are speaking up about mental health and addiction; that we are taking action to curb the trafficking of opioids and related drugs; and that, through the 2018 SUPPORT Act, access to Food and Drug Administration–approved medication-assisted treatment will increase, the Institutions for Mental Diseases exclusion will go away and telemedicine final regulations will be issued by the Department of Health and Human Services. All important steps.

But what seems to be missing in all of this progress is a focus on access — an acknowledgment that those with mental health and substance use disorders face a separate and unequal system of care that greatly contributes to the deaths of despair sweeping our nation.

At the heart of this discrimination is a simple fact: Under the Mental Health Parity and Addiction Equity Act of 2008, insurers are required to cover illnesses of the brain, such as depression or addiction, no more restrictively than illnesses of the body, such as diabetes or cancer. But most are not in compliance. Common violations include limiting how long and how often patients can receive care, providing insufficient networks of providers and requiring prior authorization before starting and/or continuing treatment. Confused and overwhelmed with costs their plan won't cover, many give up, suffer in silence and get progressively worse. Some are hospitalized. Some die by suicide.

As things stand, the responsibility to challenge inadequate systems of care and illegal denials falls on patients, who are typically unaware of their rights or are in the middle of a personal crisis. Consequently, many clinicians are now playing the role of advocate — trying to help secure insurance coverage for patients, on top of their daily workload. This isn't right. Or sustainable. The responsibility for mental health equity should lie with insurers, not with patients or their providers.

Thankfully, more and more states are developing their own solutions to increase access to treatment. Rhode Island, Delaware, Colorado, New York, Connecticut, New Jersey and Missouri have all either passed or advanced parity-centric bills. Colorado, New York and Texas have created special mental health and

addiction ombuds offices for consumers, and Illinois recently passed the nation's strongest state parity law to date through S.B. 1707, which increases transparency and accountability for health plans and state regulators.

In addition to states' progress, many seeds have been planted to prioritize parity on a national level, but they need time to grow. For example, representatives from the insurance industry, health care providers and consumers recently helped to develop the first set of comprehensive mental health parity accreditation standards. Accreditation will ultimately go a long way in increasing access to care because it addresses a problem at its core: You can't build an infrastructure of accountability unless everyone is on the same page regarding what it means to actually embody parity.

But in the meantime, for those of us in the advocacy and provider communities, it is our job to empower consumers to stand up for their parity rights. In 2018, The Kennedy Forum and 22 national partner organizations created the Don't Deny Me campaign to do just this. Through [www.DontDenyMe.org](http://www.DontDenyMe.org), consumers can learn about their parity rights, connect with detailed appeals guidance, register a complaint against an insurer and more. The goal is to spark a movement that pressures elected officials, insurance commissioners and attorneys general to enforce parity laws. Provider materials — a tip sheet, office posters and an office brochure — were recently developed with campaign partners and posted to the website. I encourage *Mental Health Weekly* readers to get involved.

Together, we must break the silence and bring transparency to a system that oppresses those with mental health and substance use disorders. Amid the headlines, the rallies and the impassioned calls for change, let us not forget that basic access to care can often be the deciding factor in whether someone lives or dies. Join me in shining a spotlight on this critical element of recovery, as well as the work, people and policies that will turn this national crisis around.

*Patrick J. Kennedy is a former U.S. representative (D-Rhode Island), founder of The Kennedy Forum, former member of the President's Commission on Combating Drug Addiction and the Opioid Crisis, co-founder of One Mind and author of the New York Times bestseller A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness and Addiction.*

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much attention in 2019. At best, the rate of increase in these conditions is declining. Hence, we need to shore up key treatment systems and also to expand prevention and health promotion activities. In 2019, the linkage between mental illness and opioid addiction will receive much-needed attention.

Inappropriate incarcerations continue for persons with behavioral health and intellectual/developmental disability conditions. National prison and jail reforms may begin to address this problem. We must help to advance this agenda.

On balance, 2019 will be a very busy and demanding year.

**Paul Gionfriddo, president and CEO of Mental Health America:**

With so much political uncertainty on the policy horizon in 2019, it is tempting to say that our greatest challenge as mental health advocates may be in holding onto the gains we made through the Affordable Care Act (ACA), Medicaid expansion, the 21st Century CURES Act, and the Mental Health Parity and Addiction Equity Act. But people concerned about behavioral health policy don't have the option of just playing defense this coming year. Suicide rates are rising; integration of behavioral health into physical health, educational and workplace systems still has a long way to go; children's mental health services are woefully inadequate; and we have an ongoing shortage of mental health professionals.

We need to commit to prevention, early intervention and services integration. If we want to improve prospects for recovery by implementing interventions before Stage 4 crises occur, then we need a 2019 agenda that makes mental health screening as ubiquitous as vision and hearing screening, beginning during childhood; improves special education services for children with mental health conditions; fixes rules like 42 CFR Part 2 that prevent effective

services integration; promotes workplace mental health innovations; adds more peers to the behavioral health workforce; and stops using jails as custodial care institutions for people with mental health conditions.

