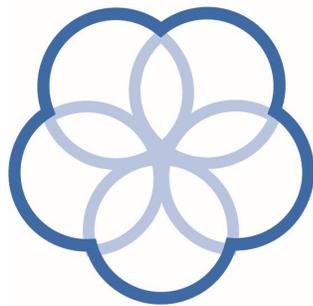


Mental Health/Substance Use Employer Learning Collaborative

August 30, 2022

In-person at The Mosaic Company and Virtual via Teams



The Path Forward

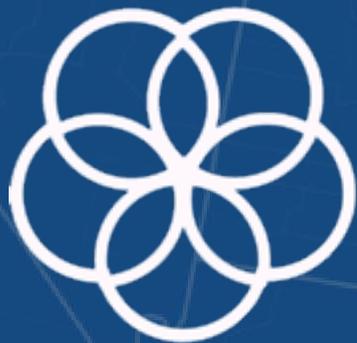
for mental health and substance use

Health Equity for all Americans

Today's Agenda



- Welcome and Overview of The Path Forward for Mental Health and Substance Use for Florida – Karen van Caulil, President and CEO, Florida Alliance for Healthcare Value
- Regional Updates:
 - **Tampa** – Carrie Zeisse, President and CEO, Tampa Bay Thrives, and an award presentation given by Kim Ramos, Director of Benefits at The Mosaic Company
 - **Space Coast/Brevard** – Johnette Gindling, President and CEO, Space Coast Health Foundation
 - **Miami** – Amber Graham, Wellness Supervisor, Miami-Dade Public Schools, and Jair Espinoza, Group Benefits Manager, City of Miami
 - **Orlando** – Karen van Caulil
- Presentation of Florida's Path Forward Action Plan for Feedback and Discussion – Karen van Caulil



The Path Forward

for mental health and substance use

Health Equity for all Americans



**FLORIDA ALLIANCE
FOR HEALTHCARE VALUE**

LED BY FLORIDA'S TOP EMPLOYERS SINCE 1984

www.FLhealthvalue.org



Mental Health Status in FL

1 in 5 Floridians has a mental health condition
and 1 in 13 has a substance use disorder.
COVID-19 has increased these rates.

**When Floridians are hurting, they cannot find the help
they need.**

Our system for treating mental health and substance use (MH/SU) disorders is broken: 63% of adults with a mental illness in Florida never get seen.

- ▶ Most MH/SU care and prescriptions are given by primary care providers who are often untrained in MH/SU care and/or do not have qualified team members on staff.
- ▶ Access barriers to MH/SU clinicians:
 - Inadequate insurance networks
 - Poor participation in the networks
 - Shortage of trained, qualified providers



This Fundamental Health Inequity

is even worse for some Floridians

- ▶ Before COVID-19, 50.1% of Whites versus 33% of Blacks and 34% of Latinos with any mental illness received MH/SUD services.¹
- ▶ COVID-19 increased demand: Latino and Black people, women, and people with low-incomes report greater levels of stress, anxiety, and great sadness due to the pandemic:
 - 39% of women vs. 26% of men
 - 40% of Latinos and 39% of Blacks vs. 29% of Whites ²

Sources: 1. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019 2. Commonwealth Fund, 2020

We Have Faced Big Health Problems Together Before

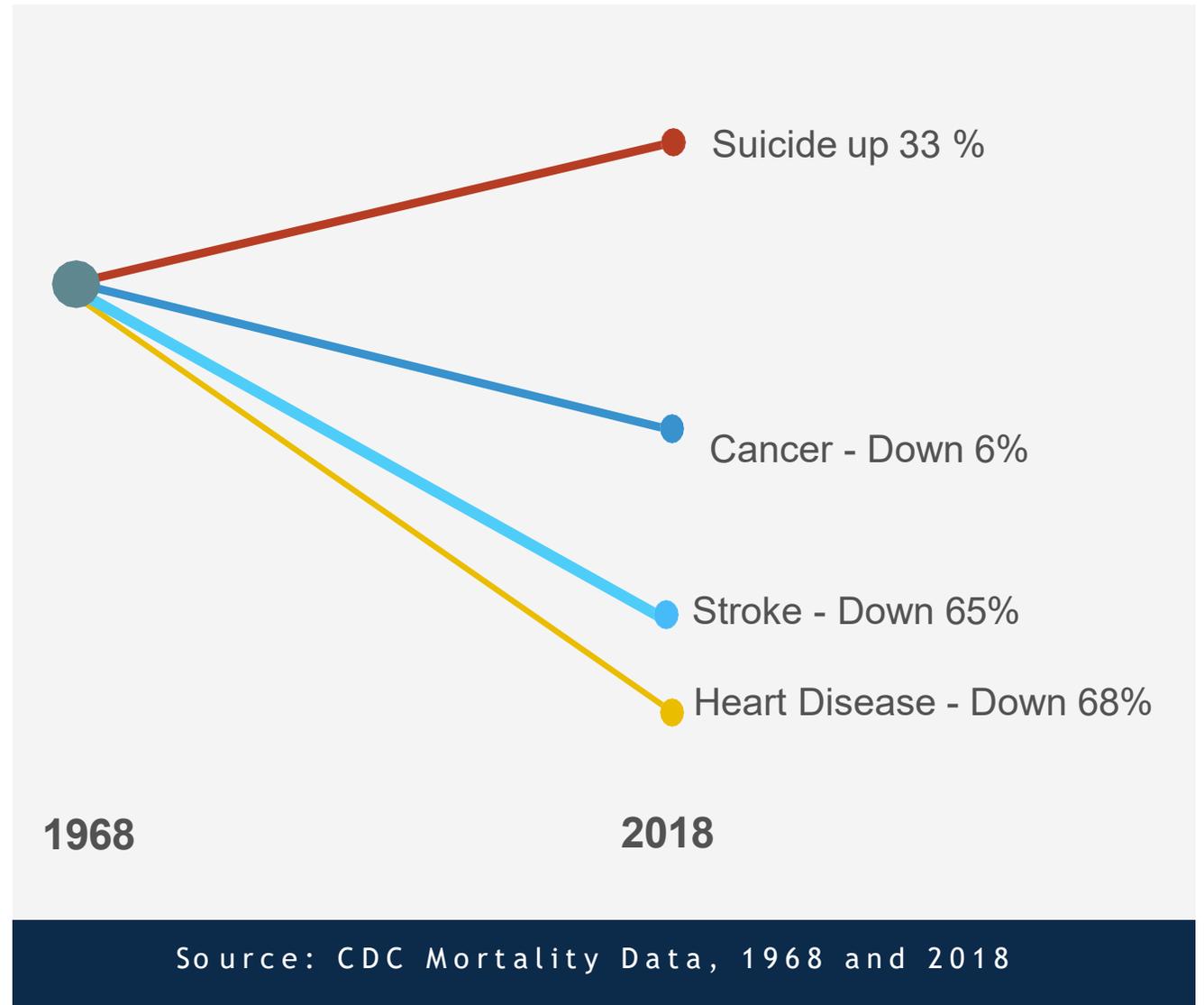
...for heart disease, cancer, and other common conditions.

