

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



SAMHSA's Enrollment Coalition Initiative

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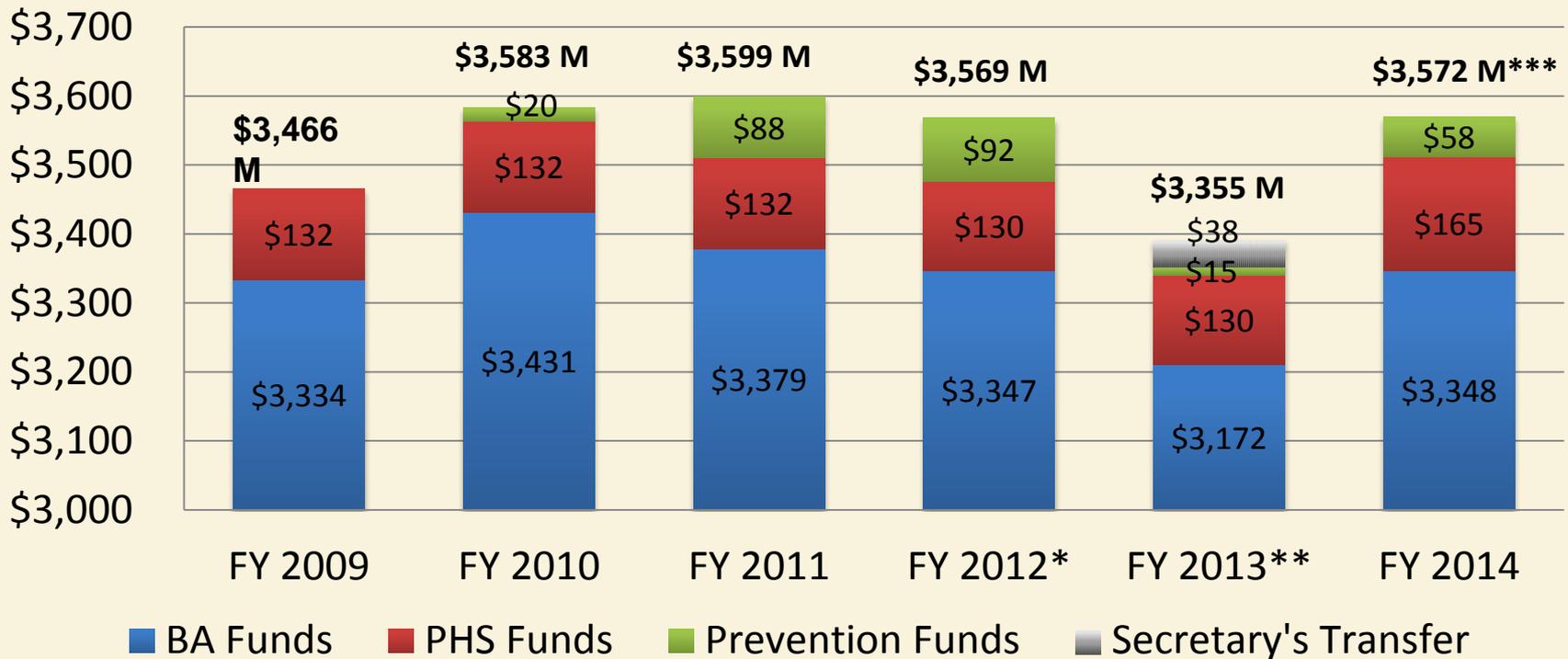
SAMHSA

- One of 11 DHHS Grant making agencies, appx. 550 employees
- SAMHSA's FY 2012-2013 budget is approximately **\$ 3.3 billion***
 - **CA received appx. \$409 million**
 - **\$ 318.5 million Block Grants ((before sequester)**
 - **\$90.6 million Discretionary**

(*FY 2013 operating on CR)

SAMHSA BUDGET

FY 2009-2014 Program Level
(Dollars in Millions)



Total Program Level includes: Budget Authority, PHS Evaluation Funds, and Prevention Funds (PPHF).

*FY 2012 represents Full Year CR post rescission.

**FY 2013 represents Full Year CR less rescission, less sequestration.

***FY 2014 includes \$1.5 million in data request and publication user fees.

BUDGET HISTORY/TIMELINE

- FY 2013 funding remains fluid, but being finalized - still revising tables to reflect latest CR funding amounts less rescission at sequestered levels
- Currently working w/Department and OMB to finalize an Operating Plan to be submitted to the Hill...just approved and forwarded
- Difference between FY 2012 and FY 2013 BA funds is \$174 million
 - Includes \$6 million for .2% rescission and \$168 million for 5% sequester cut

SAMHSA'S FY 2014 PRINCIPLES

- Maintain Ratio of SA and MH Funding (~ 70/30)
- Manage Reductions to Avoid Terminations/
Reductions of Existing Awards To Extent Possible
- Maintain Support for SAMHSA's FY 2011-2014
Strategic Initiatives; Target Available Funding for
Top Priorities

