



National Asian American Pacific Islander Mental Health Association

Insuring equity health equity in the Affordable Care Act for Asian Americans Native Hawaiians and Pacific Islanders
Improving the workforce to include mental health and training bi-lingual paraprofessionals

The National American Pacific Islander Mental Health Association would like to applaud HHS for its strong support of mental health and inclusion as one of the ten essential health benefits in the Affordable Care Act. There are concerns, however, with how well mental health services, particularly for those who face cultural and language barriers will be addressed. Failure to address mental health needs can greatly compromise the overall health outcome for an individual. The upside to the passage of ACA is the potential for more individuals, including Asian American Native Hawaiians and Pacific Islanders to receive much needed healthcare. While integrated care is clearly the most appropriate way to provide services, merely placing a mental health professional in primary care settings or giving primary care providers basic mental health training is insufficient. This strategy runs the great risk of leaving individuals with serious mental health problems without adequate care. This oversight can have consequences that are counter to the intent of ACA. It can result in additional costs to the system as well as having devastating consequences for the individual and his/her family. Providing resources to train, place and support bi-lingual Wellness Coaches or similar models can close this gap in services in a timely and cost effective manner.

In preparing for the Affordable Care Act it is important to have strategies that will insure that AANHPIs have equal access to care and the services they receive are culturally and linguistically appropriate. The following is a summary of policies that will help reach this goal:

- 1) Increase the current workforce to provide ongoing training, placement and support for Wellness Coaches ~ paraprofessionals who can help with case management and use of integrated care that addresses both mental health and physical health.
- 2) Include ethnic specific service providers/community based organizations in development of health exchange
- 3) Require states to include specific goals to reduce health disparities in their statewide plans
- 4) Provide clearly written, readily understood information on health benefits in languages spoken by community
- 5) Use ethnic media as well as social to increase outreach to the community
- 6) Develop state level Advisory Boards that include consumers and reflect ethnic makeup of ANHPI community and other communities of color.

- 7) Train bi-lingual AANHPIs to be Navigators to help community enroll in health exchange
- 8) Provide resources to insure ongoing technical assistance and follow up that extends beyond enrollment period
- 9) Provide ongoing technical assistance to insure accurate dissemination of information
- 10) Simplify process to provide documentation of citizenship, immigration status and income, if such information is not available electronically
- 11) Conduct statewide scan of services specifically designed to meet ethnic/language health and behavioral health needs of AANHPI

Mental Health coverage

One of the most important elements of the Affordable Care Act is the inclusion of mental health as one of the ten Essential Health Benefits. Failure to address underlying or related mental health issues will lead to poorer health outcomes and increased costs. There is ample evidence to show the relationship between depression, cardiovascular disease, diabetes, obesity, smoking, kidney failure and other health related problems. Cambodians, Vietnamese, Laotian and Hmong experienced severe trauma during the war in Southeast Asia. Post traumatic stress disorder represents the most common psychiatric disorder, affecting perhaps 50% to 70% of the refugees. 40% of Southeast Asian refugees suffer from depression and 35% from anxiety.

Providing a comprehensive whole health approach is important to AANHPIs who tend to seek care through the primary care settings. Unfortunately they often do not receive proper mental health services due to the lack of expertise by non-mental health professionals and the discomfort primary care providers have in working with individuals with chronic and serious mental health problems. It is therefore imperative that the Health Benefits package provide services in settings and in collaboration with agencies that specialize in mental health and substance use problems. The Essential Health Benefits must comply with federal parity regulations in all areas related to mental health care. The following is a summary of key issues for some of the other Essential Health Benefits

- Hospitalization for individuals with mental illness must be in facility with the capacity to provide proper mental health services. Prior to hospitalization, a thorough evaluation must be made by culturally competent provider to insure hospitalization is appropriate. If there are no qualified bi-lingual providers, there must be provisions to have a properly trained mental health interpreter to meet compliance of Title VI of the 1964 Civil Rights Act.
- Maternity and newborn care : screening for post-partum depression and home visitation for newborns to address social and emotional needs
- Rehabilitative and habilitative services shall provide skills to address functional impairments resulting from a serious mental illness, crisis residential services for adults; therapeutic foster care/treatment foster care for children, personal assistance/in-home respite care, family support services for children

- Preventive and wellness services and chronic disease management shall provide basic mental health screening, including depression, well child check-ups that include assessment for mental health issues including bullying and trauma, patient/family education and self management assistance, case management, community education on wellness and whole health.

In addition to the essential health benefits, the states shall:

- Address how it will coordinate physical health and behavioral health services
- Provide resources to insure those with serious mental health problems receive care in facilities and agencies that are properly equipped to handle mental health problems
- Provide ongoing training on development and implementation of integrated models that take a public health approach to care
- Provide resources to train AANHPI community members and consumers on becoming Wellness Coaches
- Insure resources to train interpreters in various AANHPI languages to work in mental health settings

NAAPIMHA is a 501c(3) organization that works closely with the US Department of HHS, SAMHSA and OMH to improve the mental health care for AANHPIs, as well as other diverse populations. NAAPIMHA took the lead in hosting the first ever cross disciplinary Summit to address integrated care for AANHPIs. This summit was funded by OMH and resulted in the federal document *Integrated Care for Asian Americans, Native Hawaiians and Pacific Islanders: A Blueprint for Action*. NAAPIMHA is also currently developing an integrated care model that will train AANHPI mental health consumers and bi-lingual paraprofessionals to become Wellness coaches, using an integrated care approach. It will be pilot tested in Boston in early 2013 and can serve as a national model to improve the current workforce. NAAPIMHA is also working with SAMHSA to develop outreach and engagement strategies to increase the number of AANHPIs enrolling in the Health Exchanges and Medicaid Expansion.



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