

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



An Introduction to SAMHSA's Regional Administrator & Healthcare Reform Quick Overview

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Behavioral Health: A National Priority

- SAMHSA's Mission:
Reduce the impact of
substance abuse and
mental illness on
America's communities

Behavioral health is essential to health

Prevention works

Treatment is effective

People recover

SAMHSA'S Strategic Initiatives

AIM: Improving the Nation's Behavioral Health (1-4)

AIM: Transforming Health Care in America (5-6)

AIM: Achieving Excellence in Operations (7-8)

1. Prevention

2. Trauma and Justice

3. Military Families

4. Recovery Support

5. Health Reform

6. Health Information Technology

7. Data, Outcomes & Quality

8. Public Awareness & Support

SAMHSA

- One of the eleven grant making agencies of DHHS
- SAMHSA's FY 2011-2012 budget is approximately **\$ 3.2 billion**
 - **CA received \$400 million**
- SAMHSA has approximately 516 employees.

SAMHSA

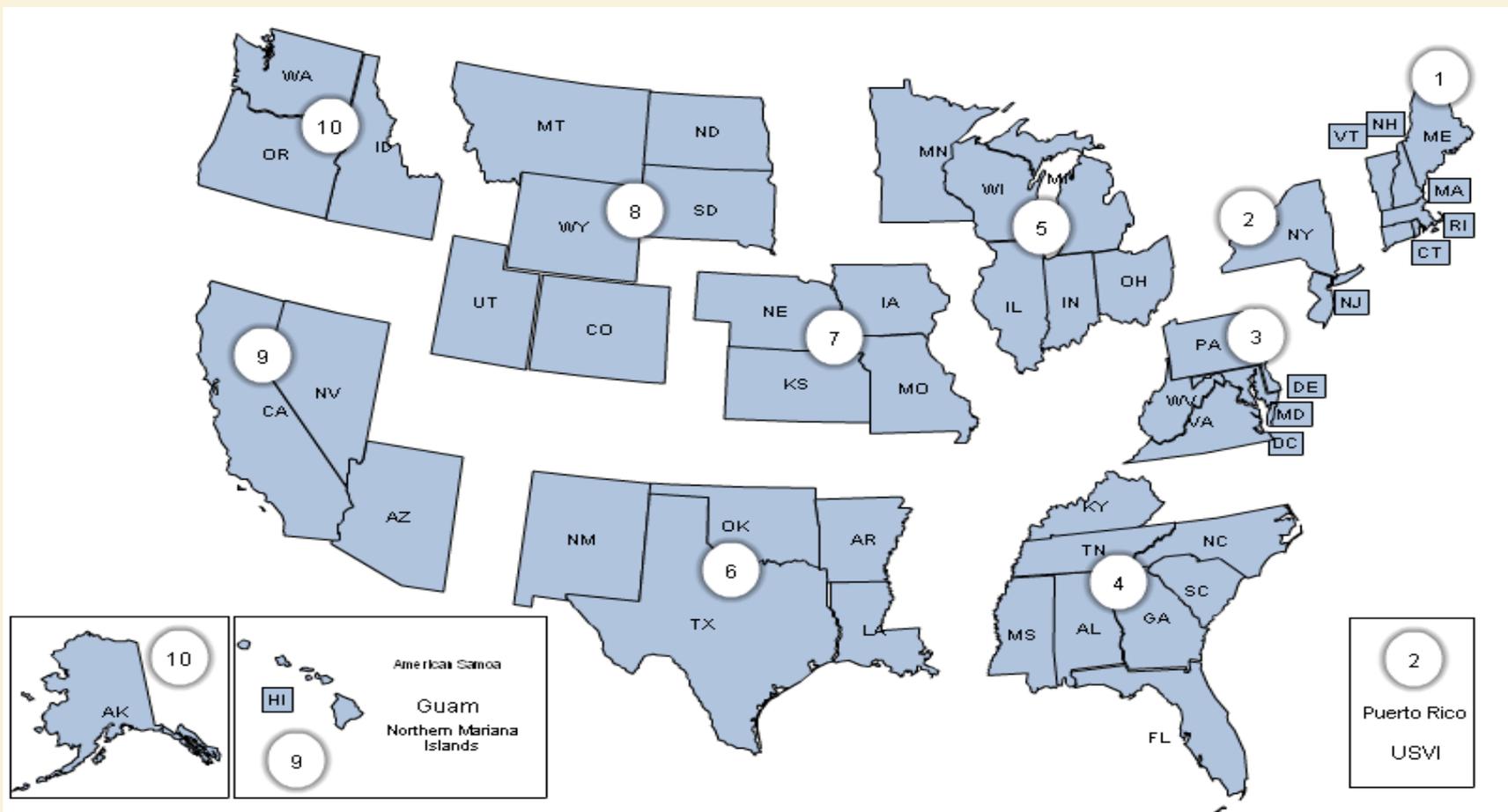
- SAMHSA's FY 2011-2012 budget is approximately **\$ 3.2 billion***
 - **CA received appx. \$400 million**
 - \$315 million Block Grants
 - \$85 million Discretionary