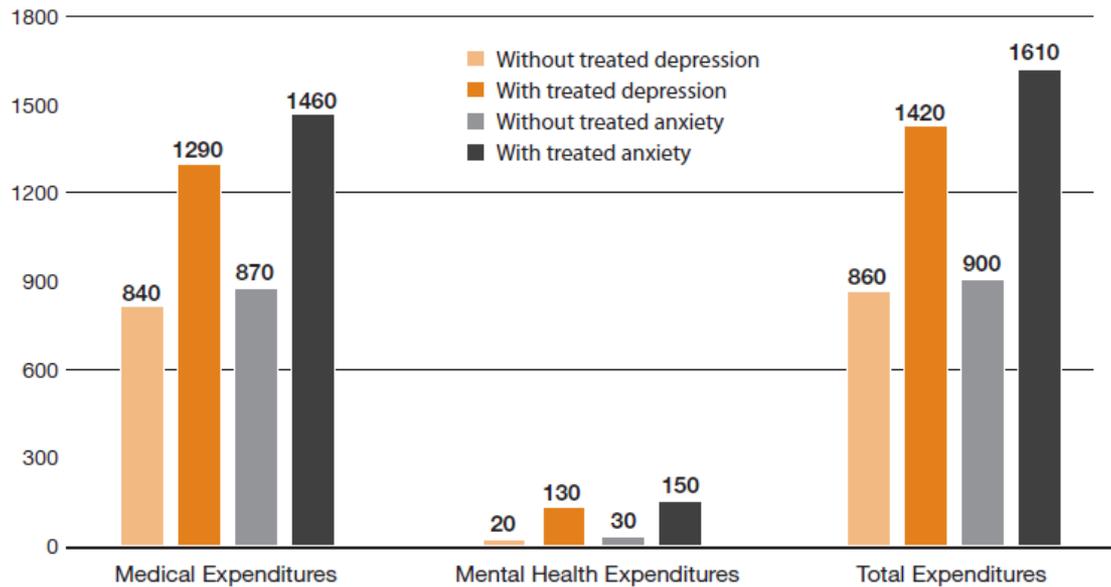
Overview

- High prevalence of substance abuse and mental health conditions among the uninsured
- 2014 will potentially bring coverage to 11 million individuals with substance abuse and or mental health conditions
- Significant changes are happening to eligibility and enrollment systems
- Community mental health and substance abuse treatment provider organizations must play an active role in outreach and enrollment

BH PROBLEMS = HIGHER COSTS

- **Co-morbid depression or anxiety increases physical and mental health care expenditures**
- **Over 80% of this increase occurs in physical health expenditures**
- **Average monthly expenditure for a person with a chronic disease and depression is \$560 dollars more than for a person without depression**
- **The discrepancy for people with and without co-morbid anxiety is \$710**

Figure 5. Comparison of monthly health care expenditures for chronic conditions and comorbid depression or anxiety, 2005



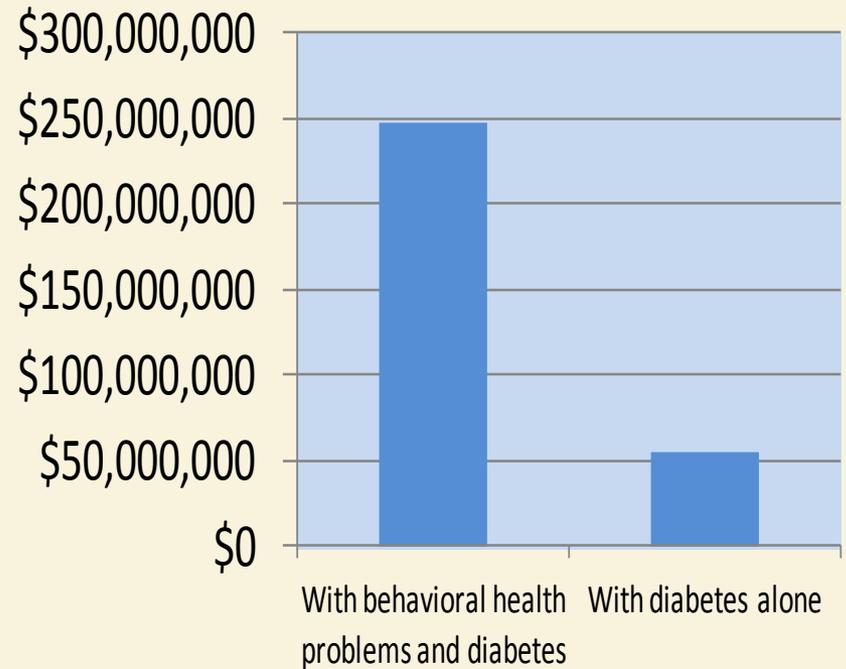
Source: Melek and Norris (107)

- **A HMO claims analysis found that general medical costs were 40 percent higher for people treated with bipolar disorder than without it**

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**

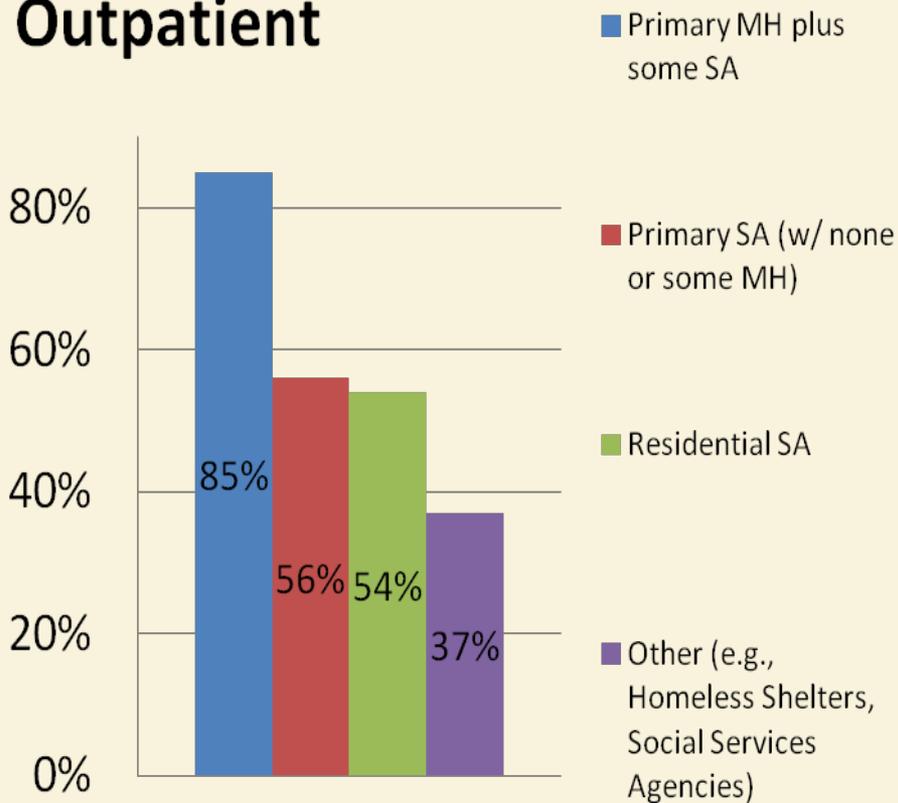
Individual Costs of Diabetes Treatment for Patients Per Year