But ultimately, we reversed death rates.

By detecting illness earlier in the disease cycle when it is:

- ❖ Easier to treat
- ❖ Less disabling
- ❖ And less costly to society

Sources: 1 Lancet Commission, 2020, Hoy, 2014



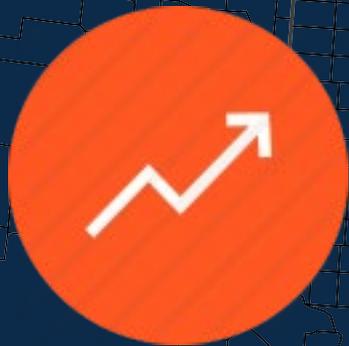
We have a PATH FORWARD

It is time to change the direction of mental health and substance use conditions and disorders

- ▶ We have improved outcomes and reduced human suffering for over 50 years for other diseases like heart disease and cancer. We can do the same for MH/SU.
- ▶ Failing to address the challenges that individuals who face MH/SU challenges is wrong. It perpetuates health inequity and puts Black, Indigenous, People of Color, and LGBTQ+ people at highest risk.
- ▶ **The Path Forward for Mental Health and Substance Abuse** proposes a smart, sustainable approach that saves money for everyone who is currently paying the cost for our failing MH/SU system of care. Everyone needs to come together to make this work and to change outcomes for all Americans.



How We Change the Direction



1

FOUR READY-TO-SCALE REFORMS

Proven approaches that need no further research.

2

EXPERT IMPLEMENTATION

Through repeated gap analyses, targeted 5-year action plans, and accountability with specific metrics.

3

MULTISTAKEHOLDER ENGAGEMENT

We bring plans, providers, employers, and patients together. Our employer coalition can drive change by providing standard metrics and model RFP and contract language.

4

COMMUNITY SATURATION

That will lead to a tipping point across the nation.

Strategy: Four Ready-to- Scale Reforms

(Plus,
Compliance with
MH Parity, the 5th
pillar of
The Path Forward)

1.1



Network Adequacy

Gaps in access to in-network MH/SU providers have yielded an inadequate system that disadvantages all but the wealthiest. We address root causes to close these gaps.

1.2



Collaborative Care Model (CoCM)

CoCM integrates MH/SU into primary care through a highly-scalable model backed by 70 randomized controlled trials and 15-years of existence in multiple states.

1.3



Measurement-Based Care (MBC)

Evidence clearly shows that consistent use of standardized MH/SU symptom measurement tools improves outcomes by 20% to 60%.

1.4



Tele-Behavioral Health (TBH)

TBH has expanded access to MH/SU care dramatically since COVID-19. Now is the time to lock in these regulatory gains.

Network Adequacy - MH/SU Clinicians

PROBLEM

Slim provider networks punctuated by 6-month wait times and “in-network” clinicians who won’t accept patients. Plan directories suggest otherwise, but some plan data suggests 40 to 80 percent of clinicians “in the network” submit fewer than 5 claims per year.⁵

SOLUTION

Leveraging the purchasing power of employers through provision of model RFP and contract language ensures that TPA’s expand their networks to cover more credentialed MH/SU practitioners. Troubleshoot with TPA’s and MH/SU treatment providers to overcome underlying issues (e.g., reimbursement, administrative requirements).

MEASURE RESULTS

- ▶ Volume of in-network vs out-of-network MH/SU claims paid
- ▶ Member difficulty accessing In-network MH/SU providers

Source: National Alliance Study



Collaborative Care Model (CoCM)

PROBLEM

Minimal MH/SU care is delivered in primary care. Psychiatrists and other MH/SU clinicians are in short supply.

SOLUTION

Encourage and support TPA's and health systems in adopting CoCM through funding for startup and technical assistance. CoCM is the only evidence-based MH/SU/primary care integration model with CMS-approved reimbursement codes and substantial research demonstrating:

- ▶ Reductions in depression and anxiety (by half)
- ▶ Improvements in racial and socioeconomic health inequities
- ▶ Robust ROI - \$6 for every \$1 ROI invested
- ▶ A viable (often the only) option for rural/underserved areas

MEASURE RESULTS

- ▶ New health system practices implementing CoCM
- ▶ Volume of collaborative care claims paid



Measurement-Based Care (MBC)

PROBLEM

Primary care and MH/SU clinicians rarely use validated outcome measurement tools.

SOLUTION

Work with employers, TPA's, providers and accrediting organizations (CMS, AHIP, Joint Commission, CARF, NCQA and NQF) to drive required use of MBC for screening, outcomes and accountability for ALL common behavioral disorders. Employers can drive change by requiring standard metrics in RFP and contract language.

- ▶ MBC has been implemented for virtually every other major medical condition, such as heart disease and diabetes.
- ▶ Screening would allow early detection and reverse the 10-year lag between onset and diagnosis.
- ▶ Meta-analysis of 51 studies shows use of the tools:³
 - Improves outcomes by 20 to 60 percent
 - Increased remission rates by 75 percent in many studies

MEASURE RESULTS

Adoption of MBC in large health systems, specialty practices and primary care offices for treatment of BH conditions

Source: Fortney, 2017



Tele-behavioral Health (TBH)

PROBLEM

Shortage of in-network MH/SU specialists, especially in certain regions, and delays to timely treatment.

SOLUTION

Work at national and regional levels with payers, providers, and government agencies to ensure temporary gains as a result of COVID-19 are locked in—targeting the 3000 percent increase in telehealth use during COVID.

