

To: MHLG Members

From: Elizabeth Cullen and Katrina Velasquez, Co-Chairs, Health Policy Committee; Laurel Stein, Ex Officio of Health Policy Committee

Re: Meeting, 10:30 AM to 12:00 PM on Friday, January 10, 2020

Location: American Psychological Association
750 First Street, NE, **6th Floor Conference Room**
Metro Red Line to Union Station, First Street exit

Conference Call 202-847-6903 Passcode 72444011#.

- Please contact Eric Scharf at escharf@dbsalliance.org to list your group as a telephone participant.
 - All lines must be muted in order to participate by telephone.
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1 - 10:30am-10:35am
Introductions of MHLG Members

2- 10:35am-11:00am
Trauma-Informed Primary Care Workforce

National Council for Behavioral Health Presenters:
Sharday Lewis, Project Manager, Practice Improvement
Sarah Flinspach, Project Coordinator, Practice Improvement

- ACEs, trauma are a public health issue
 - Major impact on physical health and behavioral health
- What can be done?
 - Clinical transformation, implementation of evidence-based practices
 - Workforce development
 - Funding, reimbursement, payment models
 - For clinical practices
 - For organizational change
- Trauma-Informed Primary Care
 - What is it?
 - Not just talking about clinical interventions, it's about an organizational approach and treatment framework that embeds 6 principles of TIC.
 - Trauma informed process prioritizes understanding life experiences and their impacts.
 - Why do we need it?
 - Study after study has supported that what happens to us in childhood impacts health later in life.
 - Primary care is a great way to start this conversation.
 - ACE study revealed a 20-year life expectancy gap between people with high a low ACE scores.
- Change Package

- Practical toolkit that is specific enough for clinicians and practices to implement and measure progress, and yet generalizable enough to be scaled in multiple settings.
- Who is it for?
 - Primary care, FQHCs
 - Integrated primary/behavioral health care settings
 - Intended audience: core implementation team, the group that is in charge of directing change in an organization.
- How was it developed?
 - Over 3 years with Kaiser Permanente
 - PTT-panel of experts convened to provide input
 - Learning community: 7 FCHQs tested first version for 14 months
 - Refinement and revision with learning community and PTT direction
- What's in it?
 - Change management strategies
 - Trauma-informed actions
 - Help all individuals feel safety, security, and trust
 - Develop trauma informed workforce
 - Build compassion resilience in the workforce
 - Identify and respond to trauma among patients
 - Finance and sustain trauma informed approaches in primary care
- Does it work?
 - Sites screened people for history of trauma in order to participate in trial.
 - Then tested if their baseline categorized them as "at-risk"
 - Blood pressure: of those categorized "at risk" at baseline, 38% had incremental improvement, 41% no longer at risk
 - BMI: 47% had incremental improvement, 2% moved to no longer at risk
 - Smoking: 100% stayed at risk
 - Depression: 42% moved to no longer at risk
- Why use this Change Package?
 - Developed by national experts, field tested in primary care field.
 - Tools are free and available in the public domain.
 - Provides a concrete roadmap for transforming your organization, and can be adopted for your specific needs.
- What's Next?
 - Reach a better understanding of the implementation of requirements (CCBHCs, FQHCs).
 - Funding, reimbursement, payment models for trauma informed practices, organizational change, partnership and referral networks.
 - Demonstrating impact effectively.
- **Q:** Have you examined nuances in terms of demographics?
 - Haven't broken that down yet, that could be used for a tailored change package in the future, however.

- **Q:** Have you thought about other behavioral health settings that aren't integrated?
 - We have a specialized framework for multiple settings, we also work in communities even though we don't have a specific framework for that, we adjust our frameworks for different communities.
- **Q:** Goals for adoption?
 - Every primary care setting adopting this approach is the long-term goal.
 - California is starting to mandate trauma screening for Medi-Cal providers, where California goes the rest of the country tends to follow.
 - Since we've released the package, we've gotten positive feedback from everyone we've worked with, the field was hungry for this guidance.
- **Q:** How was Kaiser Permanente involved?
 - The original ACE study in the 90s was run by CDC and Kaiser, so they've been involved for a while.
 - They've been working with Kaiser since 2014, this is their second working together.
 - Their expertise was valuable at every step of the way in this process.