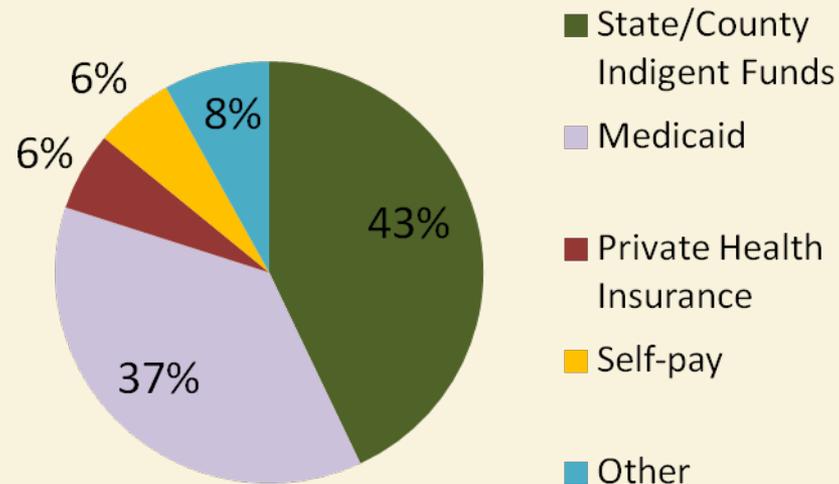
PROVIDERS ACCEPTING HEALTH INSURANCE PAYMENTS

SA TREATMENT FACILITIES ACCEPTANCE OF INSURANCE PAYMENTS *

Outpatient



SOURCE OF FUNDS FOR CMHCS**



*Source: NSATSS

**Source: 2011 NCCBH BH Salary Survey

HEALTH COVERAGE IN 2014

Coverage Options for Adults without Medicare or Employer-Based Coverage

Income as a percent of the federal poverty level

0

133

400+

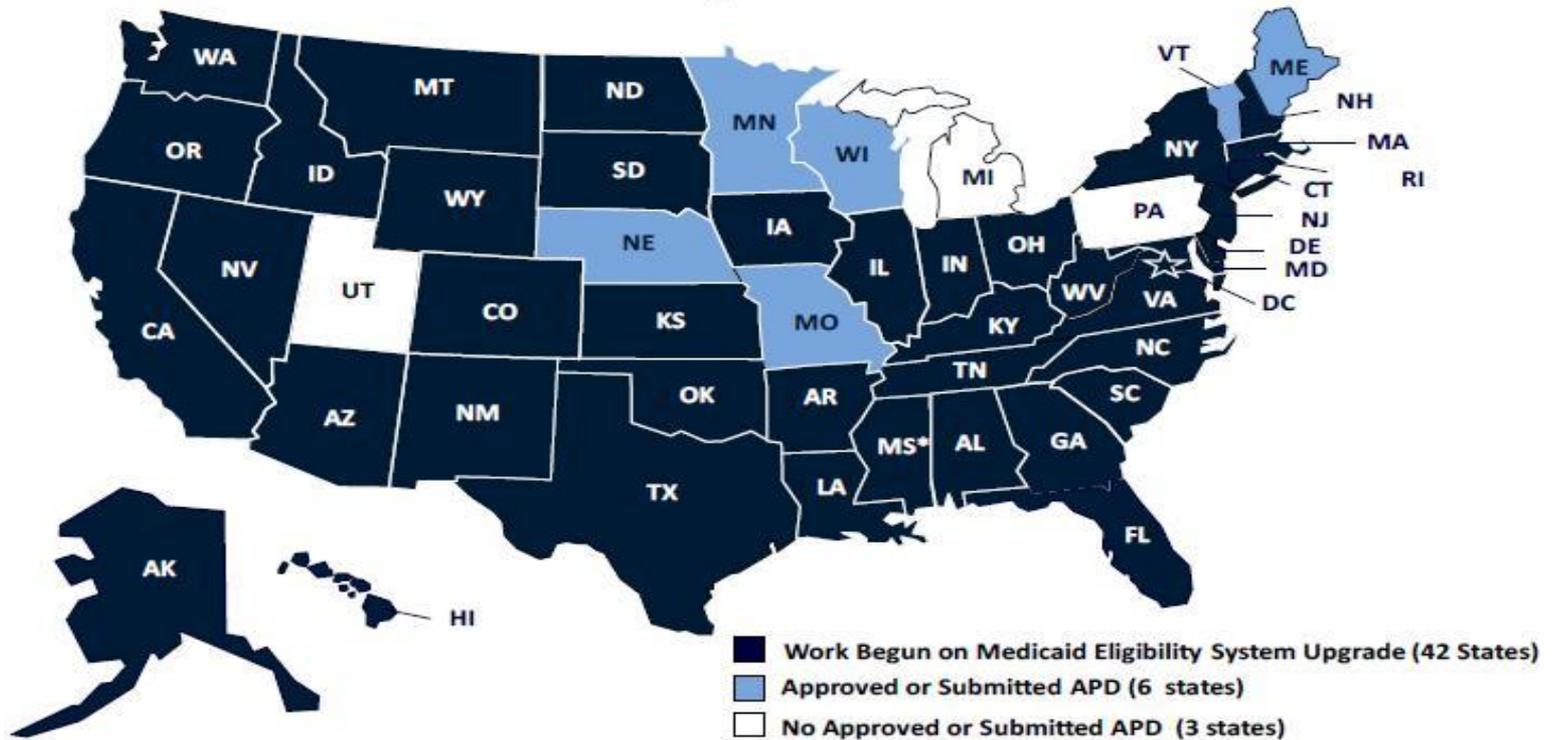


A Continuum of Coverage – Everyone Fits Somewhere!

