

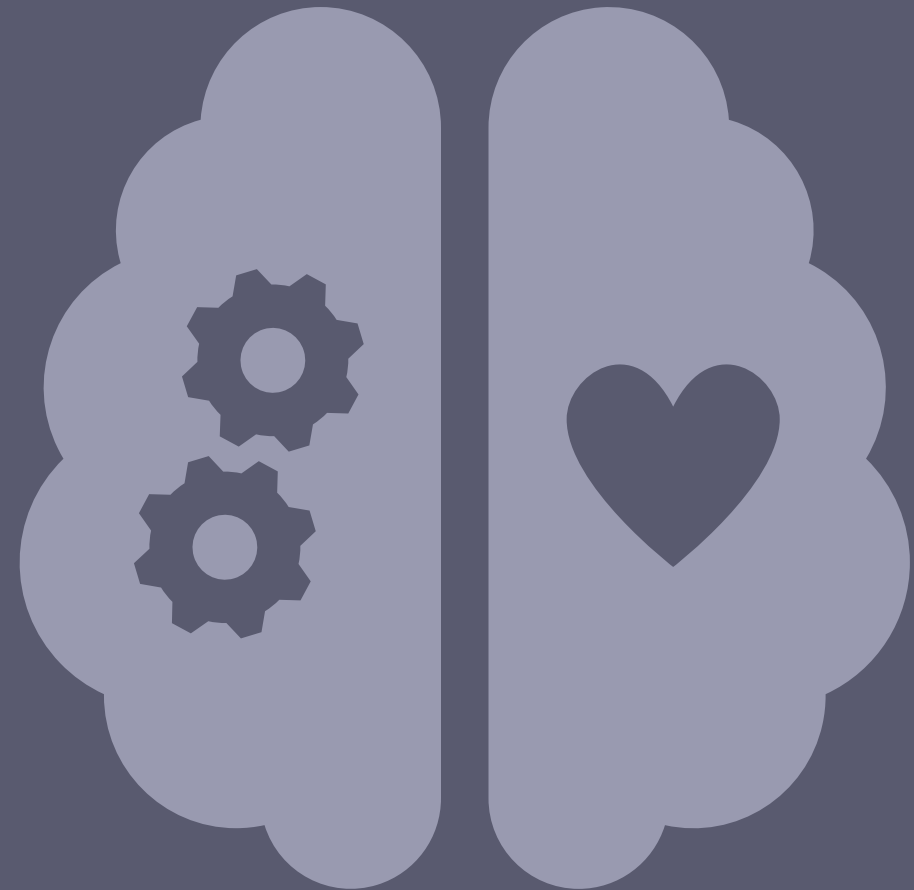


Behavioral Health Session Health Seminar for Newer Legislators

Karmen Hanson, Charlie Severance-Medaris and Lauren Kallins

May 6, 2023

Behavioral Health is a top issue for state legislators in 2023

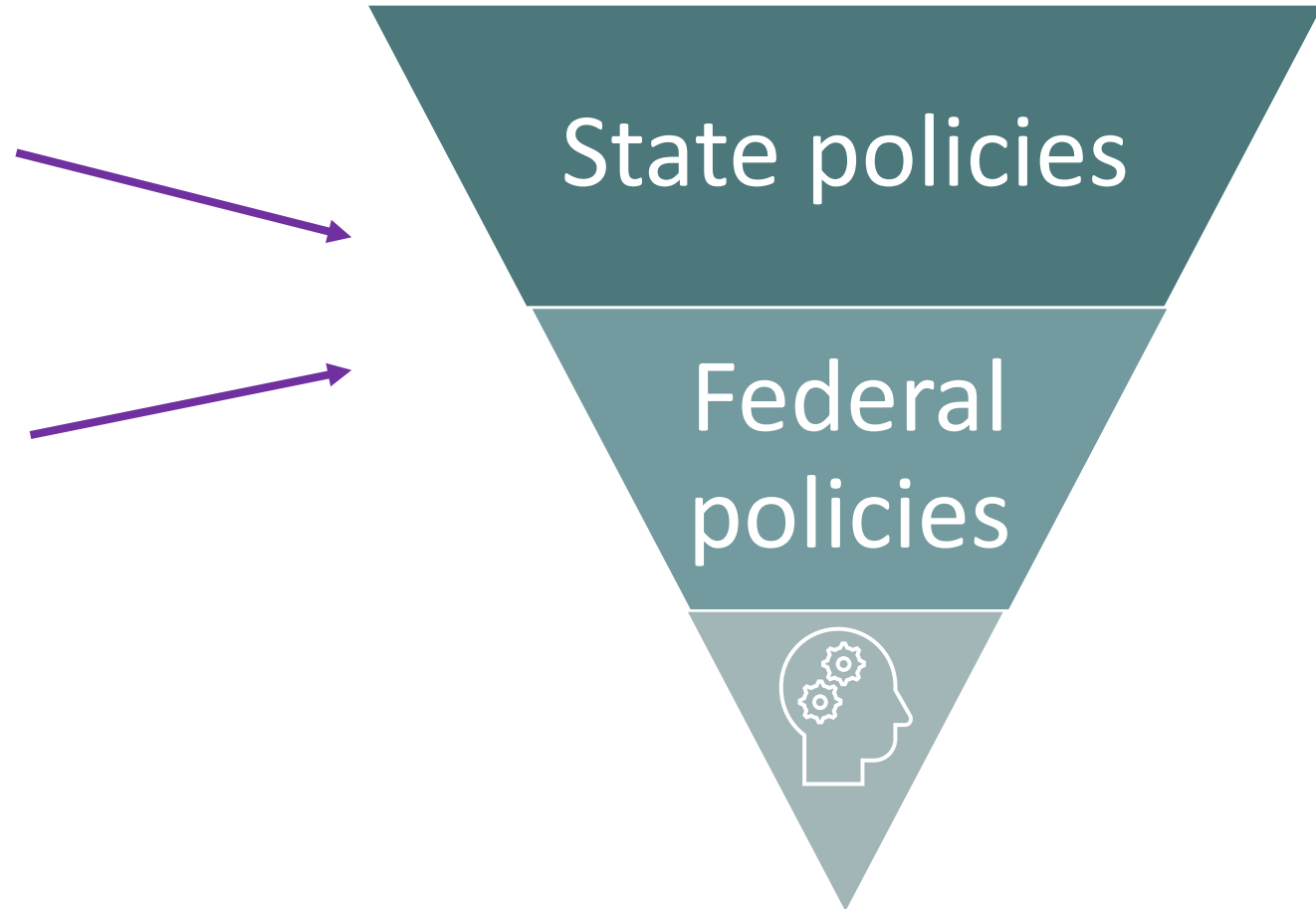


Legislative Priority Areas

- Prevention
 - **Overdoses from opioids and fentanyl, suicide, youth mental health,** adverse childhood experiences, mental and behavioral health integration with public and physical health.
- Treatment
 - **Access to treatment,** SUD treatment within correctional settings, reentry services and supports, youth mental health treatment, opioid settlement fund priorities, recovery supports, and harm reduction.
- Crisis Response
 - 988 legislation and implementation, diversion programs, training for first responders, co-responder models, and mobile crisis teams.
- Workforce recruitment and retention
 - Emphasis on rural populations, increasing cultural competency and providers serving youth.
 - *Subtopics include telehealth and broadband, cross-state licensure compacts and others.*

Session Overview: Topics and Activities

- Suicide Prevention
- Youth Mental Health
- Opioid Misuse and Access to Care
- Discussion and Closing





A Lawmaker's Guide to Suicide Prevention

Charlie Severance-Medaris, project manager, NCSL Health Program

May 6, 2023



What I'll Cover...

This presentation will cover what legislators can consider to prevent suicide in their states.

1

Overview

How common is suicide?

2

Policy Options

What can legislators do?

3

Innovations

How are states using the new 988 lifeline?

4

Federal Support

How is the federal government supporting states?

