February 3, 2023

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Request to Extend the Rhode Island Comprehensive Section 1115 Demonstration Waiver

Dear Secretary Becerra:

NAMI appreciates the opportunity to submit comments on Rhode Island's Section 1115 Demonstration Waiver application to extend the Rhode Island Comprehensive Demonstration. NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for people affected by mental illness. Rhode Island seeks a five-year demonstration renewal to continue to build upon the core goals of the Medicaid program while implementing new focused enhancements. We focus our comments on two strategies important for people with mental health conditions (1) supporting individuals' transition to the community following incarceration and (2) expanding support for housing for certain individuals. **We strongly support these initiatives and urge their approval by CMS.**

Medicaid and Mental Illness

Throughout our 40-year history, NAMI has fought for dignity, fairness, and equity for people with mental illness. Many of those we represent receive health care as a result of Medicaid, the nation's largest payer of behavioral health services,[i] which covers more than one in four adults with a serious mental illness (SMI).[ii] We know that access to mental health services is essential for people with mental illness to successfully manage their condition, get on a path of recovery, and live healthy, fulfilling lives. Research shows that people with Medicaid coverage are more than twice as likely to receive behavioral health treatment as adults without any health insurance.[iii]

Medicaid coverage is also incredibly important for Rhode Island residents. Nearly a quarter of all Rhode Islanders are covered by Medicaid and CHIP,[iv] and roughly one in five adult residents experience a mental illness each year.[v] NAMI appreciates the state's commitment to behavioral health in recent years, ensuring that more individuals with behavioral health needs are connected to all the services they need across the care continuum.

Reentry for Justice-Involved Populations

NAMI supports comprehensive reentry policies and programs for people with mental illness who are returning to the community after a period of incarceration. As such, we are grateful for CMS's recent (January 26, 2023) approval of California's demonstration request to provide Medicaid coverage for 90 days prior to release, and hope that this approval sets the tone for expedited approval of pending

reentry waivers, as well as this one from Rhode Island. Specifically, NAMI supports the state's request to provide Medicaid coverage and pre-release supports for incarcerated individuals, both adults and youth, 30 days prior to release.

Reentry services and supports are particularly critical for people with mental health and substance use conditions, as they are disproportionately represented in our penal institutions, with about 80 percent of individuals released from prison in the U.S. each year having a substance use disorder (SUD) or chronic medical or psychiatric condition.[vi] When individuals with mental illness are released from incarceration and return to the community, it is a crucial period because it is associated with significant stress and high risk of recidivism, relapse, or crisis. Once individuals re-enter their community, establishing or re-establishing health care often takes the backburner as they deal with more pressing needs like housing and food security, reconnecting with family members, and finding employment.[vii] Many do not have appropriate access to coverage and continuity of care and are more likely to lack health insurance.[viii] On release, people with SMI, particularly those with co-occurring SUD, recidivate at higher rates than those without SMI or SUD. This is frequently attributable to lack of timely access to needed services and supports for their condition.[ix] Former inmates' risk of a fatal drug overdose is 129 times as high as it is for the general population during the two weeks after release.[x]

In Rhode Island, it is estimated that 15-20 percent of incarcerated individuals suffer from severe and persistent mental illness and 70-80 percent of the incarcerated population has a significant history of SUDs.[xi] Currently, when Medicaid beneficiaries enter incarceration, the state suspends or changes eligibility to a limited status to reflect that payment is only available for inpatient care while incarcerated. Full coverage is automatically reinstated as individuals are released. To improve outcomes and health inequities for justice-involved members, the state of Rhode Island requests authority to provide Medicaid coverage 30 days prior to their release from state custody, including the provision of "reach-in" services provided by managed care organizations (MCOs). Rhode Island requests this 30 days of pre-release coverage to allow for managed care enrollment and access to the full set of Medicaid covered benefits, excluding services provided by Department of Corrections providers. The MCOs will also be required to provide intentional care coordination during this period to support reintegration and improve access to care and support services upon release. Rhode Island is requesting this authority for all incarcerated individuals, including both adults and youth. NAMI supports this reentry proposal and urges its approval by CMS.