MEASURE RESULTS

- ▶ Volume of TBH claims paid by payers
- ▶ Equity in reimbursement for audio-only and video TBH
- ▶ Patients treated through TBH





Strategy 2: Implementation

The Path Forward steering committee experts help employers, plans/TPAs, and providers develop gap analyses, targeted 5-year action plans, and accountability with specific metrics.



Strategy 3:

Multi-stakeholder Engagement

The Path Forward seeds changes with employers, health plans, and providers that create a virtuous cycle as they work their way across institutions, through organizations, and up and down national chains. Employer coalitions and their employer members further drive change by requiring best practice.

Strategy 4:

Community Saturation

Physicians and other care providers, point solution providers, and TPAs/health plans need to hear from a critical mass of employers/healthcare purchasers that these reforms are needed.



ANGURIAN BUILDING



Let's Act
Now!

We Have A Path Forward

Join Us

- ▶ In creating a collaborative system of care no matter where and when a person enters the healthcare/behavioral health system
- ▶ In ensuring mental health care is accessible and affordable, and coverage is on par with physical health
- ▶ In viewing mental health as a chronic condition where healing is focused on milestones
- ▶ In engaging business leaders in an advocacy campaign to normalize seeking mental health care.

REGIONAL UPDATES



Tampa Bay Thrives Overview



Tampa Bay Thrives was founded in 2019 by leaders who sought an innovative approach to improving mental health for our community

Who we are

A diverse cross-sector coalition who are connected to mental health

Board members across public and private sectors

Deep commitment and support from local organizations and community leaders

Priority focus areas



Improved navigation resources to help individuals in need find appropriate care



Access to behavioral health short-term counseling to provide a "first stop" for individuals suffering from anxiety, depression, or substance use disorder



Public awareness campaign to help destigmatize mental health challenges and treatment

Our Mission

To mobilize the community to strengthen behavioral health outcomes for depression, anxiety and substance use disorder, with a focus on improving early intervention, access and awareness.

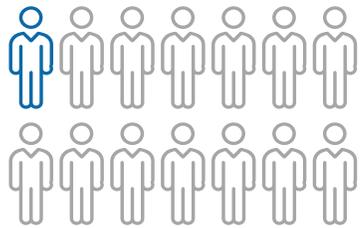
Individuals in the Greater Tampa Bay area more generally face challenges treating their behavioral health conditions

In Tampa Bay and West Central Florida...



1 in 5

has depression



1 in 14

has a substance use disorder

Florida ranks **49th**
in terms of access to behavioral healthcare



In a local survey conducted with individuals living in the Greater Tampa Bay area,

7 in 10

Tampa Bay residents experienced **at least one of more mental health days** in the last month



46%

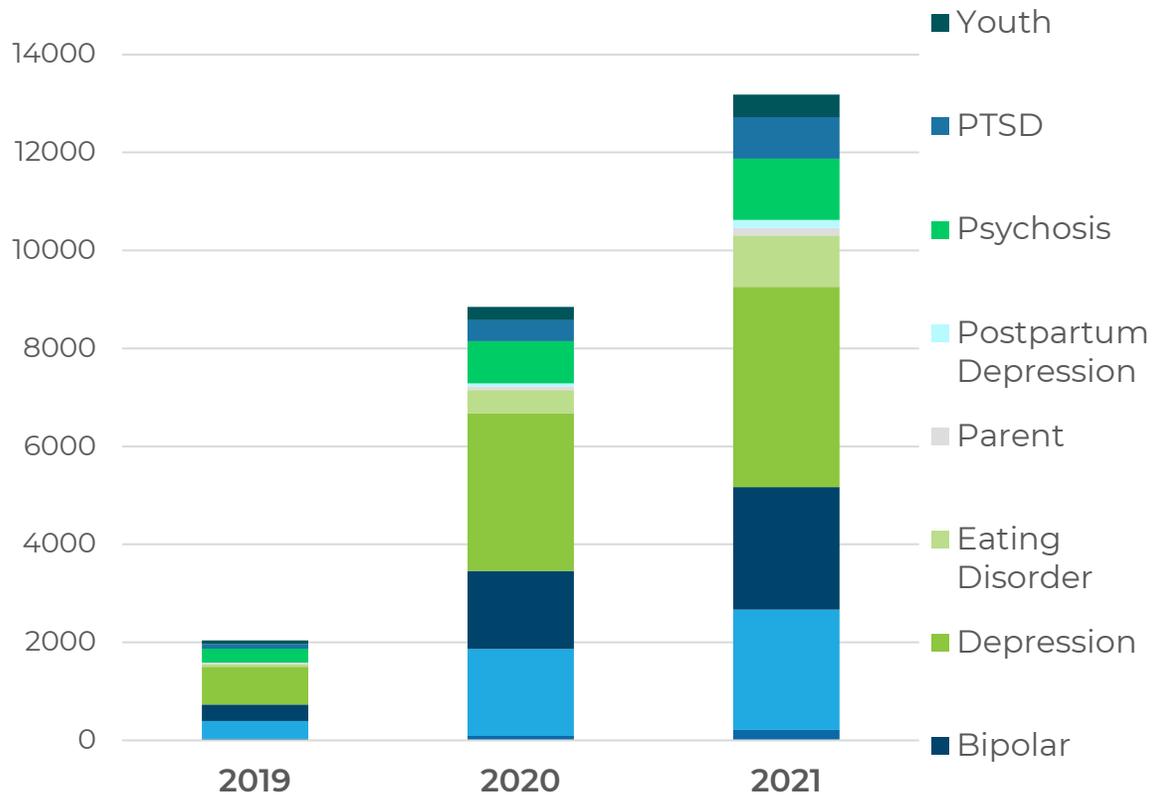
of respondents needed help for emotional or mental health issues in the **last 12 months**