Suicide in the United States



Nearly
48,000
people died by
suicide in 2021



1 death every
11 minutes

Many adults think about
suicide or attempt suicide

12.3 million
Seriously thought about suicide

3.5 million
Made a plan for suicide

1.7 million
Attempted suicide

If you or someone you know
is in crisis, please contact the

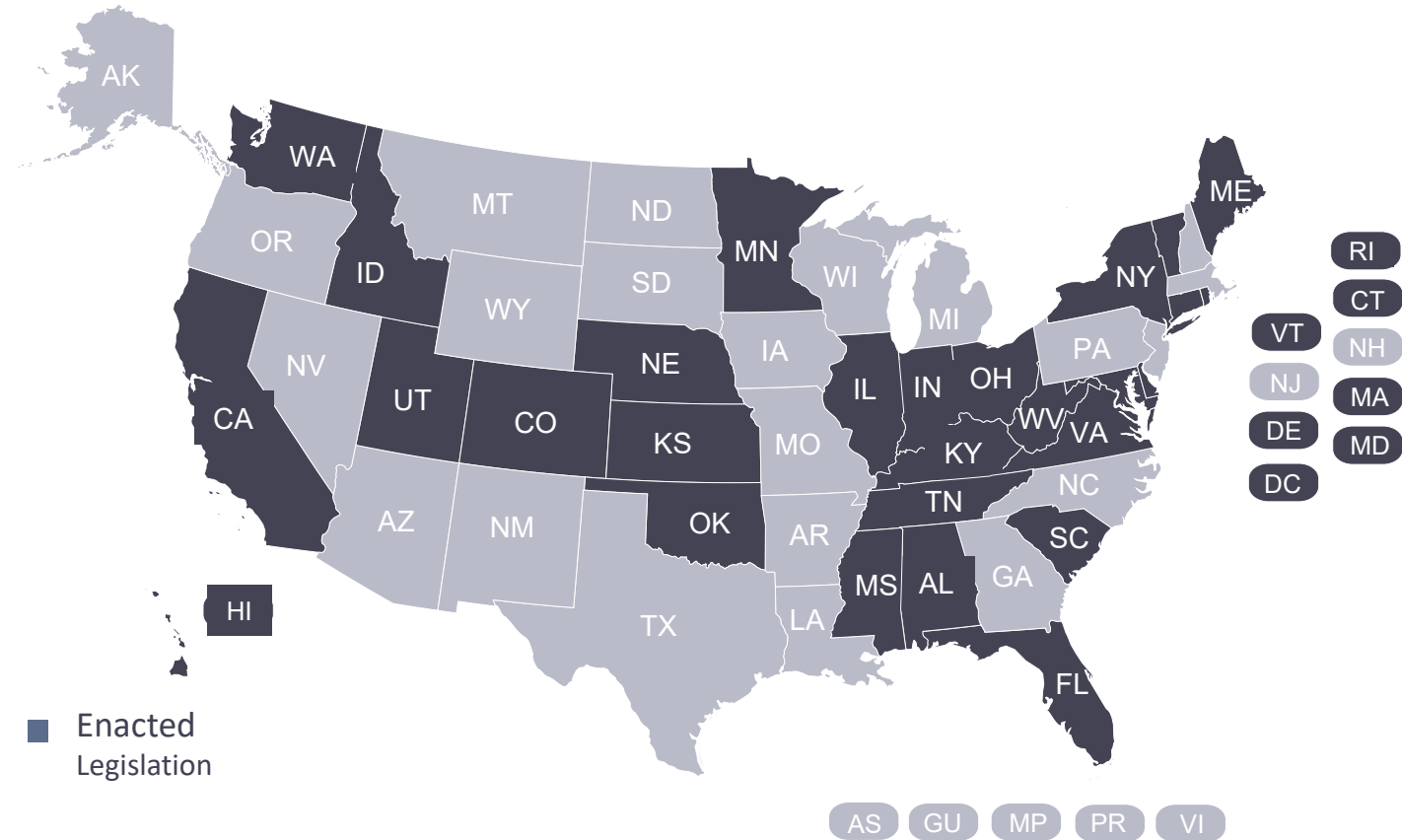
**988 Suicide and
Crisis Lifeline**

- Call or text 988
- Chat at 988lifeline.org



Trends in Suicide Prevention Legislation

- In 2022...
 - State legislatures have enacted 73 bills on suicide prevention
 - Legislation enacted in 30 states
- Common Topics
 - Youth Suicide Prevention
 - The 988 Lifeline
 - Access to Lethal Means
 - Veterans
 - First Responders/Emergency Workers



Gatekeeper Training

Learning to identify the signs that someone may be experiencing a mental health crisis and the strategies to intervene can help prevent suicide and connect those with unmet mental health needs to the appropriate care.



State Examples



Maine



Florida



Oklahoma



Rhode Island

Other Policy Ideas

- Cover mental health in insurance policies (parity).
- Increase provider availability in underserved areas.
- Reduce access to lethal means.
- Plan for safety and community responses to suicide deaths.
- Improve data collection.



988 Suicide and Crisis Lifeline



National Suicide Hotline Designation Act of 2020

Key Details for States

- The Legislation and Federal Communications Commission allow for a 2-year transition.
 - Allows for widespread network changes and to provide time to prepare for an expected increase in calls.
- Shorter, 3-digit number intended to be easier to remember.
- Builds off existing infrastructure of the National Suicide Prevention Lifeline.
- Allows states to impose a surcharge to support local call centers.
 - Similar to funding model in place for “911” calls.
- Hotline will also include the Veterans Crisis Line.

How are States Supporting the Lifeline?

Communications Surcharge

- This surcharge is not required under federal law.
- Must be similar to surcharges imposed to support 911.
- Must be used to support responses to calls to 988.

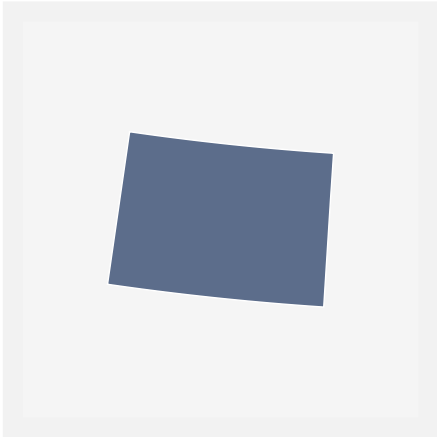
General Funds

- General fund dollars can also be appropriated.
- Many lawmakers interested in what resources are already supporting behavioral health crises.

Medicaid Waivers

- States have applied for section 1115 waivers to support responses to the lifeline.
- These funds may be used to support emergency responses to callers, crisis stabilization and treatment.

A Few Examples



Colorado



Indiana



Nebraska



Utah



Virginia

Questions?