Expanded Access to Supportive Housing

NAMI also supports the state's request to improve its existing Home Stabilization program. Having a safe and stable place to call home is an essential component of recovery for people with mental illness. Access to affordable housing is a social determinant of health,[xii] and a person's access to housing can affect — and is affected by — mental health. Experiencing housing instability may contribute to stress, anxiety or other mental health symptoms. People with mental illness are overrepresented in the unhoused population, as about one in five people experiencing homelessness in the U.S. have a serious mental health condition.[xiii] Homelessness has a profoundly negative impact on mental health, and children are especially susceptible to the psychological effects of homelessness and housing instability.[xiv] Over 1,100 people in Rhode Island currently experience homelessness, and of those, 25 percent live with a serious mental illness.[xv]

Through the proposal, the state would expand and enhance the current Home Stabilization benefit in several ways, including (1) relaxing education requirements for service providers; (2) clarifying and expanding the population eligible for the services; (3) creating operational flexibility through removal of

specific assessment tool requirements; and (4) adding payment of first/last/security and other required funds to secure stable housing as well as payment of up to six months of rent. NAMI is pleased that Rhode Island views the Home Stabilization benefit as playing a key role in the state's efforts to improve social determinants of health, and we urge CMS to approve this request to expand access to supportive housing.

Amidst a time of increasing mental health needs, NAMI is thankful for Rhode Island's commitment to ensuring greater health equity through expanded access to high-quality integrated behavioral health care that is focused on prevention, intervention, and treatment. We urge CMS to approve this demonstration extension request. Thank you for the opportunity to provide comments on this important issue. If you have any questions or would like to discuss this issue, please do not hesitate to contact Jodi Kwarciany, Senior Manager of Mental Health Policy at jKwarciany@nami.org.

Sincerely,

/s/

Jennifer Snow
National Director, Government Relations and Policy
National Alliance on Mental Illness

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[i] Medicaid and CHIP Payment and Access Commission, "Behavioral Health in the Medicaid Program—People, Use, and Expenditures," June 2015, https://www.macpac.gov/publication/behavioral-health-in-the-medicaid-program%E2%80%95people-use-and-expenditures/.

[ii] Rebecca Ahrnsbrak et al., "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health," Substance Abuse and Mental Health Services Administration, September 2017, https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf.

[iii] Kaiser Family Foundation, "Medicaid's Role in Behavioral Health," May 2017, https://www.kff.org/infographic/medicaids-role-in-behavioral-health/.

[iv] Kaiser Family Foundation, "Medicaid in Rhode Island," October 2022, https://files.kff.org/attachment/fact-sheet-medicaid-state-RI.

[v] National Alliance on Mental Illness, "Mental Health in Rhode Island," February 2021, https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/RhodeIslandStateFactSheet.pdf.

[vi] Shira Shavit et al. Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released from Prison. *Health Affairs* 36, no. 6 (June 2017): 1006–15. DOI: 10.1377/hlthaff.2017.0089.

[vii] Reentry from incarceration is a difficult transition, and health management is often a low priority as people grapple with more basic survival needs (e.g., food and housing), reconnecting with family members, and finding employment (Mallik-Kane 2005).

[viii] Tyler Winkelman et al. Health Insurance Trends and Access to Behavioral Healthcare Among Justice-Involved Individuals—United States, 2008–2014. *Journal of General Internal Medicine* 2016 Sep 16; 31: 1523-1529. DOI: 10.1007/s11606-016-3845-5.

[ix] Glenda Wrenn, Brian McGregor, and Mark Munetz. The Fierce Urgency of Now: Improving Outcomes for Justice Involved People with Serious Mental Illness and Substance Misuse. *Psychiatric Services*, published online (April 16, 2016), https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700420.

[x] Ingrid Binswanger et al. Release from prison--a high risk of death for former inmates. *The New England Journal of Medicine* 356, no. 2 (Jan 2007): 157-65. DOI: 10.1056/NEJMsa064115.

[xi] Rhode Island Department of Corrections. (n.d.). Behavioral Health. Retrieved September 15, 2022,

from https://doc.ri.gov/programs-services/healthcare-services/behavioral-health-services

[xii] Centers for Disease Control and Prevention, “Social Determinants of Health: Know What Affects Health,” last reviewed September 30, 2021, https://www.cdc.gov/socialdeterminants/index.htm.

[xiii] U.S. Department of Housing and Urban Development, “HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations,” December 15, 2020, https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2020.pdf.

[xiv]E.L. Bassuk, M.K. Richard, and A. Tsertsvadze. The Prevalence of Mental Illness in Homeless Children: A Systematic Review and Meta-Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry* 2015;54(2):86-96. https://doi.org/10.1016/j.jaac.2014.11.008.

[xv] National Alliance on Mental Illness, “Mental Health in Rhode Island,” February 2021, https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/RhodeIslandStateFactSheet.pdf.