News & Notes

Urban Institute Report highlights need for services in justice system: More than half of inmates in jails and state prisons have a mental illness, and many cycle in and out of the justice system without appropriate care. A report from the Urban Institute examines how state legal systems identify and treat persons with mental illness. Every state corrections department has policies for classifying prisoners with mental illness and maintains programs or facilities for them, according to the report. However, descriptions of internal policies and programs were not available for all states, making comparisons difficult. Instead, the report describes promising programs, focusing particularly on the operations and effectiveness of mental health courts. Because many offenders with mental illness do not qualify for diversionary programs, such as mental health courts, the report also highlights interventions implemented in jails and prisons. Most of these programs focus on community reentry and involve an individualized discharge plan and an interdisciplinary team that guides offenders through the reentry process. The report also details key recent legislation in several states that seeks to change policies for this population. The 50-page report, *The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System: A Scan of Practice and Background Analysis,* is available on the Urban Institute Web site (webarchive.urban.org/publications/2000173.html).

Stepping Up Initiative promotes alternatives to jail: About two million individuals with serious mental illnesses enter U.S. jails each year. The American Psychiatric Foundation (APF), a subsidiary of the American Psychiatric Association, has joined other organizations in supporting the Stepping Up Initiative (www.stepuptogether.org), a national collaboration designed to generate community action for a common goal: to reduce the number of people with mental illnesses in U.S. jails. Stepping Up is led by the National Association of Counties, the Council of State Governments Justice Center, and the APF, with support from the U.S. Department of Justice's Bureau of Justice Assistance. The initiative provides counties with directions for developing an action plan for effectively using county budgets to facilitate access to treatment and promote alternatives to jail. County leaders who embrace Stepping Up's call to action are asked to pass a resolution that commits the county to key steps, including collecting data in each jail, developing a plan with a team of stakeholders, and designing an approach to track progress. The initiative also provides guidance on collaborative planning and evidence-based practices. "The American Psychiatric Foundation is proud to be a key partner in launching Stepping Up," said APF Chairman Saul Levin, M.D., M.P.A. "People with mental illness need and deserve treatment, not incarceration. This front-line effort advances our mission to ensure that all people with mental illness have access to appropriate care."

CIHS chartbook compiles benchmark data on service use by U.S. racial-ethnic groups: The 2001 U.S. Surgeon General's report, Mental Health: Culture, Race, and Ethnicity, documented substantial racial-ethnic disparities in mental health service use and called for ongoing national surveillance. Currently, most national estimates of service use by race-ethnicity are based on data nearly a decade old. Future evaluations of the impact of national policy changes, such as parity legislation and the Affordable Care Act, will require detailed baseline data. The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) has released a chartbook that uses combined 2008–2012 data from the National Survey on Drug Use and Health to present estimates of mental health service use among adults ages 18 or older by racial-ethnic group. From 2008 to 2012, about 45,900 adults were surveyed annually. According to the new report, the highest estimates of past-year mental health service use were for adults reporting two or more races (17.1%), white adults (16.6%), and American Indian or Alaska Native adults (15.6%), followed by black (8.6%), Hispanic (7.3%), and Asian (4.9%) adults. Estimates of prescription psychotropic medication use in the past year were highest for white adults (14.4%), those reporting two or more races (14.1%), and American Indian or Alaska Native adults (13.6%), followed by black (6.5%), Hispanic (5.7%), and Asian (3.1%) adults. Outpatient service use in the past year was highest for adults reporting two or more races (8.8%), white adults (7.8%), and American Indian or Alaska Native adults (7.7%), followed by black (4.7%), Hispanic (3.8%), and Asian (2.5%) adults. Past-year inpatient service use was more prevalent among black adults (1.4%) than white adults (.7%). Service use increased with severity of illness among all groups. Across all groups, cost or lack of insurance was the most frequently cited reason for not using services. The belief that services would not help was the least frequently cited reason. The 44-page chartbook, *A New Look at Racial/Ethnic Differences in Mental Health Service Use Among Adults,* is available on the CIHS Web site (www.integration.samhsa.gov).

Kaiser Commission issue brief provides "what if" scenarios for 21 states not expanding Medicaid: Medicaid expansion continues to be debated in some state legislatures.