77%

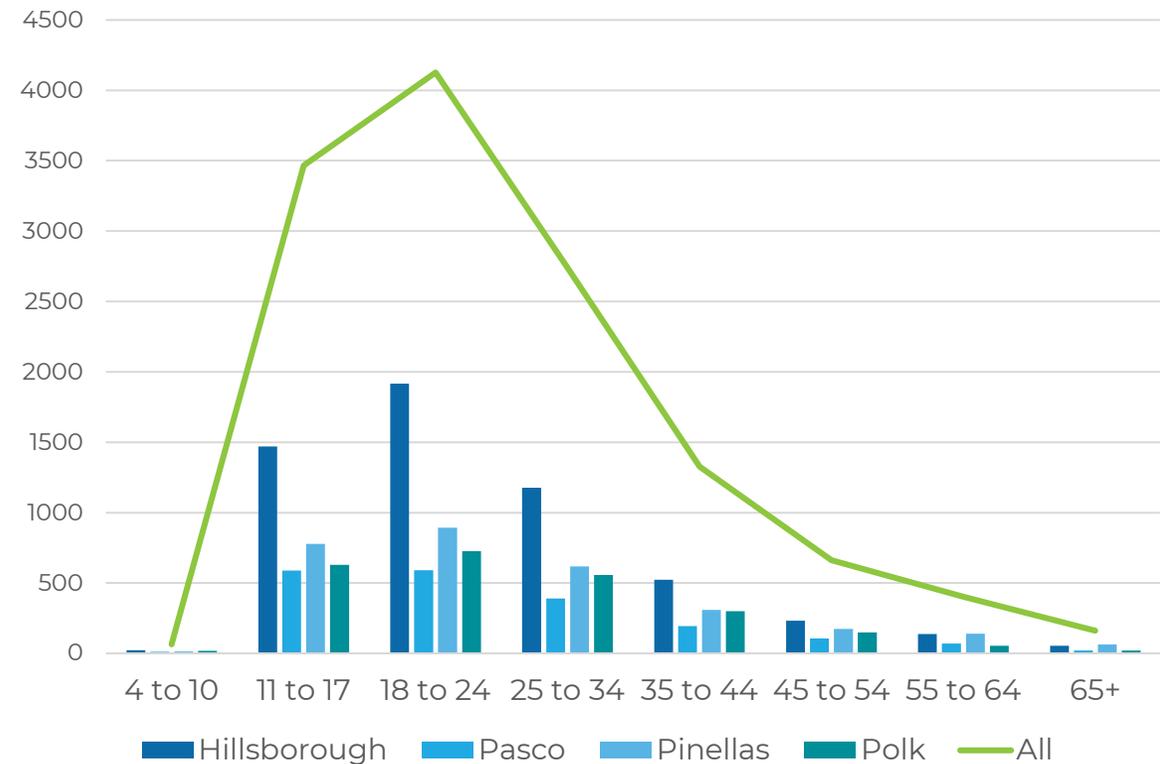
of people caring for an individual with mental health issues say **navigating behavioral health resources is challenging**

Mental Health America screening data shows increase in urgency as a result of the pandemic

MHA Screenings Completed (4 Counties)



