



American Association on Health & Disability

110 N. Washington Street Suite 328-J Rockville, MD 20850
T. 301-545-6140 F. 301-545-6144 www.aahd.us

AAHD - Dedicated to better health for people with disabilities through health promotion and wellness



LAKESHORE

RE: StatementsfortheRecord@finance.senate.gov

RE: March 30 Senate Committee on Finance Hearing: Behavioral Health Care When Americans Need It: Ensuring Parity and Care

RE: Persons with Co-Occurring Mental Illness and Substance Abuse Disorder; Persons with Co-Occurring Mental Illness and Chronic Medical Conditions; Persons with Co-Occurring Mental Health and Intellectual and Other Developmental Disabilities; Persons with Co-Occurring Behavioral Health Conditions and Disabilities

March 30, 2022

E. Clarke Ross, D.P.A.
Public Policy Director
American Association on Health and Disability
Washington Representative
Lakeshore Foundation
clarkross10@comcast.net

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

We are active in the Mental Health Liaison Group (MHLG), Consortium for Citizens with Disabilities (CCD), Disability and Aging Collaborative (DAC), and Coalition for Whole Health (CWH). We have been involved with the MHLG since 1971 and are a CCD co-founder in 1973.

We work closely with the NHMH – No Health without Mental Health – facilitated group **promoting bi-directional integration of behavioral health-general health-primary care** – NHMH, American Association on Health & Disability, Association of Medicine & Psychiatry, Clinical Social Workers Association, Lakeshore Foundation, and Maternal Mental Health Leadership Alliance. Likewise, we work closely on integration issues with NHMH and American Psychological Association.

Data Points on Persons with Co-Occurring Conditions

Given the Committee's instructions for submissions only as Word documents and no other file type being accepted, we have not attached data point charts. The Committee's report – Mental Health Care in the U.S.: The Case for Federal Action, references similar data. The data charts listed below are available upon request. Particularly relevant data points on co-occurring conditions include:

1. Co-Occurring Serious Mental Illness (SMI) and Substance Use Disorder (SUD) – chart from December 2017 Interdepartmental Serious Mental Illness Coordinating Committee report.
2. People with Serious Mental Illness have higher rates of chronic medical illness (and shorter life spans) – charts from February 24, 2022 National Council on Mental Wellbeing webinars slides on integrating care.
3. Co-Occurring Mental Illness and ID/DD – from August 9, 2018 SAMHSA webinar slides on emerging best practices.
4. Co-Occurring Mental Illness and ID/DD – ID/DD only vs dual diagnosis costs – Vaya Health Managed Care Plan, North Carolina; from SAMHSA April 19, 2017 webinar on the pivotal role of Medicaid in co-occurring ID/DD and BH slides.
5. Co-Occurring Mental Illness and ID/DD – Demographic excerpts from NASDDDS-HSRI October 2019 National Core Indicators Data Brief
6. Persons Dually Eligible for Medicare and Medicaid by Age and Chronic Conditions – February 2022 MACPAC Data Book on Persons Dually Eligible for Medicare and Medicaid

AAHD and the Lakeshore Foundation appreciate the Senate Committee on Finance, chapter 5, pages 20-21 Mental Health Care in the U.S.: The Case for Federal Action, on integrating care for

persons dually eligible for Medicare and Medicaid. We appreciated the Commonwealth Foundation addressing this population in response to hearing questions by Senators Cassidy and Casey.

There are 12.2 million individuals enrolled in both Medicare and Medicaid (dually eligible persons); 4.6 million are people with disabilities under age 65. Many dually eligible persons have complex care needs, including chronic illness, physical disabilities, behavioral health issues, and cognitive impairments; frequently these are co-occurring conditions. These persons, on average, use more services and have higher per capita costs than those beneficiaries enrolled in Medicare or Medicaid alone. Many live with major social risk factors. Although Congress created multiple authorities to integrate their care, in 2019 only about 10% of the dual-eligible population are enrolled in integrated care programs, such as the Medicare-Medicaid financial alignment initiative, PACE, dual eligible special needs plans (D-SNPs), and Medicaid Managed FFS programs. The division of coverage between Medicare and Medicaid results in fragmented care and cost shifting. A recent RAND study, commissioned by CMS, documented dually eligible persons in MA programs had much greater clinical care quality disparities (using HEDIS measures) than non-dually eligible persons.

Co-Occurring Conditions: Some Analysis and White Papers

We bring to the Committee's attention; and, available upon request are:

