

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



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# Did We Get It Right?

- Major Drivers Identified in April of 2010:
  1. More people will have insurance coverage (enrollment)
  2. Medicaid will play a bigger role in MH/SUD than ever before
  3. Focus on primary care and coordination with specialty care
  4. Major emphasis on home and community based services and less reliance on institutional care
  5. Rethink what is offered as a benefit
  6. Outcomes: improving the experience of care, improving the health of the population and reducing costs

# 1. Enrollment

- What Have We Learned from Massachusetts?
  - 5 Years Later
    - 20-30% of Individuals in Public SA System Uninsured
    - Total \$ to Providers have Not Changed Significantly
    - Payer Mix Has Changed
    - Eligibility Cliffs Are Steep
    - Co-Pay and Access

# 1. Enrollment Strategies

- Outreach and enrollment strategies that can be tailored for the populations with MH/SUD
  - Younger with some income—how can we use ICTs
  - Homeless—little documentation for applications
  - Youth and families—who may have coverage options now but haven't applied and enrolled
- SAMHSA Summer work—looking at strategies that can help people get enrolled
- Work in FY 2012 with state consumer and provider organizations

## 2. Medicaid Will Play a Bigger Role

- More enrollees
- More demand for services
- Have a fair number of providers without billing or compliance infrastructure for 3<sup>rd</sup> parties
- Demands on States to make decisions about what to take advantage of and when (or if) to participate

# 2. Medicaid Strategies

- States
  - Focused work between State BH Authorities and Medicaid Agencies—start with health homes
  - Rethink current strategies (TAG)
  - Other vehicles?
- Providers
  - Business operations—1<sup>st</sup> year anniversary
  - Leveling the playing field for certain providers

# 3. Primary Care and BH Integration

- Pretty clear business case
- Major drivers are external to our systems
- Providers are hit and miss about being strategic re: integration
- Major issues with EHR capacity and confidentiality
- Model development

# 3. PCBHI Strategies

- SAMHSA/CMS Work:
  - State by State Consultation on Primary Care and BH Integration
  - Regional Meetings to plan for implementation of 2703
  - HRSA/SAMHSA funded Center for Integrated Health Solutions work with providers and States
  - Requesting that State's provide SAMSHA a description of their approach in the FY 2012 Block grant Application

# 4. Long Term Care

- Unsure how we define “balanced” —even harder if we think about SUD services
- How do we think (or update our thinking) about key areas:
  - Person centered planning
  - Self directed care
  - Health and safety issues

# 4. Long Term Care Strategies

- Skating around the edges:
  - 2402a work with other federal partners
  - Sorting out of what SAMHSA should be paying for as it relates to adult SA residential
  - BRSS TACs contract that will focus on TA regarding self directed care
  - Wanting to have a thoughtful approach to children's residential issue

# 5. Rethinking What We Buy

- Work on Good and Modern
- Drill down regarding prevention, recovery and children and families

# 5. Benefit Strategies

- Rethinking What SAMHSA buys:
  - Common service definitions for BG dollars—  
“hallway conversations”
  - Looking at the evidence:
    - Identifying the level of evidence to use as threshold
    - Identifying where more is needed
    - Messaging
  - Technical Panels to provide recommendation to federal partners, States and stakeholders regarding services

# 6. Outcomes

- National Prevention Strategy
- Block Grant application—dashboard indicators
- Cross agency work continues

# 6. Outcomes-Strategies

- Nation Behavioral Health Care Framework
  - Promote the most effective prevention, treatment and recovery practices for BH Disorders
  - Assure that BH care is person -and family -centered
  - Encourage effective coordination within BH care, and between BH care and other health care and social support services
  - Assist communities to utilize best practices to enable healthy living
  - Make BH care safer by reducing harm caused in the delivery of care
  - Foster affordable BH quality care for individuals, families, employers and governments by developing and advancing new delivery models

# Needing Thots

- Technical Assistance
  - What Areas?
  - What Mechanisms?
  - Timing?
- State Partnerships
  - What areas?
  - What partners?
  - How can we help with those partnerships?
- What Are We Missing?