Age Ranges of Screened Individuals



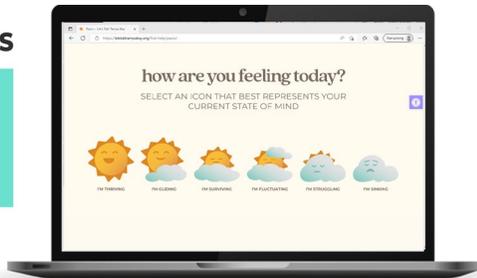
Where TBT is mobilizing in response



NAVIGATION

Enable individuals seeking help to connect to resources to support them

Tampa Bay **THRIVES**



ACCESS

Expand treatment options for individuals in need of care



STIGMA

Decrease the stigma with caring for your mental health



SUPPORTIVE STRATEGIES



Convening for Important Community BH Issues



Research and Data for Decision Makers



The 2022 “Dr. Jack Mahoney Healthcare Hero” Award



Tommy Inzina
President & CEO
BayCare

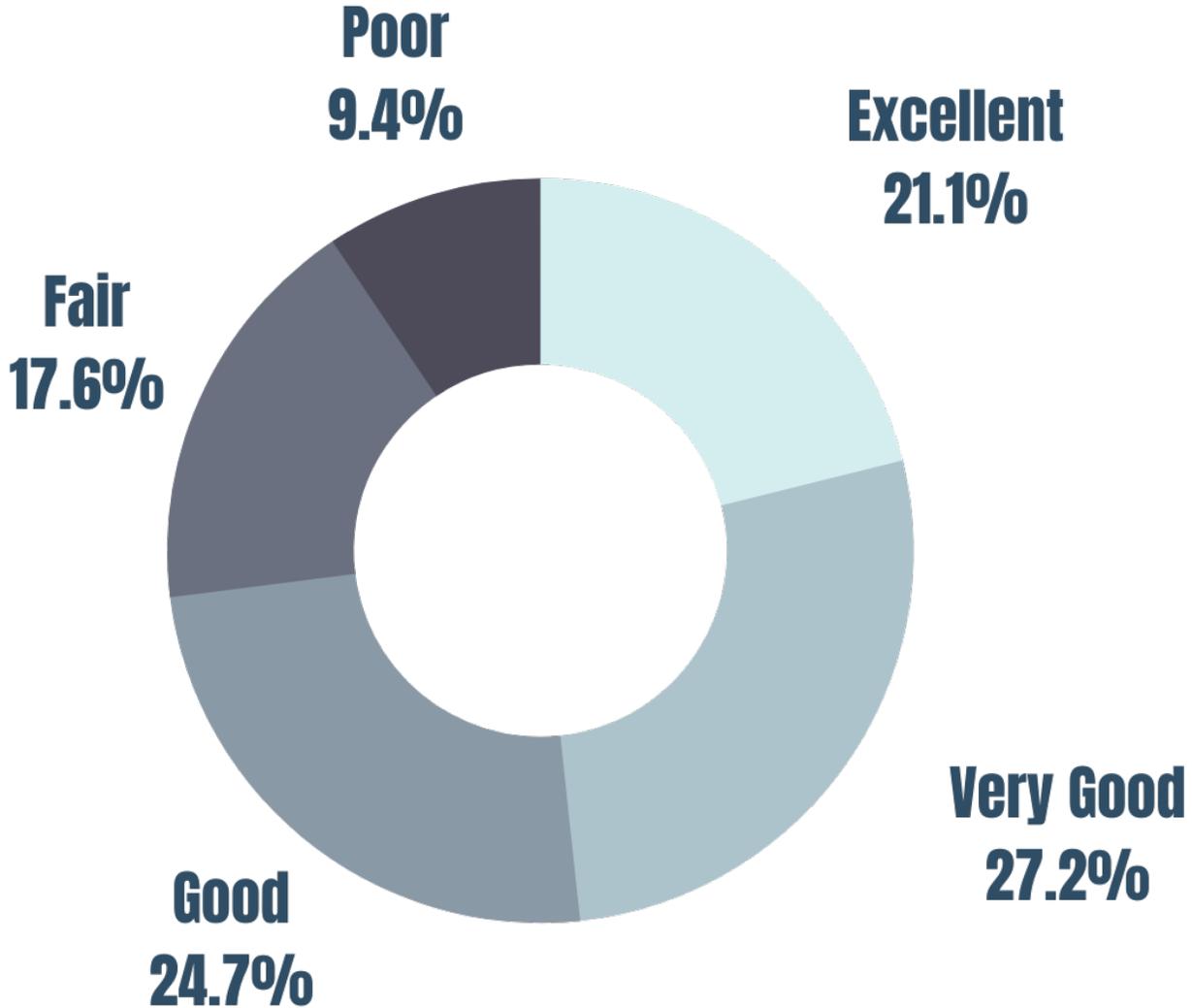


Regional Update

Space Coast/Brevard County

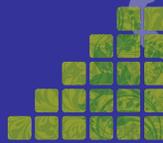


MENTAL HEALTH STATUS ADULTS



Self-Reported Mental Health Status Brevard County 2022

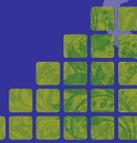
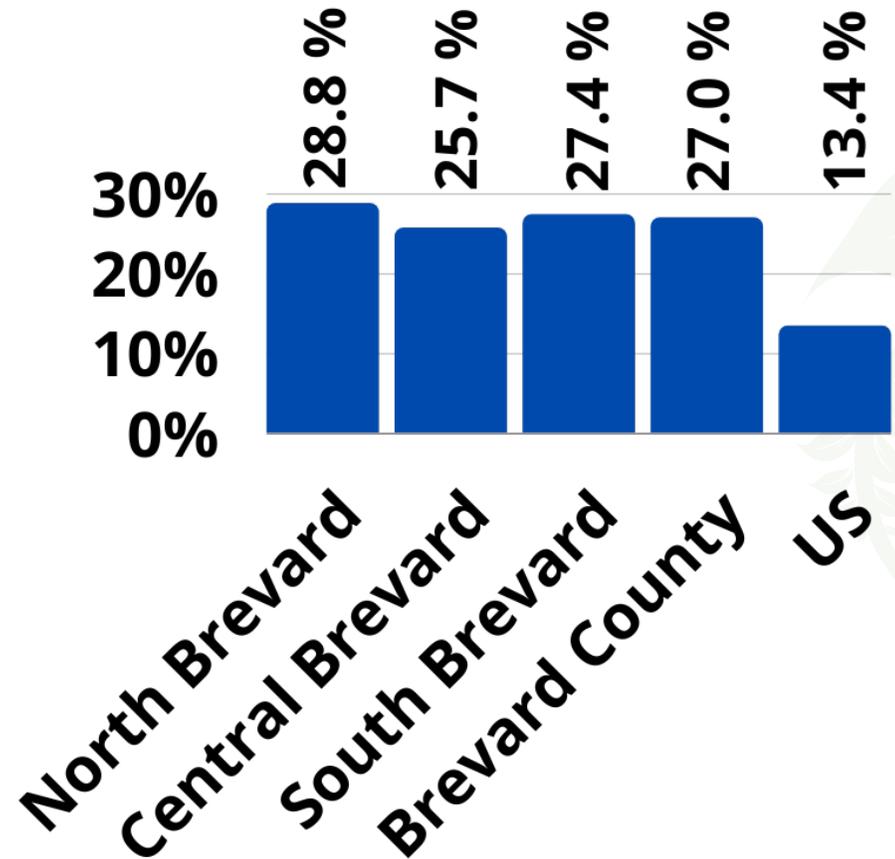
27% believe that their overall mental health is "fair or "poor".



