Chicago, Illinois, served as the setting for the third Mental Health America (MHA) national issue forum, ACA *Enrollment for People with Serious Mental Illness, Substance Use Disorders, Criminal Justice Involvement, and Homelessness, which was held on July 29. .* Debbie Plotnick, MHA Senior Director of State Policy, opened the day-long forum with a brief welcome and expression of appreciation for the support of Otsuka America Pharmaceutical, Inc. The program began with a panel presentation by national and regional experts led by Shel Gross of MHA of Wisconsin, who serves as Regional Policy Council (RPC) Region 5 Director. Shel was joined on the podium by Cathy Kunze, a leading mental health consumer advocate from Wisconsin; Ani Fete of the Washington, D.C., headquarters of Enroll America; and Bridget Keily from Treatment Alternatives for Safe Communities (TASC), based in Chicago, Illinois. Following the panel presentations, the 40 plus attendees were joined by regional representatives of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), who engaged in discussions on outreach strategies, consumer roles, and education, and in identifying partners and resources for Affordable Care Act (ACA) implementation.

Shel Gross set the tone for the panel presentation and the discussion by delineating some of ways that the ACA will eliminate many of the barriers that have left mental health consumers feeling like second class citizens. These include ending practices such as pre-existing condition exclusions, basing premiums on health status, and, most egregiously, limiting or even totally excluding benefits for mental health treatment as has been the practice for decades. The ACA's integrated health care incentives will facilitate coordinated care for the 80 percent of people with mental health conditions that also have one or more chronic health issues. And in the states that are expanding Medicaid under the ACA, eligibility will longer require a disability designation. It will instead be based on income, and will extend benefits to people who are living without dependent children. While these provisions will go a long way in eliminating the second class status that has been applied to people with mental health conditions for far too long, Shel posed the all-important question: will the promise of ACA be realized?

There are many impediments, Shel explained, beginning with the fact that presently 27 states have not yet expanded Medicaid. Alarmingly, but not surprisingly, two-thirds of all the people who are currently uninsured reside in these states. And in states that are expanding, connecting people with coverage may still prove difficult. Experience has shown that in states that have had an early start, such as Massachusetts, people with mental health and substance use conditions still remain disproportionately uninsured. Finally, he reminded everyone that even for many who enroll through the exchanges (or Market Place—the most current nomenclature), "churn" will be problematic. Churn means having to move between insurance products because qualifying factors have changed. It is more likely to be an issue for folks with mental health conditions as their income and employment status often fluctuates.

Irrespective of state expansion, people should be encouraged to sign up for their state exchange and complete the enrollment process. Many will qualify for premium assistance. But even if they are among the people whose income is too low for a subsidy (less than 100 percent of the poverty level) and their state is not expanding Medicaid, they might find they qualify for Medicaid under the existing rules. But even if they still fall through the cracks, going through the enrollment process will provide hard data on how many might have been served had Medicaid expansion not been optional.

Cathy Kunze Board member of Disability Rights Wisconsin (DRW) brought a cautionary note to the promise of ACA. Cathy offered from her perspective a barometer of where things currently stand within the consumer movement with respect to the ACA. “People are confused and fearful,” she said. They want to know what regulations will govern the Essential Health Benefits (EHB) and what full parity will mean for them. People are asking what insurance will cost—will the subsidies be sufficient, and how much will still be left to pay out of pocket for premiums and co-pays from what are often limited incomes. Kathy reported that even though people are excited about the prospect of obtaining health insurance in the marketplaces or through Medicaid expansion, they are afraid that enrollment will be confusing, that insurance plans won’t be ready to begin in January, and that these plans might not meet their mental health needs. Cathy reiterated Shel’s concern about churn and how having to change insurance plans will have a disproportionately negative impact upon people with mental health conditions. What will prior authorization policies mean for folks currently taking medications? Will new plans mean new formularies that might not allow people to continue their current medications, or make it difficult or impossible to access a new medication? And they worry that another consequence of churn would mean having to change service providers and clinicians, too. Cathy also warned of scams that have already begun to spring up that are especially pernicious because they are aimed at vulnerable populations. Without good consumer education, and advocates and peers to act as connectors, Cathy warned, misinformation about the ACA could easily result in people falling for insurance scams, or signing up for plans that fall short of meeting their mental health needs.