FY 2013 Currently operating on CR

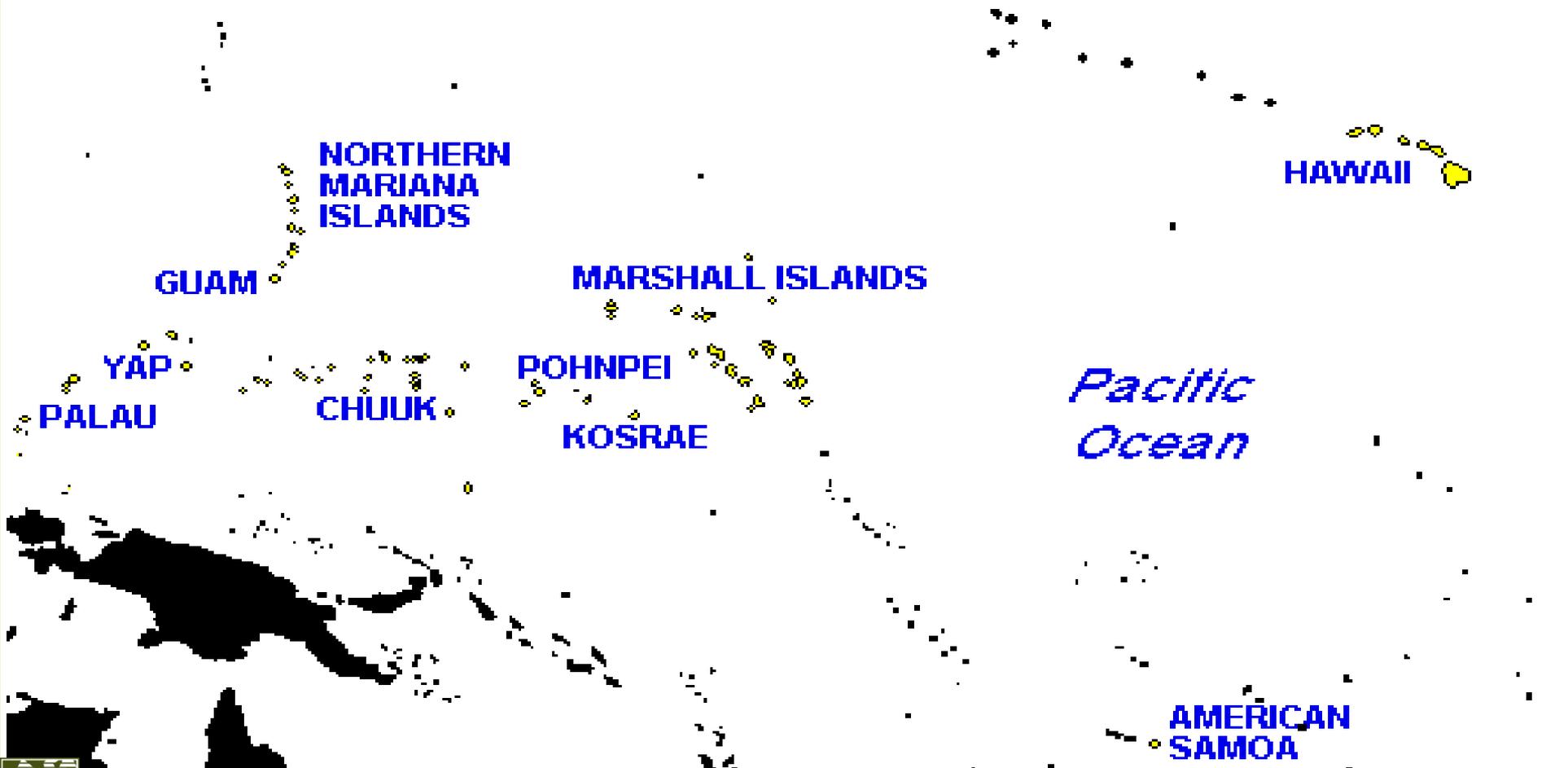
SAMHSA Core Functions

- Leadership and Voice
- Data/Surveillance
- Practice Improvement -- Technical Assistance, Quality Measures, Evaluation/Services Research
- Public Awareness and Education
- Grant-making
- Regulation and Standard Setting

