

BEHAVIORAL HEALTH

Building a Resilient Mental Health System



Mental health is one of the most common health conditions in the United States—more than half of all Americans will be diagnosed with a mental health condition at some point in their life, and, every year, one-in-five people grapple with a mental illness. But, frequently, the American health care system treats mental health as an afterthought. Integrating behavioral health services, bolstering the ranks of mental health care providers, enabling usage of new technology and reassessing how we pay for behavioral health services are critical first steps toward building a health care system that treats the whole person.

Integration of Mental/Behavioral Health and Physical Health Services

Integrating behavioral health services with primary care destigmatizes mental health treatment and fosters a patient-centered, holistic care journey for patients. Bringing behavioral health and primary care into a single care setting improves patient and provider experiences, lowers costs and improves health outcomes.

To encourage further integration, policymakers should:

- ▶ Provide funding for enhanced mental health training of primary care doctors to reduce stigma and increase capacity to provide mental health services.
- ▶ Issue guidance to support models of integration (e.g., the Collaborative Care Model) to facilitate the delivery of mental and physical health services in one location.
- ▶ Provide funding for intervention methods that address mental health crises by redirecting patients to appropriate care.
- ▶ Support policies that expand value-based care arrangements that encourage collaboration between behavioral health providers and other providers, reward successful patient outcomes and data integration.



Behavioral Health Workforce

One of the biggest barriers to receiving mental health treatment is finding a provider. Nearly 150 million Americans live in an area where there's a mental health care provider shortage, and the problem will only get worse in the coming years. By promoting broader training in behavioral health services and allowing more providers to deliver mental health care, policy makers can help mitigate the immediate impact of this shortage. Investing in mental health services and incentivizing emerging doctors to enter mental health care can help circumvent future shortages.



Policymakers should:

- ▶ Provide financial support—such as loan reimbursement—for emerging providers to focus on mental and behavioral health specialties.
- ▶ Expand eligibility for Medicare reimbursement to other types of behavioral health professionals (e.g., licensed professional counselors and nontraditional providers).

Cultural Barriers to Effective Care

Perhaps more than any other discipline, mental health care requires trust and understanding between patients and providers. Unfortunately, cultural barriers can prevent providers from establishing the relationships necessary for delivering high-quality mental health care. Investing in cultural awareness training and recruiting a more diverse population to be behavioral health specialists can help ensure patients get relatable, trusted providers.

Policymakers should:

- ▶ Secure educational support, such as student loan reimbursement for professionals who work in underserved settings or loan forgiveness and financial support for minority individuals to pursue professional degrees in mental health.
- ▶ Invest in training to promote cultural humility.

Pediatric Mental Health

About one-in-five children have a mental health disorder, but approximately 80 percent of children do not receive care from a mental health provider. School-based mental health services show potential for improving youth mental health care access. Policies that centralize mental health services in schools can provide a supportive and familiar environment for children and youth that enhances access to prevention, early intervention and treatment.

Policymakers should:

- ▶ Support co-location models to enhance access to school-based mental health services providers in K-12 environments.
- ▶ Support funding for school-based mental health services to screen for and mitigate suicidal ideations to prevent completion.
- ▶ Encourage HHS to form partnerships with the Department of Education to develop best practices for establishing behavioral intervention teams and developing mental health curricula.

Tele-mental Health Services

One of the few bright spots during the COVID pandemic was increased use of telehealth tools for mental health services. According to an analysis by the Kaiser Family Foundation, pre-COVID-19 telehealth utilization accounted for less than 1 percent of outpatient mental health and substance use care and at its pandemic peak (between March and August 2020) accounted for 40 percent of outpatient mental health and substance use visits. Telehealth utilization for mental health and substance use disorders continues to grow. Nine percent of all telehealth visits between March and August 2019 were for mental health or substance use care, compared with 29 percent between September 2020 and February 2021 and 39 percent between March and August 2021. Protecting and building on this success is a critical part of shoring up U.S. mental health system.

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Policymakers should:

- ▶ Make permanent telehealth services for non-behavioral and mental health disorders provided via audio-only technology, following initial in-person or video telehealth evaluation.
- ▶ Permanently remove in-person visit requirements within six months of an initial behavioral and mental telehealth service to enhance access and ensure consistency in behavioral and mental health treatment and care delivery.
- ▶ Permanently remove geographic restrictions for originating site for non-behavioral and mental health services.

Mental Health and Substance Use Disorder Parity

A collaborative, cross-agency effort to align enforcement of mental health parity regulations across jurisdictions can strengthen parity in coverage of mental and behavioral health and physical health services. Each agency that maintains authority of enforcing parity regulations has its own interpretation of the parity rules and as such, enforces the rules through that lens within their audits of mental and behavioral health services. Further, parity rules are complex and leave ample room for ambiguity in their interpretation. The issuance of clear, standardized guidance for both health plans and enforcement agencies will ensure plans are able to better comply with parity standards. Reconciling inconsistencies in mental health parity audits throughout plan types and across lines of business would create consistency and is necessary because health plans with multiple plan types and lines of business can undergo multiple audits, each of which can be time and resource intensive.

Policymakers should:

- ▶ Issue clear, standardized guidance for both health plans and enforcement agencies (DOL, CMS and state insurance departments), especially regarding non-quantitative treatment limitations (NQTLs).
- ▶ Reconcile inconsistencies in mental health parity audits throughout all plan types and across lines of business so patients receive a uniform care experience regardless of coverage type.

The Alliance of Community Health Plans (ACHP) is the only national organization promoting the unique payer-provider aligned model in health care. ACHP member companies collaborate with their provider partners to deliver higher-quality coverage and care to tens of millions of Americans in 37 states and D.C.



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