Eligibility Determination Systems

Figure 15

Status of Major Medicaid Eligibility System Upgrades, January 2013



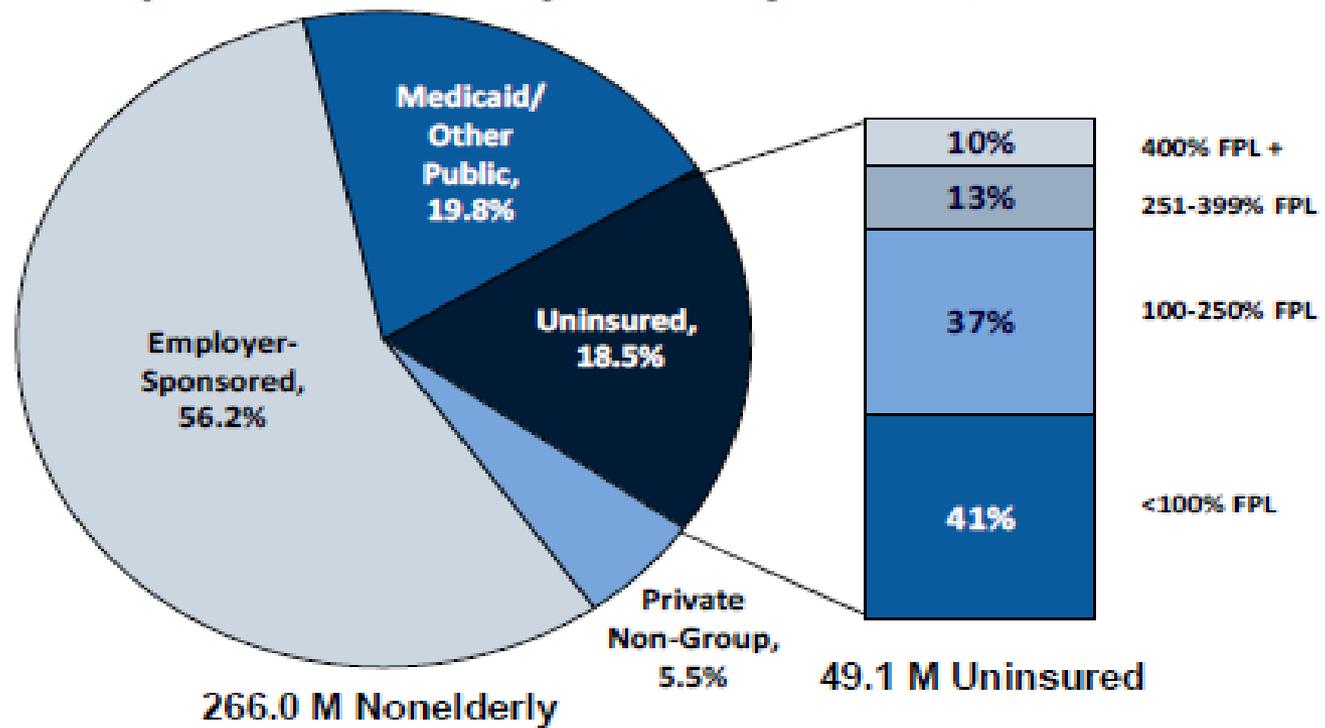
NOTE: "APD" refers to an Expedited Advanced Planning Document. MS has begun work on upgrading its Medicaid eligibility systems without submitting an APD.

SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.

Persons Who Are Uninsured

Figure 1

The Uninsured—As a Share of the Nonelderly Population and by Poverty Levels, 2010



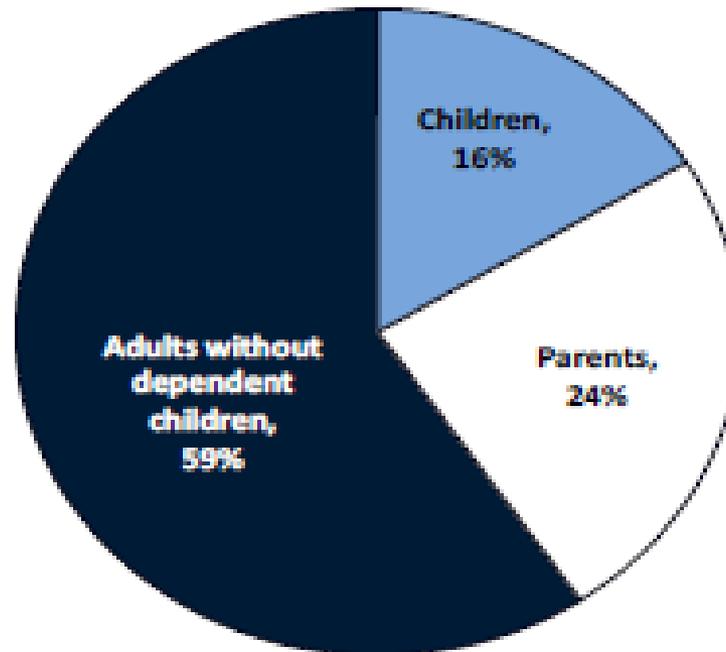
Medicaid and other public coverage includes: CHIP, other state programs, Medicare and military related coverage. The federal poverty level for a family of four in 2010 was \$22,050.

SOURCE: KCMU/Urban Institute analysis of the 2011 ASEC supplement to the CPS.