Charlie Severance-Medaris
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Federal Funding

Behavioral health- bipartisan

- SHMHTSA is the primary federal agency responsible for addressing the mental health and substance use disorders that affect millions of Americans
- Major grant maker to states, locals and communities
- Focus on evidence-based care

Budget

FY '22: \$6.4B (enacted)

FY '23: \$7.5B (enacted)

FY '24: \$10.8B (proposed)

SAMHSA

Substance Abuse and Mental Health
Services Administration

Suicide Prevention/988- National Strategy & Funding

- National Strategy for Suicide Prevention
“National Strategy” (2012)
- Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention (2021)
 - \$2M in grant awards available (grant period open until 5/15/23)
- National Mental Health Strategy (March 2022)
- Bipartisan Safer Communities Act (June 2022)
 - additional \$800M funding to SAMHSA for behavioral health grants
 - additional \$150M for 988
- Mental Health Block Grant: to support prevention, screening, treatment, and other services (\$150M increase)
- Certified Community Behavioral Health-\$385 million (\$70M increase)
- Project Aware- \$140M (children & youth)
- National Child Traumatic Stress Initiative-\$94M
- Infant & Early Childhood Mental Health- \$15M
- **988- \$502M (+\$390M)**
- Mental Health Crisis Response Grants- \$20M
- Substance Use Services- \$4.2B
- Substance Abuse Prevention Services- \$237M

Think, pair, share for 4-5 minutes

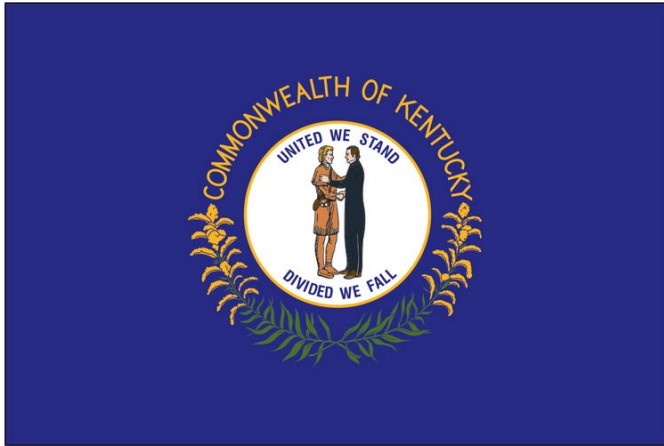
Find a partner and discuss **one** of the following for 2 minutes each.

- How is your state addressing suicide prevention?
- Do you have additional ideas to address this issue in your state?
- If you were going to dive deeper into this issue, what questions do you have? Do you need to involve others or gather information/data?
- Ask your partner to brainstorm ideas with you.

- According to the CDC, young people are experiencing a high level of trauma and distress.
 - Poor mental health and suicidal thoughts increased for nearly all groups
 - Some racial and ethnic group differences have lessened, but disparities remain.
 - Safe and supportive environments foster school connectedness.
 - Negative outcomes of adverse childhood experiences (ACEs) include toxic stress.
 - Poor mental health is linked to substance misuse and increased risky behaviors.
 - Drug and alcohol use can negatively affect the developing adolescent brain and body.

Youth & Child Mental Health Policy Approaches

Increasing awareness of youth mental health needs, ACEs and access to mental health treatment



Kentucky HB 305 (2021)

Created mental health flag to encourage awareness and understanding of mental health issues.



Maryland SB 548 (2021)

Added questions on ACEs or positive childhood experiences to its youth behavior survey.



Colorado HB 1258 (2021)

Colorado- created I Matter program, connects youth with a therapist for free counseling sessions.

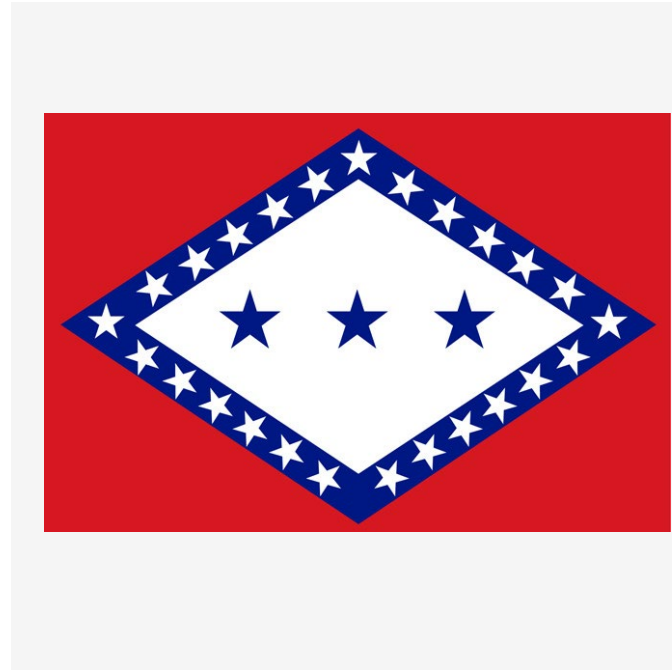
Youth & Child Mental Health Policy Approaches

Schools as access points to services



Alabama

Requires DoE to develop a program to address the mental health of students at-risk for developing poor social-behavioral skills.