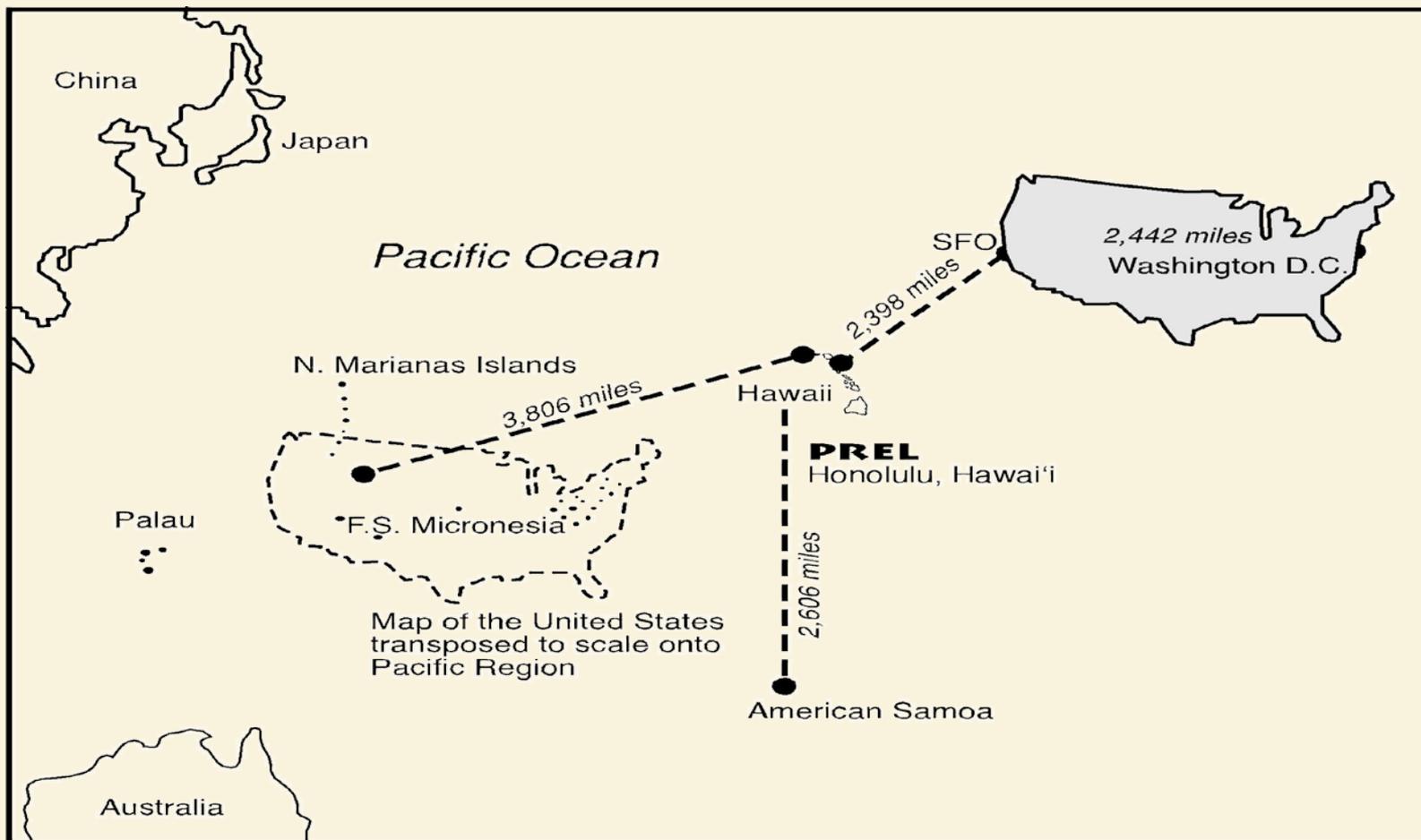
Department of Health and Human Services Regions



Pacific Region



Pacific Region



PREL

Regional Administrator Roles

Represent the Administrator in
the Region

Regional Administrator Roles

- Represent the Administrator in the Region
- Help translate SAMHSA mission, vision, strategic initiatives, theory of change and priorities in interactions with other HHS Operating Divisions and stakeholders
- Listen and convey to headquarters and other HHS Operating Divisions what's working, what isn't and ways to improve

