



Policy Prioritization—Final Conference (Aug. 10)

The attendees of the Making Parity Real series of symposia identified numerous issues and sub-issues categorized below. Attendees of the Aug. 10 Final Conference in Madison identified which issues were the top priorities by ranking issue on a scale of one through three based on the following criteria:

- 1: A “low” priority
- 2: An “important” priority
- 3: A “critical” priority

Stigma

One of the first and most important of the issues we heard around the state related to “how it feels to be a consumer.” We heard many heartbreaking stories from consumers about the stigma that is attached to mental health and substance use in society and popular culture. It acts as a barrier to successful treatment and recovery efforts. We heard solutions involving language and issue sensitivity training and education.

- **Expand Employer Support of Recovery Programs and Supportive Work Environments—2.5714**
- **Provide Evidence-Based Language / Issue Sensitivity Training for Providers—2.5588**
- Provide Evidence-Based Language / Issue Sensitivity Training for Educators—2.4667
- Provide Evidence-Based Language / Issue Sensitivity Training for First Responders—2.4412
- Provide Evidence-Based Language / Issue Sensitivity Training for Youth—2.303
- Provide Evidence-Based Language / Issue Sensitivity Training for Media—2.2647
- Change Insurance and Medical Language to Be More Sensitive—2.0588
- Support Marketing Campaigns—1.8571

Access to Care

The symposia exposed the pervasive issue of access. We heard at numerous sites about the lack of care because of authorization issues, geographic and transportation challenges, and competency of care. We also heard many comments about the cumbersome and confusing rules and processes related to insurance coverage. The new state and federal parity laws also complicate access. Looming over insurance coverage are the significant changes made by the Affordable Care Act (ACA).

- **Expand Availability of Care—2.8**
- **Reform and Expand Insurance Coverage—2.7143**
- Implement Parity Effectively—2.6
- The Affordable Care Act Reforms—2.5429
- Address Reimbursement Rates—2.5

Mental Health Treatment System Redesign

It was clear from the symposia that “making parity real” would require a complete redesign of the mental health system – a monumental task. Some advocates advanced the idea of a comprehensive and holistic treatment system. Even implementing small parts of a comprehensive redesign could improve the current system. A focus on prevention would certainly help the current system, as would an increase in the availability and competence of peer specialists, and reforming the relationship between the state and counties. Mental health is a small part of the whole health care system, but a larger investment in mental health treatment could reduce costs in the whole system.

- **Create a Continuum of Care/Holistic (integrated) Treatment System—2.7941**
- **Focus on Prevention—2.3103**
- Reduce Cost Burden on Counties—2.1765
- Use and Expand Peer Specialists—2.1515

Substance Use Disorder Treatment System Redesign

The symposia revealed some areas within the substance use disorder treatment system that also need to be addressed, including the need for a focus on prevention, the need for a recovery model of care, the establishment of a holistic system, and integration with the mental health treatment system.

- **Integrate with Mental Health Treatment System—2.8056**
- **Create a Continuum of Care/Holistic (integrated) Treatment System—2.6857**
- Focus on Prevention—2.4848
- Establish Substance Use Disorder Recovery Model—2.1176

Intersections with the Criminal Justice System

Unfortunately, the criminal justice system often intersects with both the mental health and addiction treatment systems. How the criminal justice system addresses a needed culture change among law enforcement, judges, court personnel, and prison workers was a common topic. Both early intervention and diversion to treatment within the criminal justice system were also discussed. There were also concerns expressed about Chapters 51 and 55, along with care during and after incarceration.

- **Expand Early Intervention and Diversion—2.7353**
- **Transition to Care After Incarceration—2.7241**
- Improve Care During Incarceration—2.6563
- Change the Culture Within and Around the System—2.2121
- Revise Chapter 51 and 55—1.9118

Workforce Development

Many symposia attendees discussed the competency, credentialing, qualifications and geographic diversity of providers within the mental health, addiction, and criminal justice systems.

- **Increase Competency of Care—2.6**
- **Increase Cultural Competence—2.5484**
- Expand Geographic Dispersion—2.3824
- Credentialing Reform—1.7813

Miscellaneous

There were several issues that applied across the issues identified above. These included issues related to data systems, research, and the need to organize and advocate for change.

- **Research Evidence-Based Practices—2.6061**
- **Integrate and Improve Data System—2.5588**
- Organize and Advocate—2.4839