March 31, 2017

Delivered via Email

Theresa Nguyen, LCSW
Senior Director of Policy and Programs
Mental Health America

RE: *The State of Mental Health in America 2017* Report

Dear Ms. Nguyen:

As Arizona's Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS) offers health care programs to serve our residents; including a comprehensive array of dental, physical health, mental health, substance use, and long-term care services designed to improve the health of over 1.9 million Arizonans. We appreciate the efforts of local and national organizations that engage in activities to evaluate the needs of our communities, assess access to health care services and analyze the efficacy of service delivery systems. The purpose of this letter is to express concern with the methodology Mental Health America used to "explore which states are more effective at addressing issues related to mental health and substance use" which then translate into a state ranking. Unfortunately, many will review reports like this one and assume this represents an adequate assessment of how states are performing. However, as described below, we believe that there are a number of limitations associated with the MHA survey and the measures used to represent how a state may be performing.

Concern #1: Reliance on self-reported information has many possible interpretations; some of which contradict the MHA assumption.

The MHA survey relies extensively on self-reported information in scoring states. However, we have significant concerns regarding how MHA interpreted this information. Self-reported prevalence figures would likely increase when a community successfully reduces stigma and engages in efforts to educate the community regarding mental illness and the adverse impacts of substance use. Positive outcomes of increased awareness and reduced stigma contribute to improving the health of our State. However, for MHA, this increase in self-reported prevalence results in a decreased ranking.

Recommendation: Our recommendation would be to create a ranking system not based on the self-reported prevalence of need in a community but what the State offers to meet those needs. The National Alliance on Mental Illness (NAMI) applied this approach in the past and only six states received a higher "grade" than Arizona in the last published report. We do not believe that 40% of scoring on how effective a state is at addressing "issues related to health and substance use" should be based on self-reported statewide prevalence of specific conditions.

Concern # 2: The MHA survey places an over-emphasis on insurance coverage and does not do the important analysis of what community resources and infrastructure are in place and what services are available to those that do have coverage.

Arizona's public behavioral health system is strong and continues to grow stronger. Total Medicaid spending for behavioral health services has increased from $200 million in 2000 to $1.86 billion anticipated for 2017. Arizona ranks 10th in per capita state mental health agency expenditures based on an FY13 report by the Henry J. Kaiser Family Foundation. Additionally, the Arizona Medicaid system

offers a very robust array of behavioral health services for all members. However, many of the resources put in place to address the mental health and substance use needs of the State are not captured within the limited set of 9 access to care questions in your report. For example, MHA applies a metric of *adults with any mental illness who are uninsured* but there is no consideration to how individuals with mental health and substance use needs access services. For example, Arizona offers a comprehensive array of covered behavioral health services for individuals with a serious mental illness even when the individual is not insured (mental health and substance use services funded through the state). Arizona also dedicates significant state only resources for important services not typically covered with insurance like housing and employment support along with a safety net crisis system designed to serve all Arizonans regardless of insurance coverage status. As has been well documented, addressing social and economic determinants of health is vital to improving health outcomes for our residents. Other healthcare resources are also available to address the needs of our communities. In 2014, 130,000 uninsured individuals received services through federally qualified health centers and another 116,000 did so in 2015. The MHA measure does not consider these resources in assessing access to care so we receive an overall ranking of 50th out of 51.

Recommendation: MHA should adjust their survey to reflect resources committed by states for behavioral health and the services available both for insured and uninsured populations. Not all insurance is created equal and the survey should reflect the limitations of this measure. There are resources available in the public domain that document funding dedicated by states for serving populations. For Arizona, these efforts to dedicate resources and develop strong systems of care has great influence on the more important outcomes metric applied within your analysis – *adults with any mental illness reporting an unmet need*. Arizona ranks 13th out of 51 in this key metric.

Concern # 3: The MHA survey does not take into proper consideration important efforts by states to create robust crisis systems, mental health courts and justice system initiatives that focus on creating partnerships with law enforcement that at the same time better serve the citizens of a community and offer important alternatives to incarceration.

Arizona has established a robust set of crisis services that is viewed as a national model with crisis phone support, peer support, community-based mobile team response services, mental health sub-acute crisis and observation beds, and dedicated behavioral health inpatient and detox services to all members of the community regardless of coverage, as cited in the National Action Alliance for Suicide Prevention "Transforming Services is Within Our Reach" report and demonstrated in the "Successes in Arizona" video. In addition to our work around crisis system services, Arizona is viewed as a national leader in leveraging Medicaid and justice system involved members as noted in a recent Henry J. Kaiser Family Foundation report. This is critical because a significant portion of the Justice involved population is either Medicaid enrolled or eligible in states that have expanded coverage. These initiatives include leveraging partnerships to expedite Medicaid eligibility determinations and enrollment for quicker access to care following justice system involvement and requiring managed care organizations to partner with Justice organizations to do reach in work for improved care coordination.

Recommendation: This is some of the most important, impactful, and meaningful work that is happening in Arizona and many other states to better address the behavioral health needs of our citizens. It is common for Department of Justice settlement agreements with states to include plans to implement the kinds of crisis intervention and justice system programs Arizona already has. Yet the MHA survey makes no effort to capture this important information to differentiate how states are performing in improving services for those that may be justice involved. If national data is not available to gauge these efforts, MHA should consider partnering with some other organizations to pursue a tool that would capture these services and capabilities to differentiate states.

Concern #4: The inclusion of only independently licensed behavioral health clinicians in the analysis falls far short of representing the resources dedicated to serving a population.

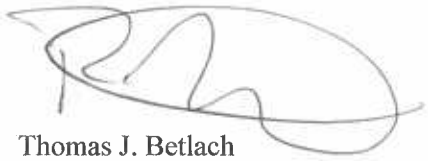
We acknowledge the importance of assessing mental health and substance use treatment workforce resources and appreciate the inclusion of this metric your analysis. However, Arizona continues to be a leader in a community-based system of care for behavioral health boasting over 1,300 trained peer support specialists across Arizona currently delivering Medicaid reimbursed services and 2,800 credentialed peers available statewide. We are pleased that MHA has recently announced a first of its kind National Advanced Peer Specialist Credential, and the report acknowledges that "peer support specialists, workforce development programs, telehealth, or primary care models like Collaborative Care are possible solutions to the significant mental health workforce gap in the states." Unfortunately, the report fails to include these members of the workforce in the analysis. Additionally, the limitations of the measures used for workforce fail to capture many other important delivery system resources that provide services. In Arizona, there are a significant number of SAMHSA-defined evidence-based practices being implemented on a broad scale with workforce members who are largely excluded from your workforce analysis; including assertive community treatment team members, evidence-based practice supported employment providers, permanent supportive housing, consumer operated service organizations and a high volume of case managers and family support providers in place to meet the needs of the community. All of these very important resources are completely ignored in the calculations.

Recommendation: Similar to Concern # 3, if measures are not readily available in the public domain then MHA should partner with other organizations to try and quantify the availability of these very important providers.

In conclusion, we recommend that MHA invest in valid measures that are necessary to actually offer an appropriate assessment of how a state is performing in establishing its ranking system. While we recognize it may be easier to develop a report that only looks at some existing data that is already in the public domain, it is important to recognize the shortcomings of such an approach. We believe efforts must be made to address the significant gaps and limitations of the existing tool that has been established by MHA.

We welcome the opportunity to discuss this report with you further and examine alternative methodologies that might better support a comprehensive analysis of mental health and substance use treatment resources in each state.

Sincerely,



Thomas J. Betlach
Director

cc: Virginia Rountree, AHCCCS
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