Regional Administrator Roles

- Collaborate with HHS colleagues in regional offices to advance HHS goals and assure behavioral health issues are included
- Assist stakeholders to get what they need – facilitate problem-solving regarding grants, policies, systems and programs
- Help arrange technical assistance

Regional Administrator Roles

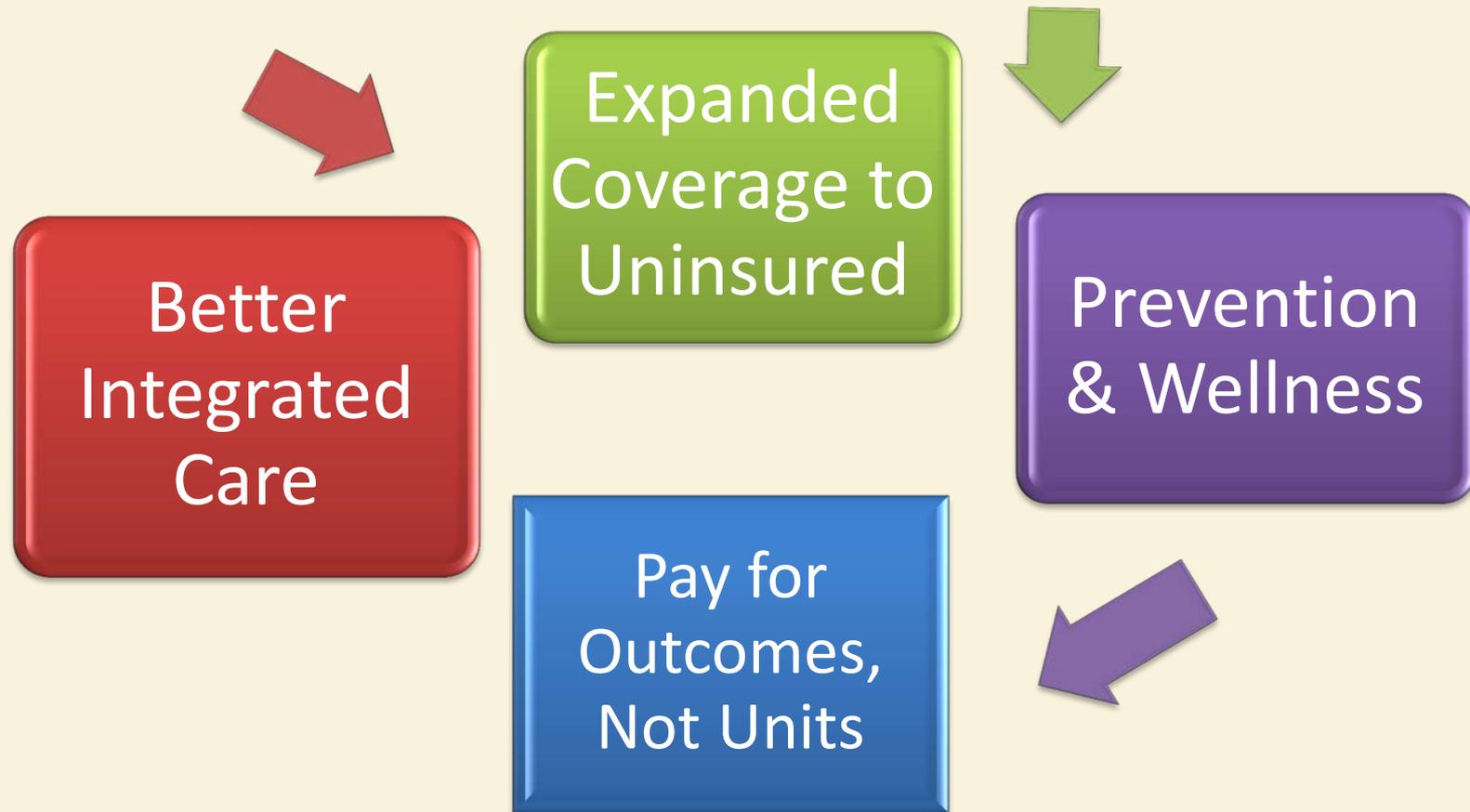
Be a member of regional teams including federal, state, and local interests

SAMHSA

Health Reform: Quick Overview

Bending the Cost Curve, Lowering Health Care Growth: Must Address Behavioral Health

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HEALTH REFORM WEBINARS

- Archived webinars at <http://www.samhsa.gov/HealthReform/>
- SSA/SMHA series on EHB (archived)
- SSA/SMHA series on eligibility/enrollment (archived)
- Learning collaborative series on EHB (archived and forthcoming)