Arkansas

Legislative Study to develop a report on mental health screening and suicide prevention policies for children in schools.
Crisis line printed on student IDs.




North Carolina

Training teachers, students and trusted adults on suicide awareness and prevention.

Youth & Child Mental Health Policy Approaches

States leveraging Medicaid and federal reimbursement

Medicaid or federal reimbursement may be used for:

- Administering screenings 
- Connecting children to preventive health care 
- Connecting to including mental health and developmental services 

17+ states use this option: Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, North Carolina and South Carolina.

Youth Mental Health

It Takes a Village: whole-of-government mental health strategy

Dear Colleague Letter



SAMHSA

*Substance Abuse &
Mental Health Services
Administration*

Project Aware- \$140M
(children & youth)

National Child
Traumatic Stress
Initiative- \$94M

Infant & Early
Childhood Mental
Health- \$15M

HRSA

*Health Resources and
Services Administration*

Universal screening

Pediatric Mental Health
Care Access

School-Based Health
Alliance

Health Center Program
School-Based Service
Sites

Maternal and Child
Health Services Block
Grant

CMS

*Centers for Medicare &
Medicaid Services*

EPSDT guidance-
behavioral health

Medicaid- school-
based services-
guidance

\$50 million in grants
to states to help
improve Medicaid
coverage of school-
based services

ACF

*Administration for
Children & Families*

Title IV-E
prevention
program; NCSL map

Early Childhood
Learning &
Knowledge Center

Think, pair, share for 4-5 minutes

Find a partner and discuss **one** of the following for 2 minutes each.

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Legislative Responses to the Opioid Epidemic

Charlie Severance-Medaris, project manager, NCSL Health Program

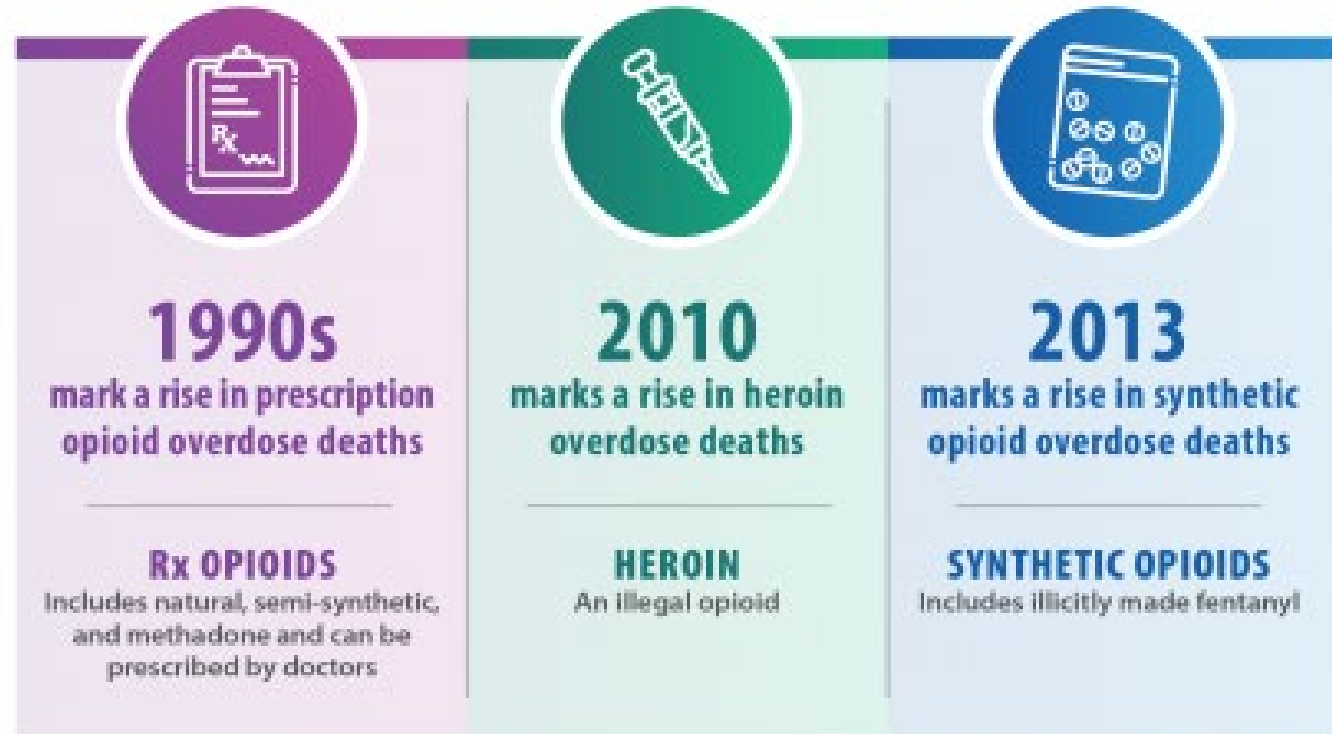
May 6, 2023

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

MORE THAN
564,000
PEOPLE DIED FROM AN
OPIOID OVERDOSE
(1999-2020)