MENTAL HEALTH STATUS

Experience "Fair" or "Poor" Mental Health

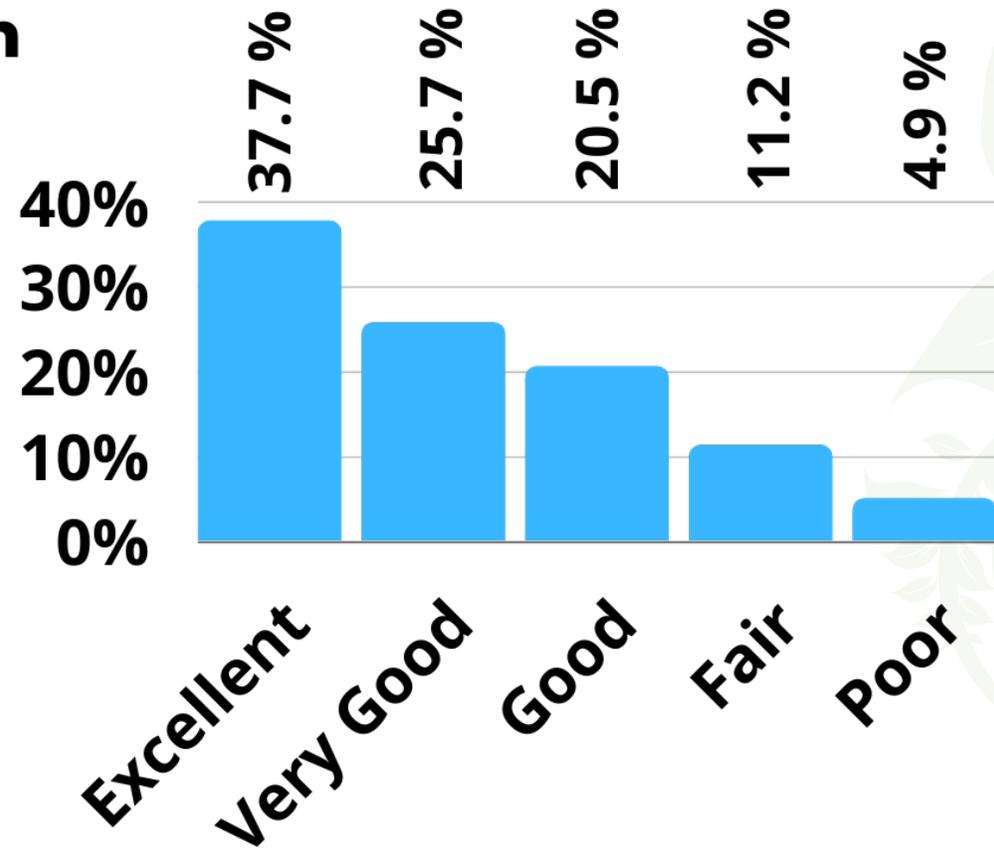
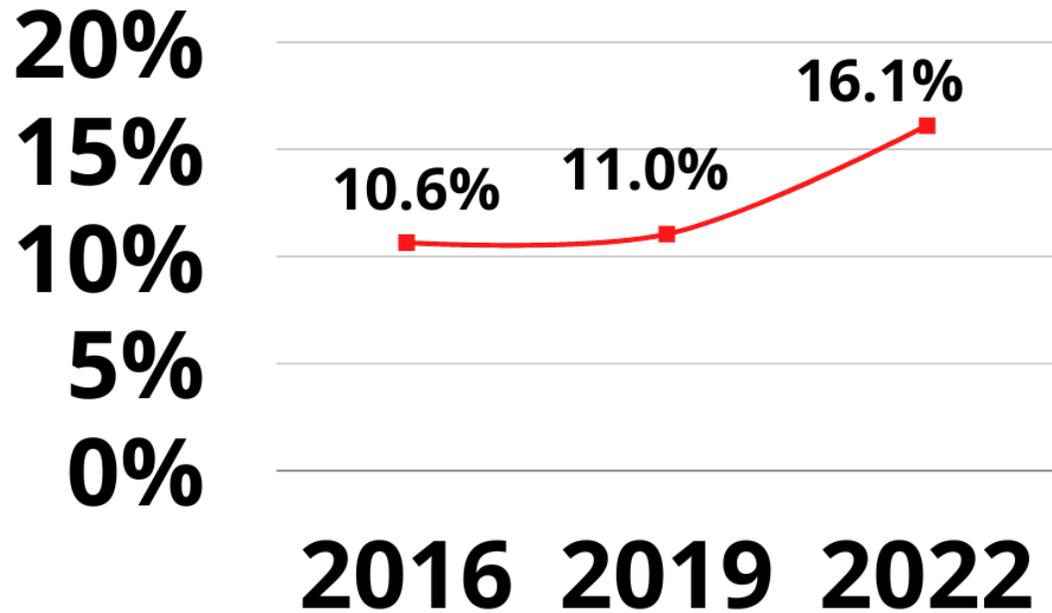
Adults



MENTAL HEALTH STATUS

Experience "Fair" or "Poor" Mental Health

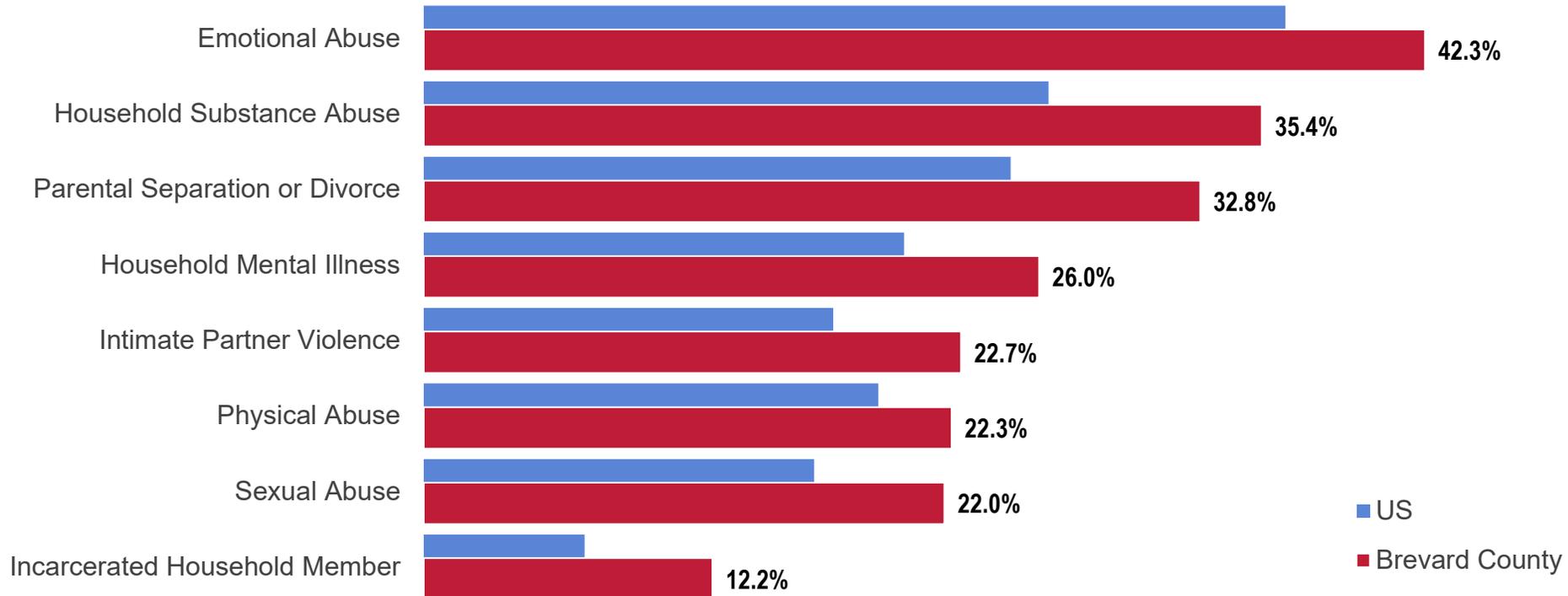
Children



Brevard County Parents of Children Age 5-17



ADVERSE CHILDHOOD EXPERIENCES (ACES) (BREVARD COUNTY, 2022)



24.3% of adults have 4+ ACES in their past — higher among women, those under 65, lower income, Hispanic, and LGBTQ+ residents.





WHAT IS THE SPACE COAST HEALTH FOUNDATION DOING?