Persons Who Are Uninsured

Figure 3

The Nonelderly Uninsured by Age and Parent Status, 2010



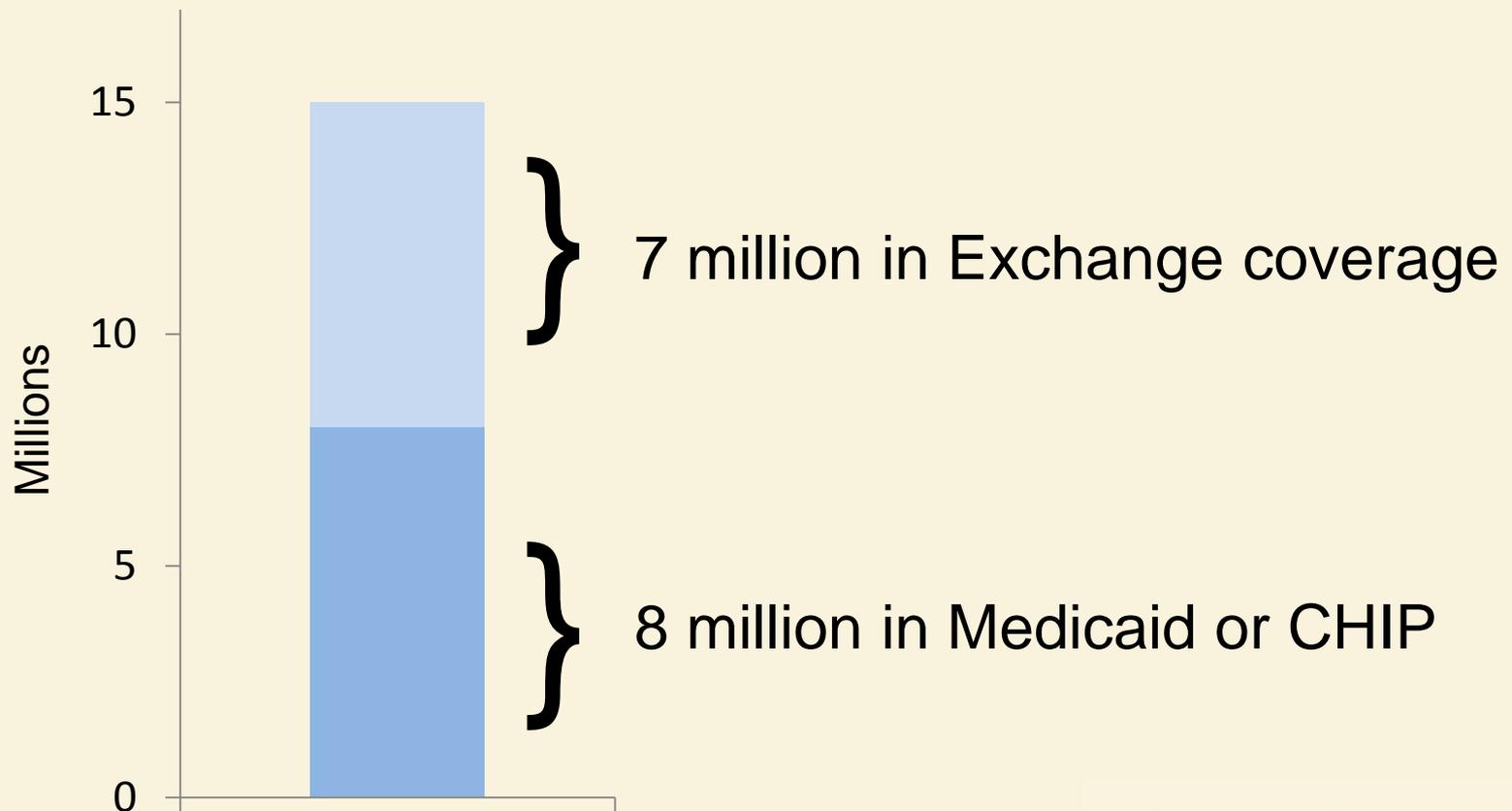
49.1 M Uninsured

Children includes all individuals ages 0-18. Parents are defined as adults with dependent children ages 0-18 and adults without children do not have dependent children ages 0-18. Both parents and adults without children include adults ages 19-64. Data may not total 100% due to rounding.

SOURCE: KCMUJ/ Urban Institute analysis of 2011 ASEC Supplement to the CPS.