www.cdc.gov

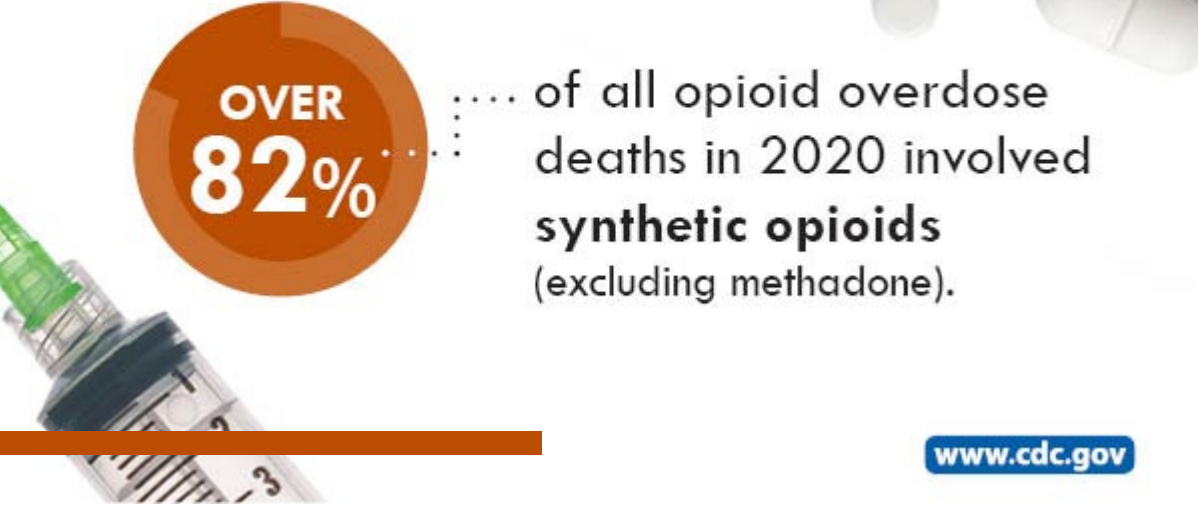
A Multi-Layered Problem in Three Distinct Waves



Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose



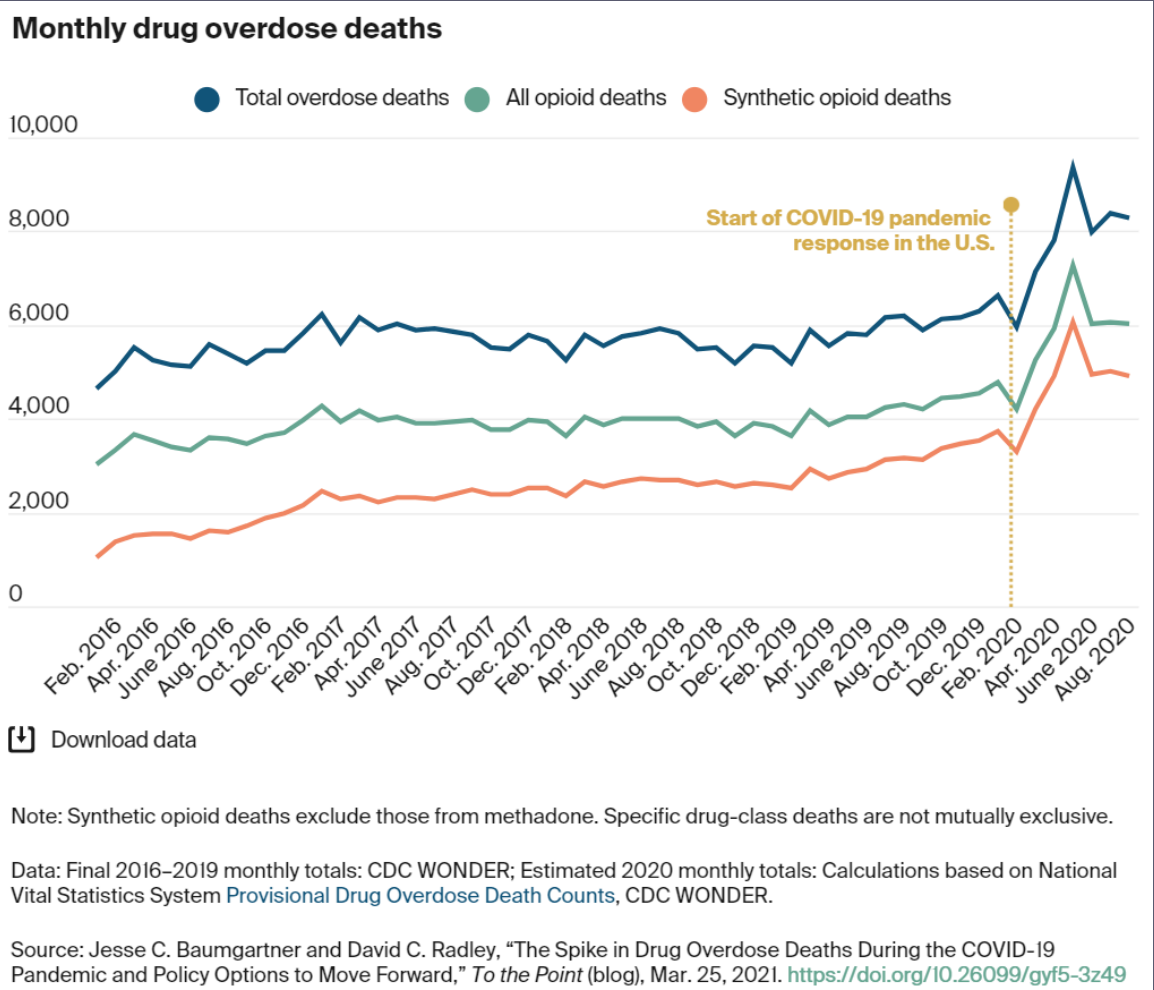
Many drug overdose deaths involve multiple drugs, including stimulants, barbiturates and benzodiazepines.