As of April 2015, 21 states had not expanded Medicaid under the ACA. To inform state decisions about expansion, the Kaiser Commission on Medicaid and the Uninsured has released an issue brief that estimates the coverage impact if these states opt to implement the expansion. The brief also provides state-level estimates of Medicaid spending and spending on uncompensated care for the period 2015 to 2024. If the ACA had never been implemented, 22.2 million people would be uninsured in 2016 in the 21 states that have not expanded Medicaid. The ACA, even without Medicaid expansion, is expected to reduce the number of uninsured to 14.1 million in these states, a decrease of 37%. Were all 21 states to expand Medicaid, the number of uninsured would decline further to 9.8 million, a decrease of 56% from the number without the ACA. In sum, if all 21 states were to expand Medicaid, there would be 4.3 million fewer uninsured people in 2016. From 2015 to 2024, federal Medicaid spending would increase by $472 billion, with states spending $38 billion more on Medicaid. Savings on reduced uncompensated care would offset between 13% and 25% of the additional state spending. The report also presents findings from public and private research on other fiscal effects of expansion not included in the brief's analyses. The 12-page brief, *Medicaid Expansion, Health Coverage, and Spending: An Update for the 21 States That Have Not Expanded Eligibility,* is available on the Kaiser Commission Web site (kff.org/about-kaiser-commission-on-medicaid-and-the-uninsured).

Kaiser Foundation reports assess developments under the ACA: How did implementation of the ACA affect the individual insurance market in 2014, and how are hospitals faring under reform? Two reports from the Kaiser Foundation address these questions. In 2014, the first year that plans could be purchased through the ACA's marketplaces, the individual insurance market grew 46% to a total of 15.5 million people—both inside and outside the marketplaces. Four states—California, Florida, Texas, and Georgia—accounted for almost half the enrollment growth. In six states, the number of people covered in the individual market increased by more than 75%: Arkansas, Florida, Georgia, Maine, New York, and Rhode Island. The second report examines early experiences under the ACA by Ascension Health, the delivery subsidiary of the nation's largest not-for-profit health system. Ascension is a Catholic health care system, with service to the poor as part of its mission. In anticipation of higher Medicaid revenues for formerly uninsured patients, the ACA calls for reductions in payments to help cover the costs of uncompensated care. These cuts were scheduled to begin in 2014 but were delayed to fiscal year 2018. From 2013 to 2014, Ascension hospitals in Medicaid expansion states saw a 7.4% increase in discharges billed to Medicaid, compared with 1.4% for hospitals in nonexpansion states, and a 32.3% decrease in uninsured and self-pay discharges, compared with a 4.4% decrease in nonexpansion states. Ascension hospitals in expansion states saw an 8.2% increase in total Medicaid revenue from 2013 to 2014, and hospitals in nonexpansion states saw a 9.4% decline in Medicaid. Charity care costs decreased 40.1% among Ascension hospitals in expansion states, compared with 6.2% in nonexpansion states. *How Has the Individual Insurance Market Grown Under the Affordable Care Act? and How Are Hospitals Faring Under the Affordable Care Act? Early Experiences From Ascension Health* are available on the Kaiser Foundation Web site (www.kff.org).

IOM recommends research to evaluate IPE supporting collaborative practice: Interprofessional education (IPE) occurs when individuals from two or more health or social care professions engage in learning with, from, and about each other to improve collaboration and the delivery of care. Although the value of IPE has been widely embraced, many have questioned how IPE affects patient, population, and health system outcomes—a question that cannot be fully answered without thoughtfully designed studies. To respond to this need, the Institute of Medicine (IOM) convened a committee to examine methods needed to measure the impact of IPE on collaborative practice and health and system outcomes. In its report the committee reviews a growing body of work showing that IPE can improve learners' perceptions of interprofessional practice and enhance their collaborative knowledge and skills. However, evidence directly linking education interventions for any health profession with individual, population, or system outcomes is weak. The report presents detailed recommendations in four areas that, if addressed, would lay a strong foundation for evaluating IPE's impact in this area: more closely aligning education with practice; developing a conceptual framework for measuring IPE's impact; strengthening the evidence base for IPE, particularly by use of mixed-methods designs and by developing measures of collaborative performance that are effective across a broad range of learning environments; and more effectively linking IPE with changes in collaborative behavior. The 114-page report, *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes,* is available on the IOM site (www.iom.edu/Reports/2015/Impact-of-IPE.aspx).

Commonwealth Fund series on Medicare: To mark Medicare's 50th anniversary in July 2015, the Commonwealth Fund has launched a planned series of five publications on the program. The first, *Medicare: 50 Years of Ensuring Coverage and Care,* cites data showing that before Medicare, 48% of older Americans had no health insurance, compared with 2% today. Currently, older Americans pay 13% of health care expenses out of pocket, compared with 56% in 1966. The 27-page report summarizes data on characteristics of the current Medicare population and on program spending. Upcoming series publications will examine the ACA's reforms to Medicare and analyze policy options to ensure Medicare's viability for future beneficiaries. The first report is available on the Commonwealth Fund's site (www.commonwealthfund.org).