- Mental Health Advocacy
- Brevard School District, Resolution
- Mental Health Documentary
- Cops and Kids Camp
- Treatment Courts
 - Veterans Treatment Court
 - Juvenile Drug Treatment Court
 - Early Childhood Court
- B-CALM Facebook Discussion Group
- Children's Advocacy Center of Brevard, Billboard Campaign

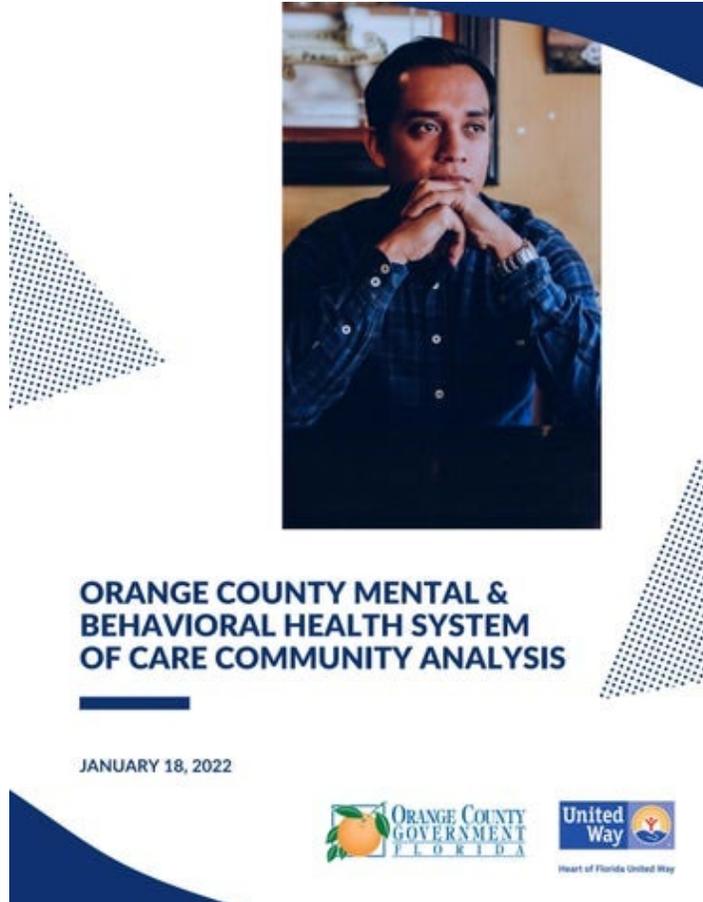


Regional Update Orange County



Orange County Mental and Behavioral Health System of Care

A Multistakeholder, Intensive Assessment of the System of Care





Integrated and Coordinated Mental and Behavioral Healthcare Delivery

- Develop an **Information Technology (IT) platform** that supports interoperability, integration, and coordination of care
- Integrate mental health into primary care settings using the **Collaborative Care Model** and/or other Evidence-Based Practice
- Develop **Drop-In Intake and Triage Centers**
- **Strengthen and expand crisis management activities**
- **Bolster and expand services across the “system”** for individuals diagnosed with a mental health or substance use disorder

Recommendations

Mental Health Promotion

- Increase protective factors and healthy behaviors by introducing and subsequently broadening the reach of programs focused on **Mental Health Promotion**
- Culturally and linguistically appropriate community-wide **mental health awareness building, education, and stigma-reduction campaigns**

Affordable Housing and Services for Homeless Individuals and Families

- Increase the availability of **affordable housing, supportive housing, assisted living and transitional living facilities**



stand up against stigma

**No Health without
Mental Health**

Recommendations



Qualified and Available Workforce

- Increase opportunities for trainings in **Evidence-Based Practices** for existing Mental and Behavioral Health workforce
- **Develop a pipeline for the behavioral health workforce** and implement strategies to retain them
- Increase the availability and quality of **peer support services**
- Explore pathways and programs and (e.g., **student loan repayment programs; educational pipeline programs** etc.) to increase the availability of a qualified workforce

Recommendations

Mental and Behavioral Health Finances

- Strive to **achieve mental health parity** in all public and private sector health plan offerings
- Advocate for the **removal of barriers and red tape by AHCA** which prevents qualified organizations from becoming Medicaid providers in Florida
- **Reimburse evidence-based behavioral health treatments at their actual cost**



Regional Update

Miami-Dade County



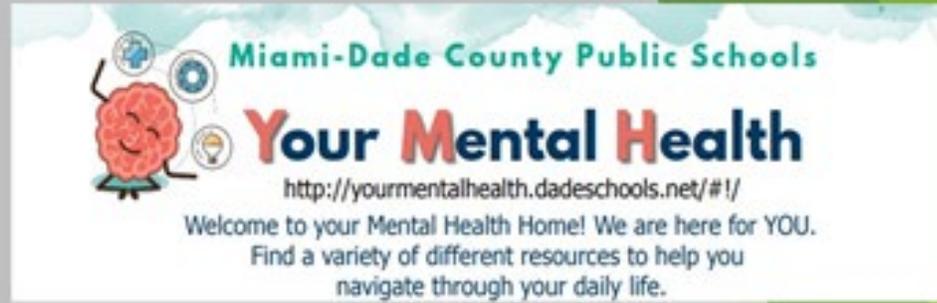
Well Way

Mental Health Services

In 2020, as a response to the Covid-19 pandemic's effects on the mental health of M-DCPS employees, Well Way launched the District's first website dedicated solely to employee mental health.

The website combines resources, **free of charge**, for employees who are enrolled and not enrolled in the Cigna plan offered by the School Board as well as the district's EAP program.

8/29/2022



Miami-Dade County Public Schools
Your Mental Health
<http://yourmentalhealth.dadeschools.net/#/>
Welcome to your Mental Health Home! We are here for YOU.
Find a variety of different resources to help you navigate through your daily life.

Employee Assistance Program

- The Employee Assistance Program is for you, the individual employee, and for your immediate family members.
- The EAP is designed to provide confidential help to individuals whose personal problems are affecting their ability to function at home, in their social life or on the job.

Employee Mental Health Resources

- Employee Mental Health Resources aims to increase employee's awareness of benefits and personal health status by establishing and maintaining a workplace that encourages environmental and social support for a healthy lifestyle.

Miami Update

Consortium for a Healthier Miami-Dade



The Consortium was established in 2003. It is guided by the goals and objectives in Healthy People 2030, and is comprised of over 400 organizations, all united by the common belief that through collaboration and prevention-focused initiatives, Miami-Dade County residents can live longer, healthier, and happier lives.