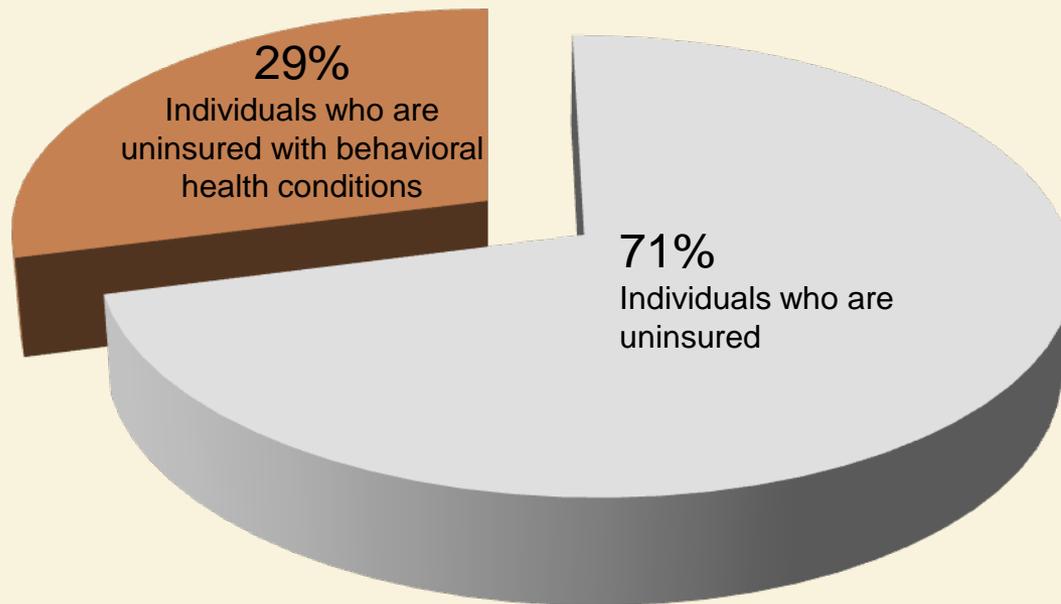
2014 Projected Enrollment

Enroll at least 15 million people in new coverage options



Source: February 2013 CBO estimates

Persons Who Are Uninsured



Source: NSDUH

PARITY/ACA: PROJECTED REACH

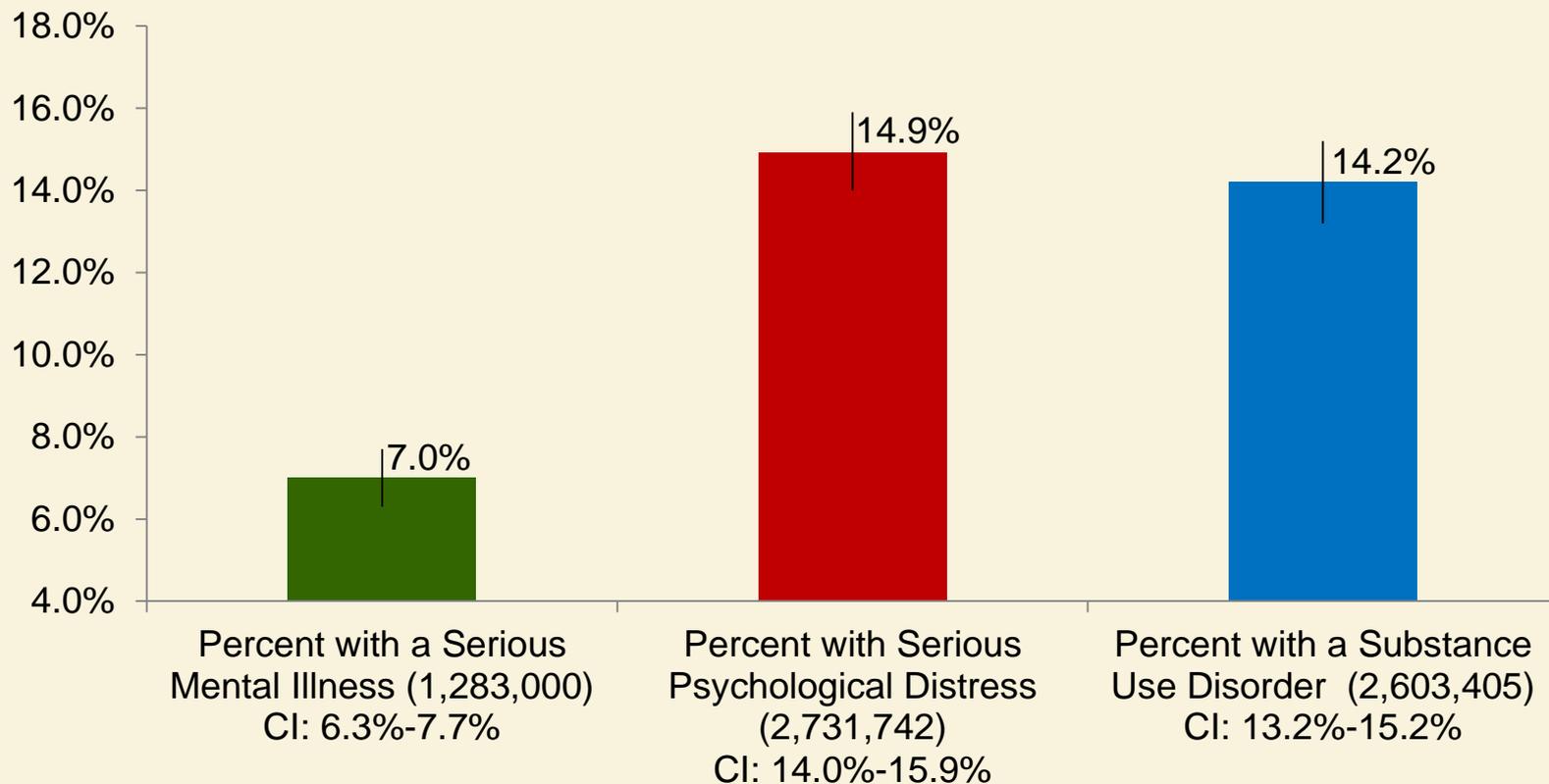
	Individuals who will gain MH, SUD, or both benefits under the ACA including federal parity protections	Individuals with existing MH and SUD benefits who will benefit from federal parity protections	Total individuals who will benefit from federal parity protections as a result of the ACA
Individuals currently in individual plans	3.9 million	7.1 million	11 million
Individuals currently in small group plans	1.2 million	23.3 million	24.5 million
Individuals currently uninsured	27 million	n/a	27 million
<u>Total</u>	<u>32.1 million</u>	<u>30.4 million</u>	<u>62.5 million</u>

NOTE: These estimates include individuals and families who are currently enrolled in grandfathered coverage; approx 16% children, 24% parents, 59% adults/no dependents.

SAMHSA Enrollment Estimates

<http://samhsa.gov/healthReform/enrollment.aspx>

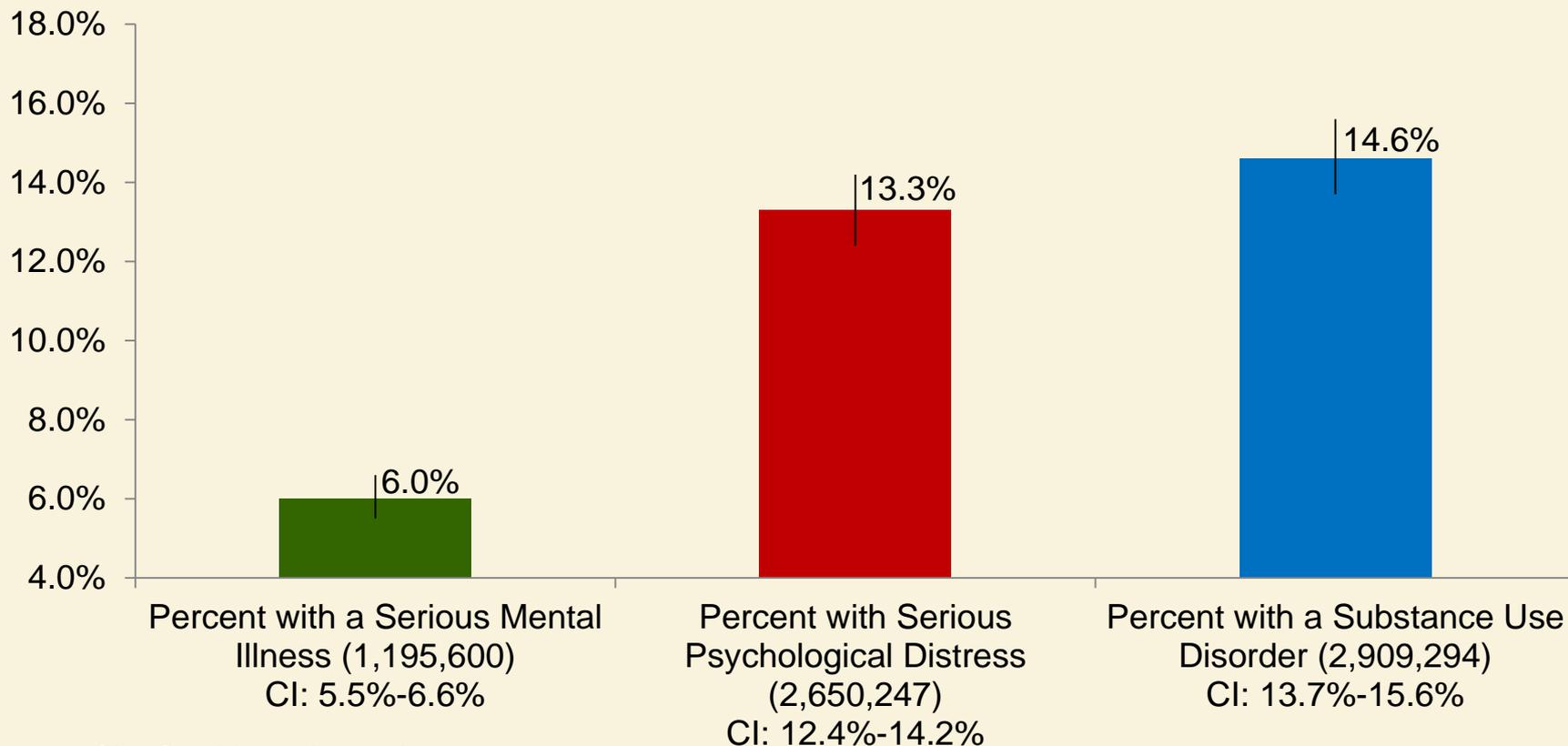
Prevalence of Behavioral Conditions Among Medicaid Expansion Population