IN 2014: MILLIONS MORE AMERICANS WILL HAVE HEALTH CARE COVERAGE

→ Currently, 37.9 million are uninsured <400% FPL*

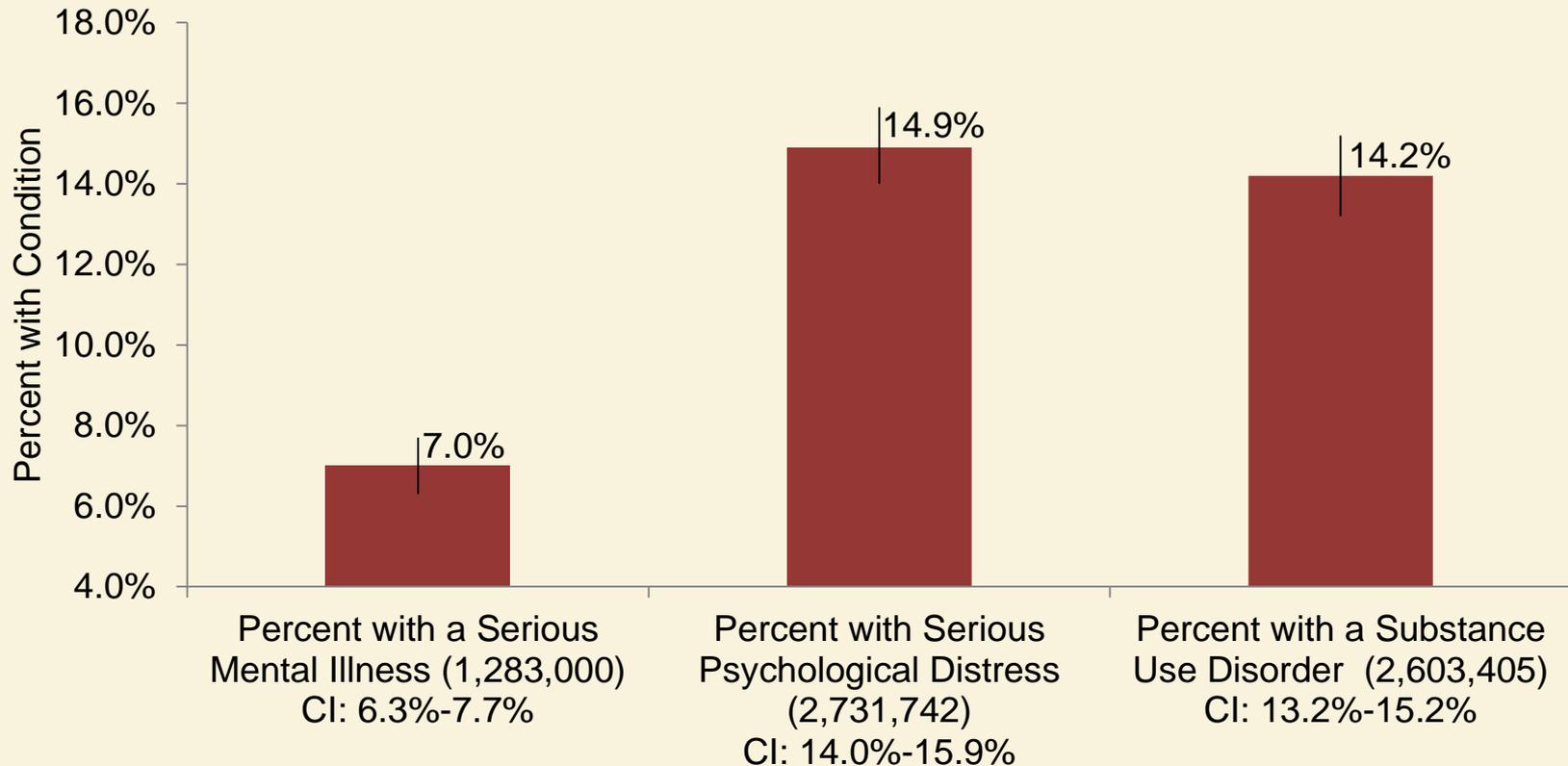
- 18.0 M – Medicaid expansion eligible
- 19.9 M – ACA exchange eligible**
- 11.019 M (29%) – Have BH condition(s)

* Source: 2010 NSDUH

**Eligible for premium tax credits and not eligible for Medicaid

Prevalence of Behavioral Conditions Among Medicaid Expansion Pop

Uninsured Adults Ages 18-64 with Incomes \leq 138% FPL (18 Million)