3- 11:00am-11:25 pm

Nutrition Counseling Aiding Recovery for Eating Disorders Act of 2019 (Nutrition CARE Act (S. 2907/H.R. 3711))

Presenters:

Kaitlyn Kelly, Legislative Aide, Office of U.S. Senator Maggie Hassan

Anna Diederich, Legislative Assistant, Office of U.S. Senator Lisa Murkowski

Allison Ivie, Eating Disorders Coalition

Kelly:

- Sen. Hassan introduced the bill back in November, would expand access to MNT under Part B for Medicare beneficiaries.
- Eating disorders aren't often associated with senior or disability populations, but those populations are diagnosed at a higher rate, especially in AK and NH we see socially isolated seniors that are affected by eating disorders.
- Parity with existing statute that covers MNT for ESRD and diabetes patients.
- Would include 13 hours of treatment in first year of treatment, includes a 1-hour initial assessment and 12 hours of treatment. 4 hours in subsequent years.
- Senate version includes reimbursement for at least 13 hours, House is just 13 hours flat, but overall the texts of the two versions are similar.
- Moving forward in an election year, there has been discussion in the finance committee that there might be a push for rural health legislation this year, this bill could possibly be a part of that package or another comprehensive health effort.

Diederich:

- Behavioral health is very important to Senator Murkowski, hasn't been a Senate priority in recent years.
- AK has very high rates of behavioral health issues.
- Story about parents with a daughter with bulimia, professionals they took her to were untrained in eating disorders, eventually they had to send her out-of-state for residential eating disorders treatment. They struggled for years to get her the right care, this probably will have long-term negative effects on her mental and physical health.
- This story shows why this type of legislation is so necessary.

- Every member has their own view on this issue, different way to work each office, Sen. Murkowski was particularly touched by stories like this.
- Not a lot will get done in the next year, let's be honest.
- By July 4, she thinks we will be done legislating essentially.
- Lower-cost care package, they are aiming to get that out in May.
- Eating disorders have fallen off the grid in many offices unfortunately, other issues have taken center stage such as obesity, that's why we need this legislation out there.

Q: Too much focus on obesity can kickstart an eating disorders, so it's ironic they are focusing on obesity over eating disorders. Do you have a sense of how many Medicare beneficiaries have eating disorders?

- Not off the top of my head, but I know they are 3x-4x times more likely than the general population to have an eating disorder. It's a tough issue to get fully comprehensive accurate numbers for.
- This would also set a precedent for the states, to make these services eligible under Medicaid and eventually private insurance.

Q: What about TRICARE?

- There is research on that issue now, 21% of beneficiaries screened positive for eating disorders.
- The eating disorder rate among servicemembers is also higher than for general population.
- SERVE Act aims to address this issue.

4- 11:25am-11:45am

Effective Suicide Screening and Assessment in the Emergency Department Act (S. 3006/H.R. 4861)

Presenters:

Richard Mereu, Chief Government Relations Officer, Emergency Nurses Association

- Suicide rates since 2001 are up 31%, this covers all demographic groups.
- Emergency department nurses tell us this a growing issue, they see it on the frontlines.
- One study identified that 11% of emergency department patients are at-risk for suicidality, but only 3% are screened for it at the hospital.
- This bill would create a grant program through HHS for hospital emergency departments, to develop systems for identifying, assessing and treating individuals at risk for suicide.
- The grants can be used to develop better screening practices, better discharge practices, hire additional emergency department employees, develop telehealth services, better connect the care to the community.
- This bill is supported by Dems, Reps, Independents.
- We have a fly-in day in April, we usually see around 200 members, this bill will be one of our main priorities.

Q: Is there room for incentivizing emergency departments to go beyond screening at risk patients, to universal screening?

- We support universal screening, especially necessary in certain parts of the country.
- The bill gives emergency departments a pathway towards universal screening, doesn't explicitly mandate it.

Q: Does it provide funding for peer services?

- It doesn't preclude that, but it also doesn't focus on it.
- Through training and hiring of additional staff, peer services could fall under that.

Q: Do social workers qualify, could they be hired through this grant?

- As long as they have training in behavioral health, yes.

5- 11:45am-12:00pm

Coalition Updates

- AFSP and APA are circulating the seeding rural resilience act sign-on letter, take a look and reach out to Natalie.
- MHLG invoices due March 31, 2020
- In the future Katrina and leadership are going to be sending out one weekly email, which will go out by the end of the day on Wednesday. If you want something included, send by COB on Tuesday.

Next Meeting: MHLG Annual Meeting February 7, 2020