CI = Confidence Interval

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

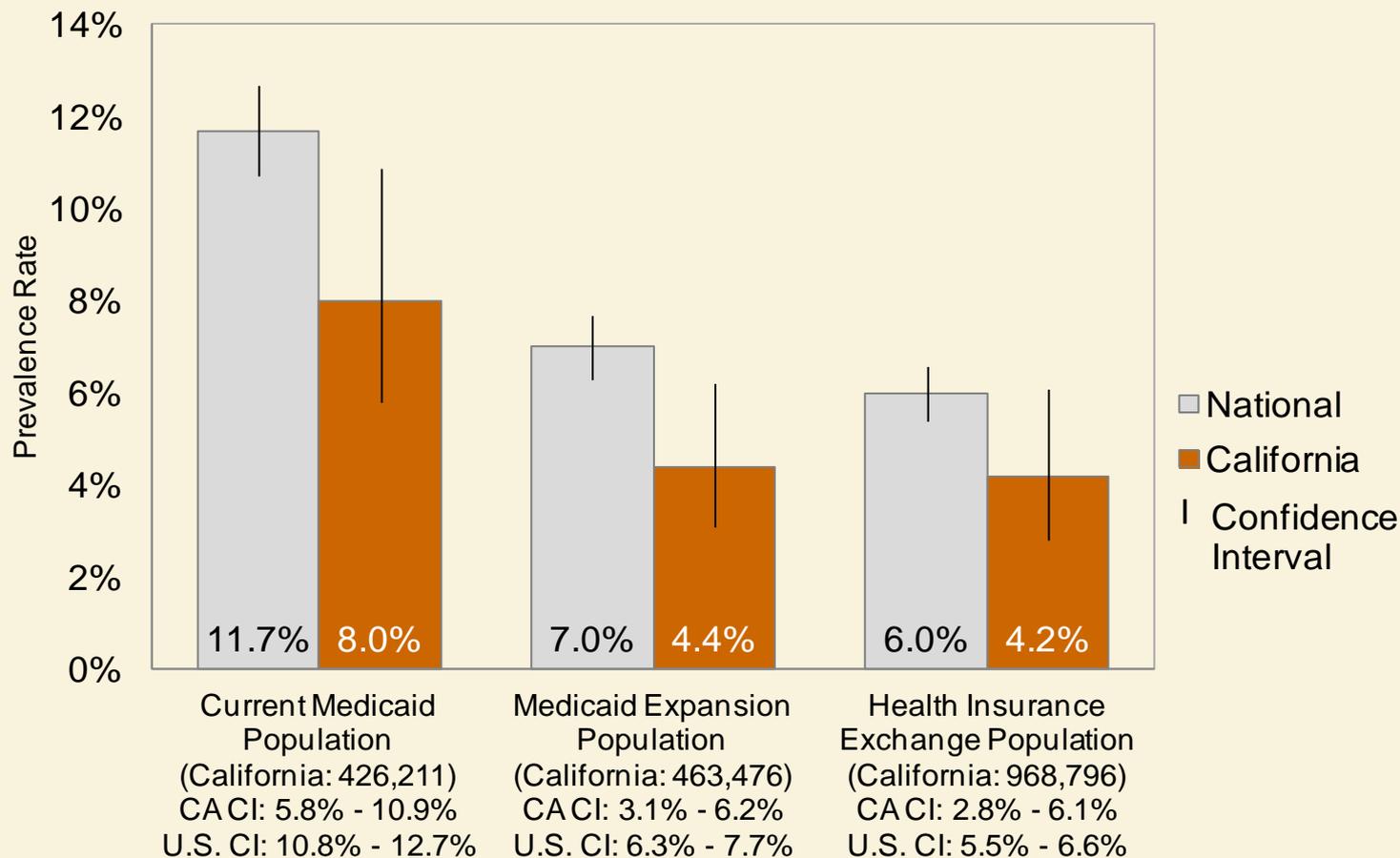
Prevalence of Behavioral Conditions Among Exchange Population