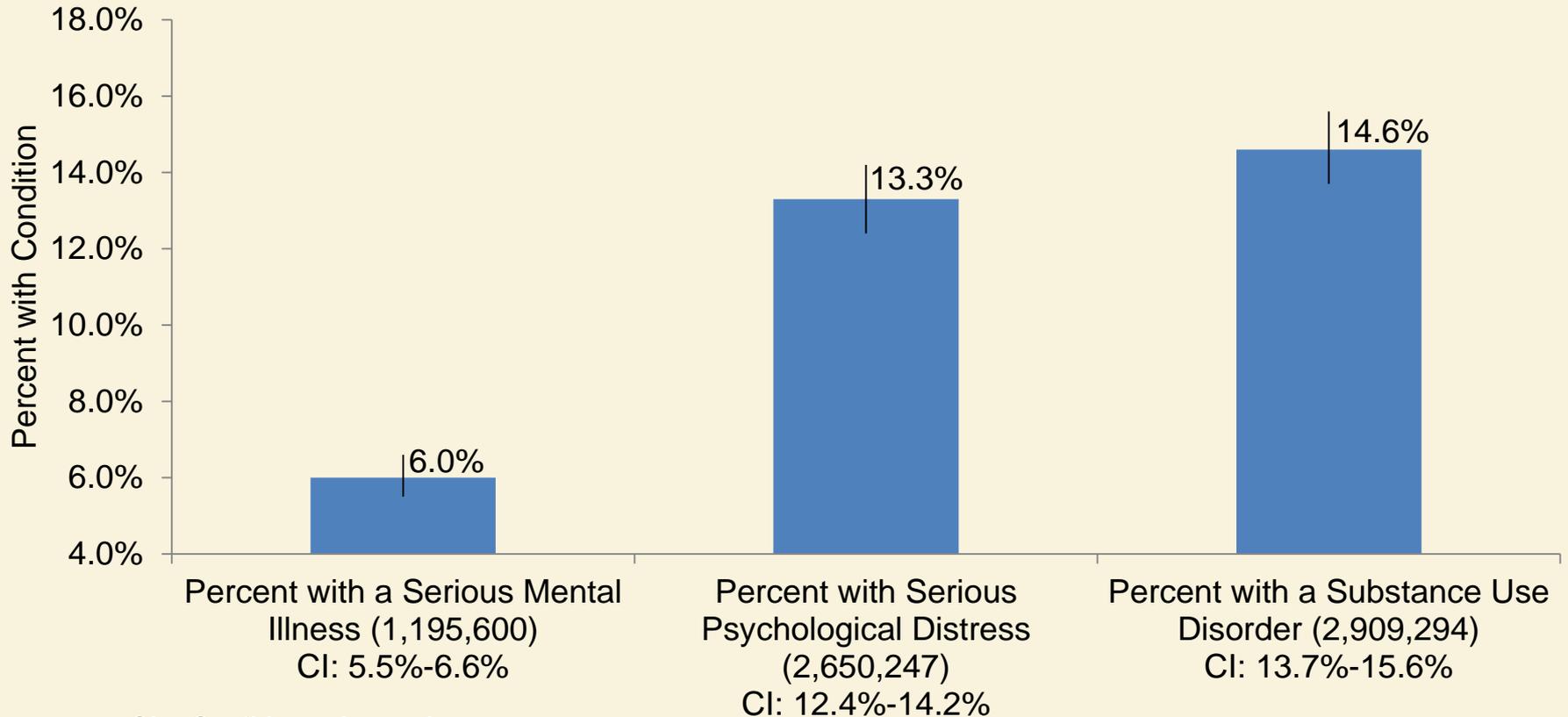


CI = Confidence Interval

Sources: 2008 – 2010 National Survey of Drug Use and Health
2010 American Community Survey

Prevalence of Behavioral Conditions Among Exchange Population

Uninsured Adults Age 18-64 with Incomes between 133-399% FPL (19.9 Million)