The synthetic opioid fentanyl is the most lethal driver in this trend.

COVID-19 and the Opioid Epidemic

- Overdose deaths were already rising in early 2019.
- COVID-linked stressors likely made things worse.



Source: (Commonwealth Fund)





Evidence-Based Strategies for Preventing Opioid Overdose



Misuse Prevention

Can we prevent substance use disorders before they start?

Overdose Prevention

How can we connect communities with naloxone?

Harm Reduction

Incentivizing using less drugs and using them more safely.

Accessing Treatment

Getting people into and keeping people in recovery.

How are state legislatures meeting this challenge?

Using Prescribing Guidelines

- Correct prescribing of opioids can lessen risk of dependence and addiction while still offering pain management.
- The CDC released guidelines in 2016 and updated these guidelines in 2022.
- These guidelines help clinicians determine whether or not opioids are appropriate, the best dosage, duration and potential harms.

Using Prescription Drug Monitoring Programs

- Prescription Drug Monitoring Programs (PDMPs) can help identify “doctor shopping” and overprescribing.
- As of 2020 all 50 states have prescription drug monitoring programs.
- State programs vary in what they cover and how integrated they are with other data systems.

Overdose Prevention



- Naloxone is the opioid overdose reversal drug.
- Some states are using opioid settlement dollars to increase availability.
- The federal government recently allowed for over-the-counter naloxone.

Naloxone: Legislative Considerations

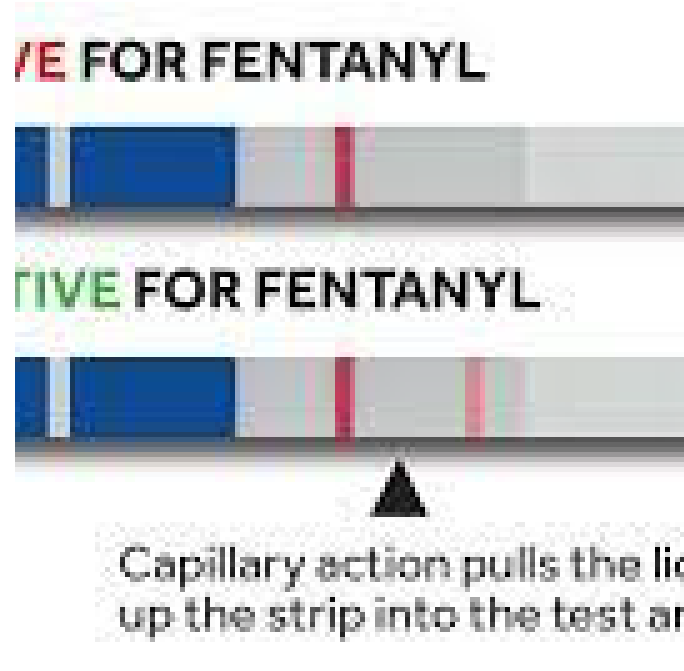
- In 2022, 31 states considered 111 bills related to naloxone.
 - Of these 32 were enacted in 16 states.
- Questions answered in these bills:
 - Who can purchase naloxone?
 - Who can carry naloxone?
 - Who SHOULD carry naloxone?
 - How to pay for naloxone?



What Counts as Harm Reduction?



Naloxone



Drug Checking Equipment



Syringe Service Programs

Increasing Access to Treatment



- Clinicians consider medication assisted treatment or (MAT) to be the “gold standard” in SUD treatment.
- Disparities exist in access to treatment and recovery.
- Strategies to improve access include...
 - Ensuring Medicaid coverage.
 - Ensuring private coverage.
 - Expanding the number of providers.