1. NASMHPD August 2019 assessment paper #8 – Co-Occurring Mental Health and Substance Use Conditions: What Is Known; What's New
2. NASDDDS-NADD-NASMHPD paper: Supporting Individuals with Co-Occurring Mental Health and ID/DD; May 2021
3. NASMHPD August 2017 assessment paper #7: Co-Occurring Conditions – The Vital Role of Specialized Approaches
4. NASMHPD August 2019 assessment paper #3: Developing a Behavioral Health Workforce Equipped To Serve Individuals with Co-Occurring Mental Health and Substance Use Disorder
5. Administration for Community Living (ACL) funded: Mental Health and Developmental Disabilities National Training Center: a joint project of the University of Kentucky, University of Alaska, and Utah State University
6. Administration for Community Living (ACL) paper: "Key Elements of a No Wrong Door System of Access to LTSS for All Populations and Payers." The ACL No Wrong Door web page has multiple resources, several by AARP.
7. Obesity Medicine, June 2021 article: Concurrent Mental Health Conditions and Severe Obesity
8. CMS MMCO RIC summary, June 2020: Supporting Persons with Co-Occurring ID/DD and Behavioral Health Needs – New York Partners in Health program
9. National Academy of Medicine, December 2021 three-day summit – Optimal Integrated Care for People with ID/DD. Specifically:
 - a. Sharon Lewis, HMA, on "Rethinking Holistic Coordination"
 - b. Charlene Wong, Duke University, on "Reimagining Models of Care for People with ID/DD: Integrating Cross-Sector Data."

10. HHS ASPE, September 22, 2021: “Considerations for Building Federal Data Capacity for Patient-Centered Outcomes Research Related To ID/DD.”
11. The Arc: Support Needs of People with ID/DD and MH Needs and Their families
12. The Arc: Training Needs of Professionals Serving People with ID/DD and Mental Health Needs
13. PCORI, January 2022 Research Funding Announcement – Mental Health and Developmental Disabilities Research
14. SAMHSA April 19, 2017 webinar slides (pivotal role of Medicaid) on addressing the needs of persons with co-occurring Mental Health and ID/DD
 - a. Slide #28: specialized training and provider networks needed
 - b. Slide #24: North Carolina Managed Care Organization serving persons with co-occurring ID/DD and Mental Illness: To serve a person with ID/DD “only” - \$48,000 a year. To serve a person with co-occurring ID/DD and Mental Illness: \$64,000 a year

Persons with “**Complex Health and Social Needs.**” During the past two years, several national projects, funded by seven foundations, have focused on recognizing and addressing the needs of persons with complex health and social needs. These are folks living with co-occurring conditions and frequently severe conditions. Many of their work and ideas would appropriately serve persons with co-occurring BH, disability, and chronic medical conditions.

Possible Federal Policy Initiatives Responding to the Challenges Faced by Persons with Co-Occurring Conditions

Possible policy ideas below are those of the American Association on Health and Disability and the Lakeshore Foundation and do “not” reflect the thinking or positions of leading behavioral health, disability, or developmental disabilities national organizations. Finding consensus by leading behavioral health and disability organizations on addressing the needs of persons with co-occurring conditions has been a challenge, given all the immediate issues facing these communities. During the past several months, we have been involved in discussions with some of these organizations but there is “no” agreed upon proposals. Also, some of the possible policy ideas here are proposed in papers and webinars by some of these leading national organizations (some of these resources are identified below).

We hope these ideas stimulate your thinking about how to address the needs of persons with a variety of co-occurring conditions. Most of these ideas are more appropriate for the Senate Committee on HELP, as they consider the reauthorization of SAMHSA and related programs.

1. When I worked with NAMI (National Alliance on Mental Illness): in 1999-2000, I facilitated a group of advocates that suggested that, at state discretion, states could use their SAMHSA Mental Health Block funds to serve persons with co-occurring mental illness and SUD (primary diagnosis of SUD); and, at state discretion, states could use their SAMHSA Substance Use both Prevention and Treatment Block Grant funds to serve persons with co-occurring SUD and mental illness (primary diagnosis of mental illness) – with appropriate, individualized, and effective support for each of the co-occurring conditions. Established providers and public officials opposed this idea.

- A. Repeat the state flexibility discretion and require an annual public reporting of such fund use by persons with co-conditions (both primary diagnosis and secondary diagnoses).
 - B. Use the same process in the SAMHSA Block Grants and the ACL disability and aging grants to states for designated categories of persons with a variety of co-occurring conditions.
2. The ACL No Wrong Door initiative largely addresses intake and eligibility processing for state and county aging and disabilities programs, and as a possible gateway to long-term services and supports (LTSS). Consideration could be given to expanding No Wrong Door tasks and encouraging state MH and SUD agencies to expand No Wrong Door approaches.
 - a. National Association of Medicaid Directors, February 2021 paper – “Medicaid Forward – Behavioral Health.” Paper advocates stream-line eligibility for services; and, continue to promote the integration of physical and behavioral health.
 - b. Consistent with the NAMD paper – reference the needs of persons with the variety of co-occurring conditions in proposals to expand behavioral health-general health-primary care bi-directional integration.
3. Council for Quality and Leadership (CQL) 2021 paper – “Organizational Supports To Promote the Community Integration of People with Dual Diagnosis of ID/DD and Psychiatric Disabilities.” Federal grant funds could support these organizational supports.
4. Consistent with: HHS ASPE, September 22, 2021: “Considerations for Building Federal Data Capacity for Patient-Centered Outcomes Research Related To ID/DD” - Federal grant funds could support public sector service program data systems to specifically address persons with co-occurring conditions.
5. Consistent with: NASMHPD August 2019 assessment paper #3: Developing a Behavioral Health Workforce Equipped To Serve Individuals with Co-Occurring Mental Health and Substance Use Disorder – Federal grant funds could support public sector service program workforce training.

Thank you for considering our ideas.