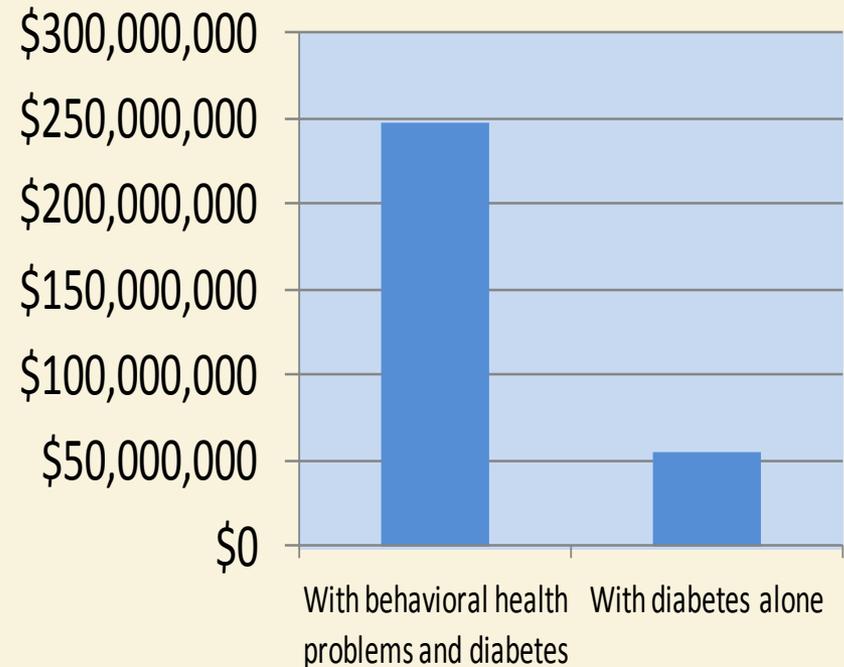
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Sources: 2008 – 2010 National Survey of Drug Use and Health
2010 American Community Survey

Importance of Integration: BH Impact on Physical Health

- ➔ MH problems **increase risk** for physical health problems & SUDs increase risk for chronic disease, sexually transmitted diseases, HIV/AIDS, and mental illness
- ➔ People with M/SUDs are nearly **2x as likely** as general population to die prematurely, often of preventable or treatable causes
- ➔ **Cost** of treating common diseases **higher** when a patient has untreated BH problems
 - **Hypertension – 2x the cost**
 - **Coronary heart disease – 3x the cost**
 - **Diabetes – over 4x the cost**
- ➔ M/SUDs rank among top 5 diagnoses **associated with 30-day readmission**; one in five of all Medicaid readmissions
 - **12.4 percent for MD**
 - **9.3 percent for SUD**

Individual Costs of Diabetes Treatment for Patients Per Year



Importance of Integration: BH Impact on Physical Health

- Primary Care and Specialty Coordination—
 - 20% of Medicare and Medicaid patients are readmitted within 30 days after a hospital discharge
 - Lack of coordination in “handoffs” from hospital is a particular problem
 - More than half of these readmitted patients have not seen their physician between discharge and readmission
 - Most FQHCs and BH Providers don’t have a relationship

So What's The Response

- Health Homes—start with folks that have a variety of chronic conditions
- Accountable Care Organizations—start with Medicare population
- Patient Safety Initiative—reward hospitals and other facilities for fewer incidents
- Quality Measures—focus on identifying people who are at risk of certain conditions

Mental Health Parity and Addiction Equity Act of 2008 and ACA

- Requires group health insurance plans (those with 50 or more insured employees) that offer coverage for MH/SUD to provide those benefits in a way that is no more restrictive than all other medical and surgical procedures covered by the plan.
- **DOES NOT require group health plans to cover MH/SUD benefits.**
- Parity extended in 2014 through the Affordable Care Act for plans sold through the Affordable Health Exchanges

ESSENTIAL HEALTH BENEFITS (EHB)

10 BENEFIT CATEGORIES

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. *Mental health and substance use disorder services, including behavioral health treatment*
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

Essential Benefits

- Two statutory goals that frame EHBs
 - Essential Benefits Package shall be based on the typical employer plan and
 - Ensure that there is no discrimination by age, disability or lifespan
- Essential Health Benefits Bulletin released by HHS December 2011
 - Gives flexibility to States in choosing a benchmark plan
 - Can be found at :
http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf
 - FAQs found at :
<http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf>

Prevention

- No-cost preventive services for new plans or plans started after September 23, 2010
 - Includes including behavioral health services such as depression screening, alcohol misuse, alcohol and drug screenings for adolescents, and behavioral assessments for children of all ages
- Community Transformation Grants
 - Focus on chronic disease prevention
 - 35 grants to implement proven interventions to help improve health and wellness
 - 26 grantees to build capacity by laying a solid foundation for sustainable community prevention efforts
- National Prevention Strategy
 - Report Published June 2011 - <http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf>
 - 4 Strategic Directions
 - Healthy and Safe Community Environments
 - Clinical and Community Preventive Services
 - Empowered People
 - Elimination of Health Disparities
 - 7 Priorities – Aimed at Addressing the Leading Causes of Death
 - Tobacco Free Living
 - Alcohol and Other Drug Abuse
 - Mental and Emotional Wellbeing
 - Injury and Violence Free Living
 - Sexual Health
 - Healthy Eating
 - Active Living
 - Need Partners in Prevention to Make this Successful