**Joel E. Miller, executive director and CEO of the American Mental Health Counselors Association:**

We continue to see the most important program benefiting the behavioral health needs of all Americans go by the board one step at a time — namely, the dismantling of Obamacare through the courts or executive orders or U.S. Department of Health and Human Services regulations that try to diminish its impact.

First, the passage of the ACA was a major milestone in our long-standing efforts to ensure access for all Americans to appropriate, high-quality and affordable behavioral health care prevention and treatment services. Many of the prominent features (e.g., essential health benefits, Medicaid expansion) of the ACA were instrumental in establishing the centrality of behavioral health services within the overall U.S. health care delivery system. The key point — we are talking real money. The coverage expansions are real funding invested in advancing behavioral health — not demonstrations or long-term grants.

We are talking real, major tangible increases in funding of behavioral health care since the ACA was implemented in 2013. So, let's be sure we protect the ACA on many fronts.

Second, now we must begin to advance behavioral health and a new message that better behavioral health can transform lives and save money everywhere we can. We behavioral health leaders have allowed other health care stakeholders to frame pivotal debates concerning behavioral health care policy and programs.

Beyond Obamacare (which should be improved), our overarching goal should be to secure the primacy of behavioral health, and

through new messaging and positioning. And we better become more aggressive right quick, as the other health care stakeholders have been positioning themselves to fight over the health care reimbursement pie, which will grow much more slowly.

We need to highlight that as much of an individual's health status is tied to behavior and lifestyle choices, it makes sense that behavioral health providers — such as clinical mental health counselors — would be a much better resource and site to deliver care coordination and chronic and severe disease management than the prevailing model.

So mental health and substance abuse caregivers should be positioned as a key asset in the overall health care sphere! Decision-makers need to recognize this value proposition and position behavioral health within the larger health care landscape.

The behavioral health community should implement a major, collective marketing campaign that includes the importance of health behaviors, the prevalence of disabling behavioral health conditions and the superiority of treatment that is more efficacious than many common physical health treatments today.

If the critics of the ACA are hell-bent on stripping away the key components of the law, we better be ready as a "behavioral health movement" to put our parochial ambitions aside, in order to make our case on the primacy of behavioral health under new legislative policies and programs for universal coverage that will be offered up in the 2020 presidential election cycle. That begins right now here in early 2019.

People with behavioral health conditions are counting on us. •

*Additional readers' response will appear in next week's issue.*

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**REFORM from page 1**

made in this area serves as one of several reasons why David would place an extension of the demonstration past its scheduled 2019 expiration in a high position on a mental health advocacy wish list for the new year.

**Cultural shift**

David said that in the communities where CCBHCs are being funded, the working relationships being cemented between behavioral health providers and law enforcement officers are broadening the perspectives of both groups. CCBHC demonstrations are located in Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon and Pennsylvania.

tablets that they can use to link them to a clinician,” David said. “Both the client and the officer can connect with a clinician at the moment of crisis.”

Re-entry services for individuals leaving custody in local jails also have been a focus in CCBHC communities, with clinics such as the Family Guidance Center in Missouri having established a liaison to help individuals connect with appropriate services post-release.

In some cases, clinics had been providing services similar to these in the past based on strong community need, but at a financial loss to the clinic. The prospective payment system under the CCBHC demonstration has allowed participating clinics to receive proper reimbursement for their efforts.

**Implementation of new law**

The First Step Act, passed with strong bipartisan support in Congress and signed into law by President Trump, was arguably the signature moment in criminal justice reform in 2018. It is important to remember, however, that the sentencing reforms in the law affect only the federal prison system, so it behooves asking whether the show of support this legislation received could signal progress toward similar initiatives occurring at the state and local level.

David said the answer to that could depend largely on how sweeping the reforms appear to be once the federal rulemaking process for the new law is complete. Also, “Even if the new law sets an example for states, a limiting factor is what the availability of funding is” at the state and local level for diversion and re-entry initiatives, she said.

Besides the wish-list item of an extension of the CCBHC demonstration, David also considers an increased investment in crisis response and more resources for re-entry services as critical priorities in criminal justice for the new year. Another area that often gets overlooked, she says, is suicide prevention in jails.

**Progress over the decade**

It was not long ago, at the beginning of this decade, that a U.S. Supreme Court ruling resulted in the mandated release of more than 40,000 California prison inmates over a lack of adequate health care, with the unmet needs of persons with serious mental illness highlighted in the decision. Although progress has been made this decade nationally, inadequate mental health care in corrections remains an issue of widespread concern.

