

2009 MHAI Public Policy Agenda

ISSUE: ACCESS TO MEDICATIONS for MENTAL HEALTH and SUBSTANCE ABUSE

STATEMENT: Access to medications is critical for people with serious mental illness and addiction. Due to research in the last decade, new medications have been developed that can have better outcomes and fewer side effects for individuals with serious mental illness and addictive disorders. Studies have shown that by cutting costs in the area of mental health and substance abuse medications, states have spent more money on even more costly services such as crisis care and hospital services for the long term. Most importantly, quality of life for individuals is impaired and the individual may not fully recover to the functioning level that they had achieved before switching medications.

Mental Health America of Indiana will work to ensure that persons with mental illness and addiction have access to the most appropriate medications, whether they are provided by Medicaid, DMHA, DOC, local jails, private insurance, or by any other payer source or in any other treatment setting.

PRIORITY LEVEL I

ISSUE: FORENSIC ISSUES

STATEMENT: Mental health, addictions and corrections issues often overlap and persons with mental illness and/or addictive disorders fall through the cracks in our criminal justice system. Historically, our correction facilities have been inadequate for persons with a mental illness or addictive disorder. Diversion, when appropriate, may avoid the criminalization of mental illness and addictions and the resulting labeling that often creates barriers to housing, employment, and the ability to be a productive member of society.

MHAI will advocate for a comprehensive change in our system so as to provide for a continuum of mental health and addictions treatment for forensic patients, both juveniles and adults. The continuum must include: a statewide pre- & post-diversion program with treatment for individuals charged with misdemeanors and non-violent class "D" felonies; problem-solving courts, including mental health and drug courts, a statewide community corrections program with a mental health and addiction treatment component; re-entry, including treatment and employment; and a forensic facility designed to treat forensic patients that includes access to appropriate mental health medications. Police and correction officers must receive adequate mental health and addictions education and programming. Funding must be made available to DMHA to insure access to treatment through community-based care.

PRIORITY LEVEL I

ISSUE: MENTAL HEALTH AND ADDICTION FUNDING

STATEMENT: By all accounts, there are many more persons in need of services from the Division of Mental Health and Addiction at 200% of poverty level, than are receiving services under the Hoosier Assurance Plan. SED children and individuals with addictive disorders have the greatest need. Funding for the Division has not kept up to cost of living increases and inflation. It is imperative that the budget for the Division of Mental Health and Addiction be increased for community services. The huge gap that currently exists between the need and the services provided already has left the system in crisis.

Mental Health America of Indiana will work to insure that mental health and addiction services are increased as appropriate through the DMHA budget and any other funding opportunity.

PRIORITY LEVEL I

ISSUE: INCREASE ALCOHOL, GAMBLING AND TOBACCO TAX

STATEMENT: Mental Health and Addictions treatment is significantly under funded in Indiana. MHAI supports additional alcohol, gambling and tobacco taxes and recommends that a portion of this additional funding be utilized to support mental health and addictions treatment services.

MHAI will work for any and all revenue enhancements to support mental health and addictions treatment.

PRIORITY LEVEL I

ISSUE: CHILDREN, YOUTH AND JUVENILE MENTAL HEALTH AND ADDICTION SCREENING POLICY

STATEMENT: The prevalence of mental illness, addiction and serious emotional disorders in children and youth under age 18 is oftentimes not adequately or appropriately diagnosed. At the same time, the efficacy of early treatment for mental illness, addiction and serious emotional disorders is proven and the benefits have been demonstrated.

Mental Health America of Indiana supports and will work to guide and create, consistent with recommendations made by the President's New Freedom Commission and the

Surgeon General, opportunities for systematic, standardized and regular screening of children for mental illness, addiction and serious emotional disorders and youth in any and all appropriate settings including but not limited to public and private schools; child welfare; juvenile courts; and primary care settings. Any screening program must:

- ensure that only qualified personnel conduct the screening and assessment, and develop the treatment program;
- ensure that records of the screening, assessment and treatment are kept confidential in accordance with current privacy standards for these types of records; and
- prohibit discrimination based on the screening, assessment and treatment.
- require active parental consent
- not be used as an assessment

MHAI supports all efforts to avoid stigmatization as well as the parent's right to opt out. Once an illness is identified, treatment must also be made available.

PRIORITY LEVEL: III

ISSUE: MENTAL HEALTH HOSPITALS

STATEMENT: Indiana's commitment to the provision of mental health care is stated in the Constitution. This commitment has historically taken the form of serving large numbers in state hospitals to now serving individuals in the least restrictive setting, with only a small proportion served in state institutions. Indiana must insure that consumers of mental health and addiction services have access to the full continuum of care, including long-term inpatient psychiatric services, when required. The state must also insure the quality of these services and whenever appropriate, ensure that they are evidence-based.