SAMHSA'S HEALTH REFORM FOCUS – 2012 & 2013

- Uniform Block Grant Application 2014-2015
- ***Essential Benefits & Qualified Health Plans***
- ***Enrollment***
- ***Provider capacity development***
- ***Workforce***
- Parity
 - MHPAEA/ACA Implementation & Communication
- Continuing Work with Medicaid
 - Health homes, rules/regs, service definitions and evidence, screening, prevention, and PBHCI
- Quality and Data (including HIT)

FOCUS: ENROLLMENT ACTIVITIES

- ➔ Consumer Enrollment Assistance (thru BRSS TACS)
 - Outreach/public education
 - Enrollment/re-determination assistance
 - Plan comparison and selection
 - Grievance procedures
 - Eligibility/enrollment communication materials
- ➔ Enrollment Assistance Best Practices TA – Toolkits
- ➔ Communication Strategy – Message Testing, Outreach to Stakeholder Groups, Webinars/Training Opportunities
- ➔ SOAR Changes to Address New Environment
 - Data Work with ASPE and CMS

FOCUS: PROVIDERS

→ SAMHSA Provider Training and Technical Assistance

Topics for 2013

- Business strategy under health reform
 - Third-party contract negotiation
 - Third-party billing and compliance
 - Eligibility determinations and enrollment assistance
 - HIT adoption to meaningful use standards
 - Targeting high-risk providers
- Provider Infrastructure (“Biz Ops”) RFP
 - Training and technical assistance
 - Learning collaboratives

FOCUS: WORKFORCE CHALLENGES

- Worker shortages and distribution
- More than one-half of BH workforce is over age 50
- Between 70 to 90 percent of BH workforce is white
- Inadequately and inconsistently trained workers
- Education/training programs not reflecting current research base
- Billing involves increasing licensing & credentialing requirements
- High levels of turnover
- Difficulties recruiting people to field – esp., from minority communities
- Inadequate compensation
- Poorly defined career pathways

SAMHSA WORKFORCE ACTIVITIES

- ➔ Reports and Plans (To Congress In Process)
- ➔ Training and Technical Assistance, Esp On Technology Transfer and Evidence-Based Practices (e.g., ATTCs)
- ➔ Manuals, Publications and Media Resources (e.g., TIPS, TAPS, SBIRT Med Residency Training)
- ➔ National Network To Eliminate Disparities In Behavioral Health (NNED)
- ➔ Integrating Primary and Behavioral Health Care (Grants and TA)
- ➔ Workforce Efforts Within Each Strategic Initiative



HRSA BH WORKFORCE ACTIVITIES

- 2/3 of Community Health Centers (CHCs) Provide MH and **1/3 Provide SA Services**
 - SBIRT encouraged - training & data reporting
- National Health Service Corps – 2,426 BH Providers (May 2012)
- Graduate Psychology Education Program (710 Trainees in 2010-2011; ½ In Underserved Areas)
- Mental and BH Education and Training Grants FOA (280 Psychologists and Social Workers)



HRSA/SAMHSA EFFORTS

- June 5 Listening Session to Identify BH Workforce Needs and Possible Approaches
 - Data – National Database thru HRSA National Center for Workforce Analysis
 - Capacity – National Health Service Corps; minority internships; same day billing analysis w/ Medicare, credentialing issues
 - Training – e.g., military culture for health/BH providers w/ AHECs; integrated care thru joint TA Center (CIHS)
 - Non-Traditional Workforce – e.g., peers, recovery coaches, case managers
 - Partnerships – e.g., professional orgs, peer/recovery/family orgs, community colleges

SAMHSA's Training and Technical Assistance

Technical Assistance Centers:

- Addiction Technology Transfer Centers (ATTCs)
- Centers for the Application of Prevention Technology (CAPTs)
- Variety of Specialty Centers
 - NACE, BRSS TACS, Suicide Prevention, etc.

Next Steps

- Be at the table in State EHB Benchmark conversation
- Understand the New Affordable Health Exchanges
- Translate Eligibility into a Consumer-Friendly Environment
- Assure MH/SUD Service Capacity
- Promote Ongoing Service Innovation

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