Virtual Summit – September 16, 9:00AM – 12:45PM (registration link in chat)

Keynote Speaker – Kevin Andrews, EVP, Banyan Health Systems – the importance of eliminating the stigma surrounding MH care through healthcare system integration

Breakout Sessions:

- The Role of Adverse Childhood Experience and MH
- Social Isolation in Older Adults and Its Impacts on MH
- How Urban Design Shapes our MH
- Substance Abuse and Tobacco Use and Its Impacts on MH
- The Influence of Media on MH
- Suicide Prevention and Awareness - To Be Able to Recognize the Signs and Symptoms



- Developed in response to the ever-growing need for MH support resulting from the pandemic
- Evidence-informed MH program designed to assist Miami-Dade county residents to navigate the challenges associated with accessing needed services
- Social Determinants of Health that impact the MH and wellness of Miami-Dade residents will be addressed through workshops and trainings and deployment of needed resources

Accessing MH Care is a right, not a privilege

No one should have to forgo MH treatment due to cost

MH and wellness is a journey

<https://mymentalhealthmiami.com/>

The CMHWP Services Include:

- Access to a FREE Mental Health & Wellness Survey with a Real-time Scorecard
- A culturally and linguistically appropriate program available in Creole, English, and Spanish
- Access to a Care Coordination Team
- Access to a Free 24-hr CARES Hotline: 786-433-8487
- Access to a Resource Portal and Open-Source Web Support
- Free Targeted and Personalized Referral Services, and
- Free Weekly Workshops, Community Events, and Speaker Series

Florida's Path Forward Proposed Action Plan

And how it relates to the MH/SU Employer Learning Collaborative

Proposed Action Plan



September 27 Meeting: Tele-behavioral Health

- We will present our updated *Employer Guide to High-Value Tele-Behavioral Health (TBH)*
- We will discuss policy issues to consider weighing in on that impact the delivery of TBH
- Discussion on recommendation to reimburse audio-only and audio-video MH/SU treatment sessions at the same level as in-person visits. We will explain the rationale for this position
- We hope to engage in an interactive discussion with all attendees about this recommendation and determine who is interested in making this change, and what is needed to implement the recommendation

Proposed Action Plan

October Meeting: Network Adequacy

- Employers will be encouraged to ask their third-party administrator (TPA), their solution provider if MH/SU services are carved out, and Employee Assistance Program to provide data to evaluate the adequacy of the network of MH/SU treatment providers
- The TPA's provider network should include sufficient numbers and availability of MH/SU treatment providers so that plan members seeking care can obtain timely in-network appointments.
- We will explain the data to be requested and what an acceptable response should look like, provide the detailed data form, and the rationale for asking for the information
- We will discuss the recommendation and learn about any concerns, and what is needed to move forward with implementing the recommendation



Proposed Action Plan



November Meeting: Innovation

- We will look at innovative programs and tools for increasing awareness of MH/SU, the awareness of available treatment programs, and new approaches to treating MH/SU
- We will demonstrate how employers and their employees can use the ATLAS (Addiction Treatment Locator, Assessment, and Standards) platform for Florida developed by Florida Blue and Shatterproof to find high quality treatment.
- We will also bring in solution providers/innovators in the MH/SU awareness and treatment space, including workplace awareness trainings and prescription digital therapeutics for addiction recovery to explain how their products work and discuss reimbursement/coverage approaches

Proposed Action Plan



December Meeting: Center for Workplace Mental Health

- This meeting will feature presentations from the Center for Workplace Mental Health
- *Notice.Talk.Act. at Work* is an e-learning training module that supports leaders, managers, and supervisors to understand the impact of MH on employees and the organization and then to notice what may be signs of potential MH concerns, know how to talk with a person they may be concerned about, and be better equipped to act by connecting a person with services and support. This program has been developed by the Center for Workplace Mental Health of the American Psychiatric Association Foundation
- We will also discuss federal and state policy, looking at policy considerations being studied by the Center and at Georgia's recently passed legislation on MH parity
- We will talk about potential bills being introduced in Tallahassee and in Washington, DC in the new year and whether and how to support, express concern, weigh in, etc.



Proposed Action Plan

January Meeting: Collaborative Care Model

- We will educate the attendees on the Collaborative Care Model – integration of MH/SU screening and treatment into primary care
- It is the Path Forward position that out-of-pocket expenses for the collaborative care model should be waived and there should be no limits on the use of code 99494. We will explain the rationale for this position. We will explain why making these changes will increase access and reduce future costs
- We will seek input from the participants on any concerns and challenges and determine what is needed to move forward with implementing this recommendation



Proposed Action Plan



February Meeting: Measurement-Based Care

- Measurement-Based Care (MBC) provides a quantifiable means through which clinical progress can be tracked and adjusted, if need be, to ensure optimal treatment effectiveness
- We will explain what it is and talk about the recommendation that employers should submit letters to accreditation agencies (e.g., URAC, PCMH) urging that use of MBC be a requirement for accreditation of all providers. We will get into more details during the ELC, but in some cases this is individual providers and in others, the organization
- We hope to have a discussion at that meeting with the organizational providers, their clinical teams, and other key stakeholders to seek their reaction to this recommendation
- At this meeting, we will also review where we stand on implementation of the recommendations presented and discussed in the first 6 months of the learning collaborative and determine whether we need to adjust our course, create additional guidance, etc.

March Meeting: Mental Health Parity

- We hope to have in hand the Department of Labor's long awaited draft regulations for Mental Health Parity Compliance to review and discuss
- We will discuss the Path Forward recommendation that the TPA's provide additional indemnity to employers who are plan fiduciaries and are liable for noncompliance with parity (unless they have a waiver). Employers have little or no knowledge or influence over nonquantitative treatment limits (a key aspect of MH parity) for MH/SU treatment
- We will share the Path Forward's recommendations for how to discuss this matter with the TPAs and determine what is needed to implement this recommendation



Proposed Action Plan

April – July Meetings:

- During the remaining meetings of the learning collaborative, we will discuss progress towards implementation of each of the recommendations presented in previous meetings
- We will also ask the employers to share with the participants how they have progressed, what lessons have been learned, roadblocks encountered, and discuss how they can work together in various markets to effect change



Discussion