The principles stated in Mental Health America’s Position Statement #56 (“Mental Health Treatment in Correctional Facilities”) remain goals that many correctional systems still fall short of attaining. They cover the

**Continues on next page**

**‘In some communities, mental health providers have given officers tablets that they can use to link them to a clinician.’**

Rebecca Farley David

Traditionally, officers have been the first and often only individuals on the scene on crisis calls. “They may have a small amount of training, but they’re not clinicians,” David said. “Many [officers] feel they should not be the first line of response.”

In communities with a CCBHC, the participating clinics must be able to deliver round-the-clock crisis services and must collaborate with police officers on response. This means that in some cases, officers know that they can transport an individual in crisis to a drop-off center at any time of day or night, and that the person’s needs can be met there.

In some CCBHC communities, however, a person in need may be able to have initial contact with a mental health clinician in the location where the officer first reports to the scene. “In some communities, mental health providers have given officers

David said that testimony delivered in a Capitol Hill briefing at the end of 2018 helped to highlight the often-overlooked impact the CCBHC demonstration has had on local justice initiatives. Law enforcement representatives now feel they have a partner in communities, she said. She hopes the briefing will be one factor helping to build momentum for continuing the demonstration beyond its scheduled expiration.

A National Council report issued last year stated that based on a number of quantitative interviews conducted by the organization, CCBHCs were found to have “strengthened relationships with local courts, law enforcement, probation officers, jails and prisons to better support corrections staff and police officers, while also providing high-quality, integrated care to individuals in need.”

Continued from previous page

complete course of an individual's stay in custody, from the need for mental health screening for all entering inmates to the importance of sound discharge planning that accounts for the likelihood that many inmates will be able to enroll in Medicaid upon release. •

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## STATE NEWS

### Whole-person care expands in Washington state

Beginning Jan. 1, 2019, Washington Apple Health (Medicaid) clients in several more regions of the state have transitioned to a whole-person approach to care delivery, *The Suburban Times* reported Dec. 28, 2018. Services will be coordinated through a single health plan so that people receive the help they need for body and mind, including

## Coming up...

The **National Association for Behavioral Healthcare** is hosting its annual meeting, "Improving Coordination, Collaboration, Integration," **March 18–20** in **Washington, D.C.** Visit <https://www.nabh.org/2019-annual-meeting> for more information.

The **American Association of Suicidology** is holding its annual conference, "Converging Fields, Expanding Perspectives," **April 24–27** in **Denver**. For more information, visit <https://www.suicidology.org>.

The **National Alliance on Mental Illness** will host its national convention, "Our Movement, Our Moment," **June 19–22** in **Seattle**. For more information, visit <https://www.nami.org/convention>.

mental health and substance use treatment. In 2014, state legislation directed a transition to fully integrate the purchasing of medical and behavioral health services for Apple Health clients through a managed care system no later than Jan. 1, 2020. An integrated care model helps individuals — especially those with multiple complex conditions — receive the full spectrum of care and services they need. By combining both sets of benefits under the same managed care plan, the managed care plan will be responsible and accountable for addressing both the medical and behavioral health needs of individuals, leading to more integrated care and better outcomes.

### Michigan officials praise new laws to help people with MH issues

Michigan court officials are commending state lawmakers for passing and the governor for signing laws Dec. 28 that should improve mental health care for adults and juveniles, *The Macomb Daily* reported Dec. 29, 2018. State Court Administrator Milton L. Mack Jr. is pleased with three bills to reform the state mental health code to allow for earlier treatment of individuals who need mental health care services prior to a crisis involving the criminal justice system, state court administrative officials said in a news release. "This legislation is a monumental step forward and makes Michigan a national leader in making it easier to ask for outpatient mental health treatment — before a crisis and before contact with the justice system," Mack said in the release. Statewide, there are 185 problem-solving courts that focus on providing treatment and intense supervision to offenders as an alternative to incarceration, including drug, mental health, sobriety and veterans courts. Mack, former chief of Wayne County Probate Court, said the reforms respond to concerns in Michigan and across the nation that jails and prisons have become the primary institutions for people with mental illness. The state has awarded \$5.2 million to fund the operation of 31 mental health courts in fiscal year 2019.

## In case you haven't heard...

Companies will begin to shift the focus of their corporate wellness programs in 2019 away from attaining specific physical fitness goals to promoting an employee's total well-being, and will use technology more to influence wellness outcomes, Bizwomen reported Dec. 13. The trend is toward approaching an employee's health holistically, incorporating the mind, body and spirit perspectives, according to Aetna, including not just exercise and nutrition but also social connectedness, sense of purpose, character strength, meditation and mindfulness. Integrated programs might include not only advice and avenues toward improving physical health, like nutrition and exercise advice or reimbursement for health club memberships, but also mental health services, including employee assistance programs, workshops on mental health issues and even advice on improving financial health, said Human Resources Today. Some changes will be driven by the *AARP v. EEOC* court decision that took effect Jan. 1, 2019, which seeks to change how corporate wellness programs offer incentives and defines "voluntary" programs in relation to the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act, but the interpretation and impact of the decision is still unclear, per *Forbes*.