As the state moves toward the provision of inpatient care in the state hospital setting, MHAI will advocate to insure access to appropriate and quality services. Specifically, MHAI will work to ensure that an appropriate, evidenced-based, continuum of mental health services, including addiction services, are provided by appropriately credentialed personnel for current patients and individuals for whom long term in-patient services are appropriate. The Association will advocate for the provision of services in the least restrictive setting and the appropriate use of inpatient beds. Adequate funding must be made available and all dollars generated from potential efficiencies must be reinvested in the mental health system. Evaluation measures must be put into place with appropriate metrics tied to performance and payment.

PRIORITY LEVEL: III

ISSUE: DEATH PENALTY and PEOPLE with MENTAL ILLNESS

STATEMENT: The process of determining guilt and imposing sentence is necessarily more complex for individuals with mental illness. A high standard of care is essential with regard to legal representation as is a psychological/psychiatric evaluation for individuals with mental illness involved in death penalty cases.

MHAI believes mental illness should always be taken into account during all phases of a potential death penalty case.

PRIORITY LEVEL: III

ISSUE: ADDICTION LICENSURE

STATEMENT: Mental Health America of Indiana supports State Licensure for Addiction counselors. Addiction Counselor licensure must require persons holding a license in other mental health fields to demonstrate adequate competence in Addiction Treatment through academic, post academic or recognized competence testing. This requirement would respect the tenacity and competencies demonstrated by currently Certified Addiction Counselors that obtained the required competency while academic preparation was largely unavailable.

MHAI would oppose legislation that would reduce the currently available Addiction Counselors practicing within the State of Indiana. The field is grossly under developed and further restrictions on Practice by those currently demonstrating competence through testing, post academic study or practice experience should be considered for a grandfathering process that respects and acknowledges these pioneers.

PRIORITY LEVEL: I

ISSUE: PERINATAL SUBSTANCE ABUSE

STATEMENT: While recognizing the potential harmful effects of perinatal exposure to alcohol and other drugs including nicotine on the health and well-being of the mother and the fetus, a multifaceted approach to the problem is required. Addiction is a brain disorder leading to compulsive use of substances, and many others may create this exposure due to a lack of awareness of what constitutes at-risk use during pregnancy. MHAI recommends an approach that increases public education and awareness of the risk of use to the mother and fetus during pregnancy, improved screening for perinatal exposure, improved care and access to appropriate care for pregnant women who abuse substances, and appropriate supports upon delivery.

MHAI would oppose punitive approaches to address this problem, as such may increase the risk to the fetus and the mother by creating a disincentive to get care and increasing the risk to both during pregnancy.

PRIORITY LEVEL: III

ISSUE: PROPERTY TAX

STATEMENT: The Indiana General Assembly has vowed to propose solutions to rising property taxes throughout Indiana. Currently, nonprofit organizations do not pay property taxes on charitable purpose property. Legislation requiring nonprofit property owners to pay fees for police and fire safety will be considered. It is anticipated that proposals will be introduced ranging from a user fee to full property taxation.

MHAI will monitor property tax issues and provide information to legislators in regard to the impact of taxes on our organization. MHAI does not support treating all organizations equally and taxing property.

PRIORITY: II

ISSUE: NONPROFIT LAW

STATEMENT: Legislation may be introduced to update the nonprofit code to more accurately reflect current business practices such as the use of communication by electronic methods.

MHAI will watch this legislation to assure that no unfavorable sections are included that would negatively impact the organization and the chapters across the state.

PRIORITY: III

ISSUE: ACCESS TO MENTAL HEALTH AND ADDICTION SERVICES FOR VETERANS

STATEMENT: Indiana has the fourth largest number of National Guard members in the country. A large number of these individuals, reservists, and other members of the armed forces have served or are serving in Iraq (OIF), Afghanistan (OEF), and other war zones. Veterans frequently return home with significant mental health and substance abuse disorders including problems in readjusting to family and civilian life. Post traumatic stress disorder (PTSD), traumatic brain injury, and suicide are major concerns. Many are unable to access services for themselves or their families through the Veterans Health Administration (VA) and may also not qualify for Medicaid or public mental health

system services. This problem is exacerbated by the overall shortage of qualified mental health and addiction professionals throughout the State and specifically professionals trained to work with veterans.

MHAI will work to ensure access to quality mental health and addiction services for all veterans.

PRIORITY: II

ISSUE: SMOKEFREE AIR

STATEMENT: The incidence of smoking among those with mental illness and addictive disorders far exceeds the rates of the overall population. Secondhand smoke is a serious health hazard that causes premature death and disease. According to studies, smoke free policies decrease absenteeism among non-smoking employees, reduce maintenance costs, and lower insurance rates.

MHAI will support comprehensive legislation calling for smoke free air in workplaces throughout Indiana that includes the provision of therapeutic and pharmacological interventions for persons with mental illness or addictive disorders.

PRIORITY: II

ISSUE: ASSIGNMENT OF BENEFITS

STATEMENT: Healthcare providers may file insurance claims on behalf of their patients as patients assign insurance benefit payments to the Healthcare provider. This allows patients to leave the provider's office without making an upfront payment, still being responsible for any outstanding balance. Not all insurers honor the assignment request.

MHAI will support Assignment of Benefit legislation to require the insurer to honor the assignment of benefits from the patient.

PRIORITY: III