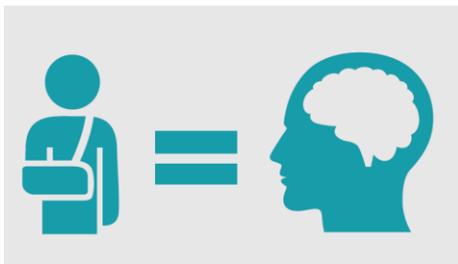


2018 Advocacy and Public Policy Focus

NAMI St. Louis is an affiliate of the National Alliance on Mental Illness, a grassroots organization dedicated to building better lives for individuals and families affected by mental illness. Our public policy focus outlines key objectives and policy positions that support our goal of ensuring that people living with mental illness receive the treatment and supports necessary to lead full and satisfying lives as valued members of the community.

1. **Enhance and enforce behavioral health* insurance parity**
2. **Ensure open access to all psychotropic medications in insurance and Medicaid**
3. **Provide stable and adequate Medicaid funding**
4. **Increase availability of integrative models of pediatric behavioral healthcare**

*Behavioral Health = Mental Health and Substance Use Conditions



Behavioral Health Parity means that insurance benefits for mental health and substance use conditions are equal to coverage for other types of health care. Just as diabetes is a disorder of the pancreas, behavioral health conditions are disorders of the brain.

- 1) Health insurers are denying mental health care at nearly 2 times the rate of other medical care—often with no explanation—according to a 2015 NAMI survey. Missouri’s parity law requires health plans to provide equivalent coverage for mental health and medical care, but without appropriate enforcement, insurance companies do not comply. This leaves people unable to get the mental health care they need and are entitled to under their insurance. Also, Missouri’s parity law does not include substance use disorders, such as addictions to opioids—which have reached an epidemic level in Missouri. ***NAMI St. Louis supports new legislation that will enhance enforcement in Missouri and expand parity to all substance use disorders.***
- 2) The right medications are key to recovery for many children and adults with mental health conditions. People need choices because individuals react differently to different medications. Restricting psychotropic medications shifts costs to the wrong places. Preferred drug lists, prior authorization and other restrictions pose substantial risks for people with serious mental health conditions. Medication failures can lead to emergency room visits, hospitalization, school failure, job loss—even incarceration or suicide. ***NAMI St. Louis supports the current protective language in statute for psychotropic medications under Medicaid.***
- 3) Medicaid provides vital community-based, behavioral health services for low-income children and adults who live with mental illness substance use disorders. Medicaid helps people stabilize and recover, reducing reliance on hospitalization and other public services. ***NAMI St. Louis opposes any changes to the current system—such as block grants and global waivers—this will hurt people with behavioral health issues!***
- 4) Although 1 in 5 youth live with a mental health condition, less than half receive needed services. Undiagnosed, untreated, or inadequately treated mental health conditions can affect a youth’s ability to learn, grow, and develop. Because there is a severe shortage of child psychiatrists in Missouri, many children with behavioral health issues are treated by primary care providers who have little or no formal education in this area. ***NAMI St. Louis supports funding for a Child Psychiatry Access Project that addresses this issue in Missouri (see back).***

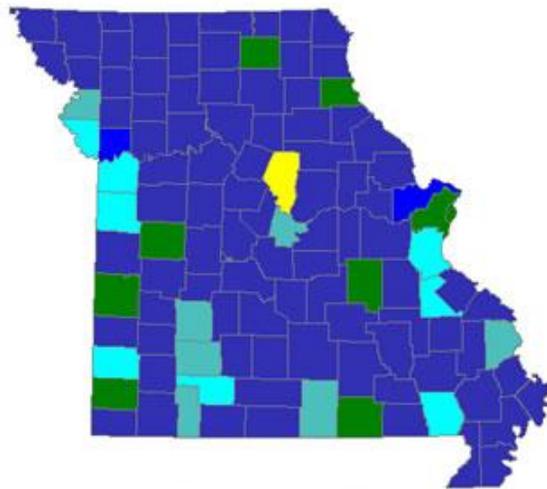
What is a Child Psychiatry Access Project?



Child Psychiatry Access Projects...

- Improve access to pediatric behavioral healthcare by making child psychiatry services accessible to primary care providers;
- Include the following child psychiatry services:
 - Telephonic consultations with child and adolescent psychiatrists;
 - Up-to-date linkage and referrals to behavioral health care providers; and
 - Educational opportunities to learn more about pediatric behavioral healthcare
- Are cost effective.

Missouri: Practicing Child and Adolescent Psychiatrists 2012
Rate per 100,000 children age 0-17



CAP per 100000 ages 0-17
 none 2.0-5.0 5.0-10.0
 10.0-20.0 20.0-50.0 50.0-100.0
 (c)AACAP by C.E.Holzer capkid 29MAR13

Missouri has a severe shortage of practicing child & adolescent psychiatrists. Most counties do not even have 1 practicing psychiatrist for pediatric behavioral health care.

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