Cathy also shared her belief that the key to achieving the promise of ACA lies in peers (people with lived experience) because of their ability to reach the people who’ve fallen between the cracks, and to bridge the gap between competing interests that have been at odds with each other. Consumers, family members and those with substance abuse conditions will now have the means to meet their treatment and service needs under the ACA and not have to fight over funding.

Ani Fete, Director of State Assistance for Enroll America, presented a counter balance to some of the concerns voiced by Cathy, and confirmed much of what Shel presented. Sixty-seven percent of uninsured people live in 13 states, almost all of which are not presently expanding Medicaid. But with advocacy and time, she explained, the general consensus (based on the historical precedent of the original Medicaid legislation and the Children’s Health Insurance Program (CHIP)) is that expansion in all states will occur over time.

The good news/bad news, Ani explained, is that the overall lack of awareness about the ACA creates opportunities for helpful education and messaging. Most people who are uninsured (72 percent) don’t know about the new exchanges, and 83 percent of people that will probably qualify for Medicaid don’t know that either. For those that do know about marketplaces and the new provisions of the law that will begin January 1, 2014, and who are newly eligible for Medicaid, most of them (75 percent) say they want in-person assistance. But they won’t really need it, Ani explained, because there will be a simple application that is quite straight forward. People can apply online, by phone, by mail or even in person. And in most states, there will be navigators or assisters to answer questions people might have. Most importantly, for people applying for coverage online (even with help), information about subsidies and what programs they and their family members qualify for, including Medicaid, CHIP or even SNAP (food stamps), will be part of the answer they will quickly receive back—usually in the same day.

Ani shared some interesting statistics that Enroll America has gathered about uninsured Americans who are less than 64 years of age that speaks loudly to the need for the ACA and for Medicaid expansion. Strikingly, 62 percent of these uninsured people are employed and 38 percent of them have incomes

that fall below 110 percent of the Federal Poverty level. Demographically, the largest uninsured population group is non-Hispanic whites (45 percent), followed by Hispanics (32 percent). Only 15 percent of this group are Black and eight percent designated as "Other." There are also slightly more men than women—53 percent and 57 percent, respectively. Enroll America offers to its partner organizations, one of which is Mental Health America, more than just statistics to aid in enrollment. It has databases that model the actual locations of where people who are likely to be uninsured can be found, neighborhood by neighborhood.

Ani also spelled out four key messages that Enroll America has created, which they will disseminate nationally with the help of their partnership network. The most important one, which is critical to allaying the fears that Cathy spoke of, is that all insurance plans will have to show all their costs and what is covered in simple language—without fine print. Secondly, people may be able to get help in paying for their health insurance. The third message reiterates Shel's point that people cannot be denied coverage for a pre-existing condition. But while the forth message is indeed essential; it is not complete, as noted by all of the issue forum attendees. "All insurance plans will have to cover doctor visits, hospitalization, maternity care, emergency room care, and prescriptions." But messaging should also clearly state that all plans sold in the marketplaces must cover mental health and substance use treatment.

No one disputed any of the assertions made by panelist Bridget Kiely. She emphatically stated that the ACA will make a tremendously positive difference for the people served by TASC, a national organization that advocates for people with criminal justice involvement. Bridget explained that it is in everyone's interests to care about people in jail because of the enormous costs to keep people in those facilities and to repeatedly send them back. The ACA will change the current paradigm from one-in-ten people with forensic involvement having health care coverage to 9-in-10 being covered. People in the criminal justice system (CJS) have exceptionally high rates of behavioral health needs— 16 percent of women, and 30 percent of men. These are people, Bridget explained, that have the highest medical costs of any population group due to their frequent use of emergency rooms because up to now they had no access to regular care. The results of this lack of access are long inpatient stays for mental health needs, severe injuries and serious chronic illnesses. Bridget also pointed out that substance use disorders among people in jails and prisons are virtually universal—seven times greater than in the general population.

Bridget explained that treating substance use and mental health conditions not only yields substantial savings in health care costs and healthier individuals, but results in a reduction in crime, thus affording not only healthier communities, but safer ones, too. Presently, people receive inadequate mental health and substance use treatment in jail. As a result, they almost always leave without access to treatment or services, which results in a continual cycle in and out of jail. Therefore, in order to achieve the immense promise of the ACA for CJS-involved individuals, there must be mechanisms for universal Medicaid enrollment for people leaving CJS settings and expanded capacity to provide services in the community.

Mental Health America would like to thank our exclusive sponsor of this very productive event, Otsuka America Pharmaceutical, Inc.