Mainstreaming Addiction Treatment Act (MAT Act)

Makes buprenorphine more readily accessible to people seeking treatment



Part of Consolidated Appropriations Act- signed into law December 2022

Removes prescriber requirement to apply for a DEA waiver/"x-waiver" and cap on number of patients that can be treated

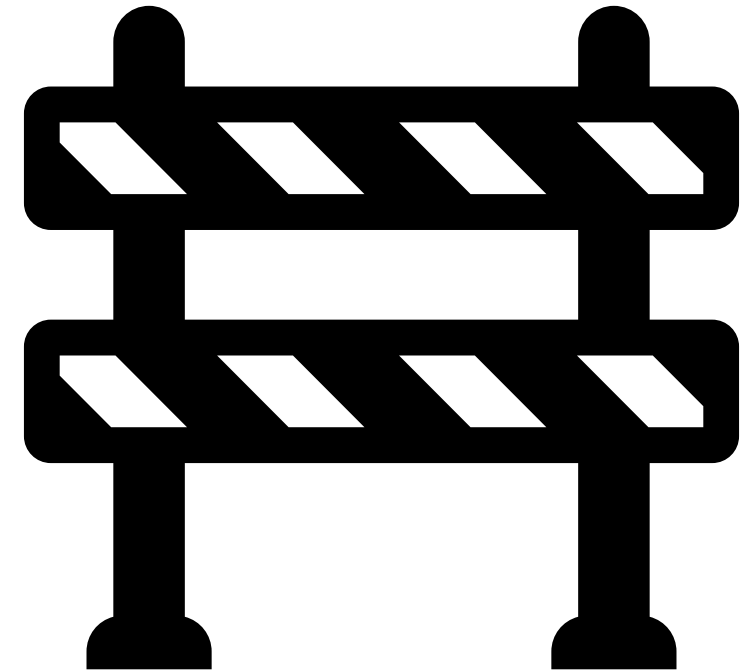
Destigmatizes standard of care for OUD and integrates substance use disorder (SUD) treatment into primary care and behavioral health care practices, EDs, hospitals, etc.

Requires SAMHSA to conduct a national awareness campaign that encourages health care providers to incorporate medication treatment for addiction into their practices.

Access to Care Challenges

Need and Challenges

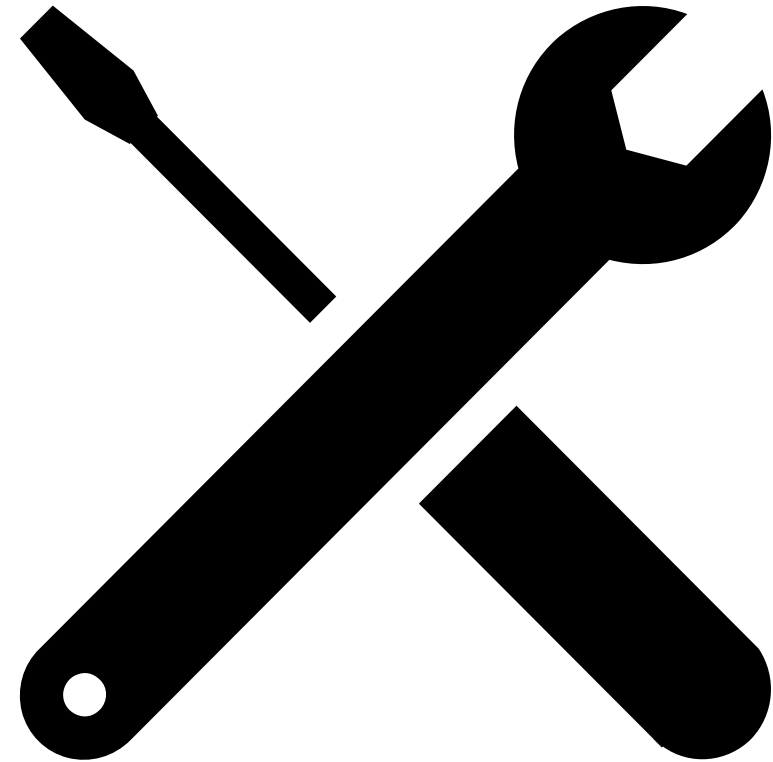
- 25% of adults live with a diagnosable mental condition.
- 42% of people who wanted care didn't receive care because of \$ or other barriers.
- Nearly 10% of U.S. adults ages 18 and over will have a depressive illness each year.
- Provider #s are low/not all accept insurance/Medicaid
- Stigma



Access to Care Strategies

Strategies

- Integrated care models- including school-based health centers
- Certified Community Behavioral Health Clinics (CCBHCs)
- Reimbursement for screening/Enforcing parity
- Peer providers and supports
- Use of telehealth



Think, pair, share for 4-5 minutes

Find a partner and discuss **one** of the following for 2 minutes each.

- How is your state addressing access to care or opioid misuse?
- Do you have additional ideas to address this issue in your state?
- If you were going to dive deeper into this issue, what questions do you have? Do you need to involve others or gather information/data?
- Ask your partner to brainstorm ideas with you.

Q&A and Discussion

- Karmen.Hanson@ncsl.org
General BH, mental health, cannabis
- Charlie.Severance@ncsl.org
Substance use disorder, suicide prevention, infectious disease prevention
- Lauren.Kallins@ncsl.org
Federal health and human services policy

Reach out anytime!