CI = Confidence Interval

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

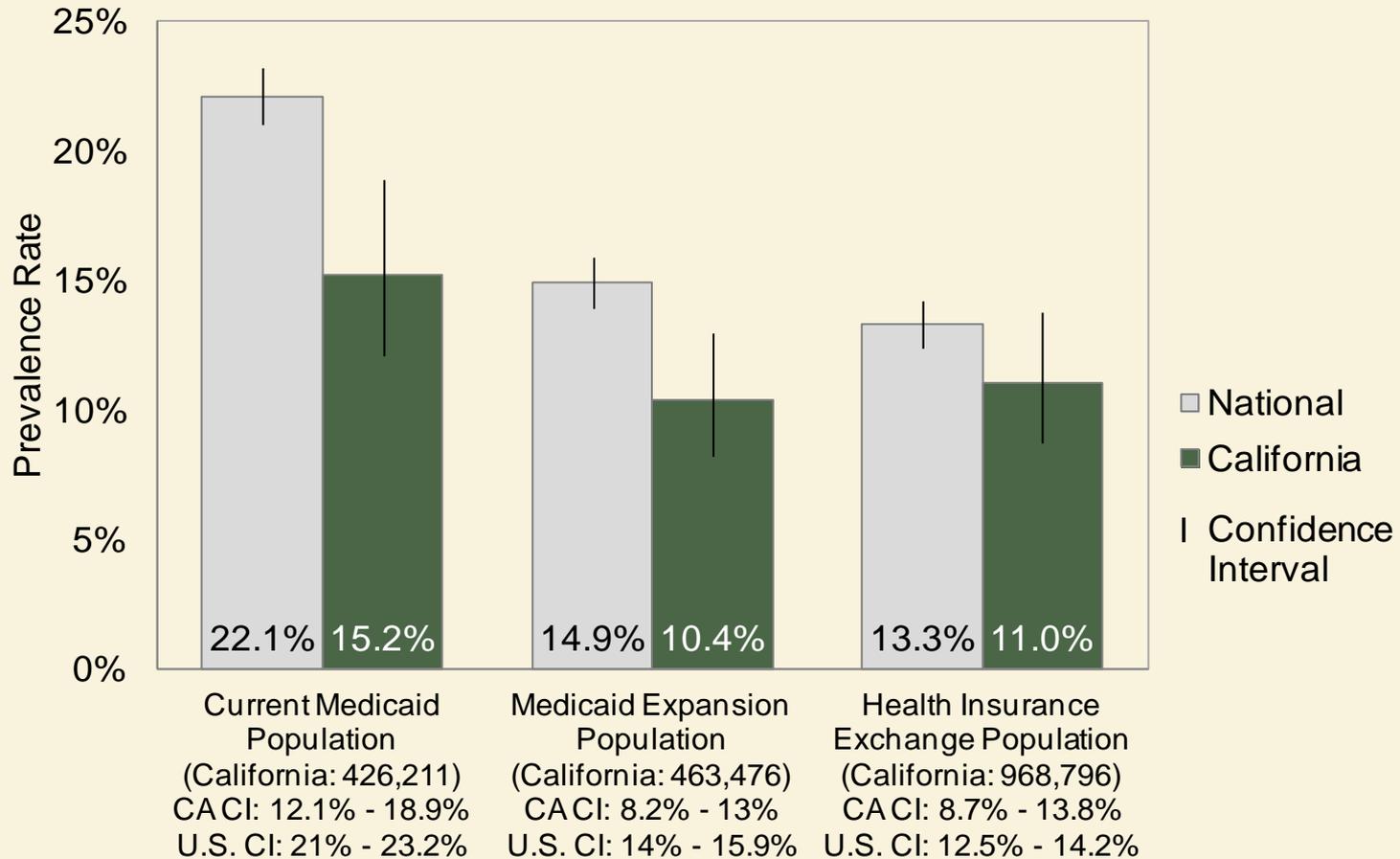
Prevalence of Serious Mental Illness Among Adults Ages 18 – 64 by Current Medicaid Status and Eligibility for Medicaid Expansion or Health Insurance Exchanges: **California, US**



CI = Confidence Interval

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

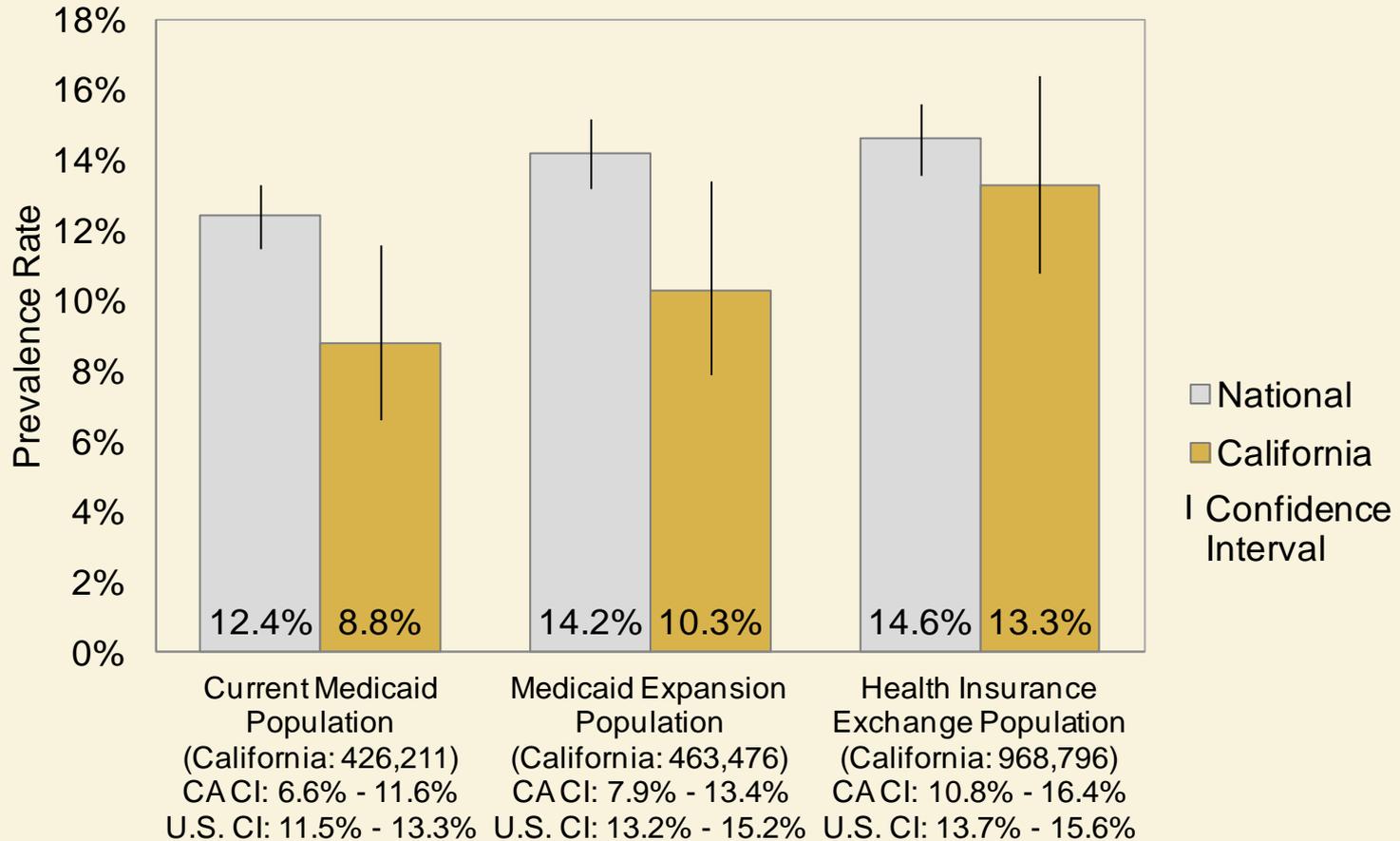
Prevalence of Serious Psychological Distress Among Adults Ages 18 – 64 by Current Medicaid Status and Eligibility for Medicaid Expansion or Health Insurance Exchanges: California, US



CI = Confidence Interval

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

Prevalence of Substance Use Disorders Among Adults Ages 18 – 64 by Current Medicaid Status and Eligibility for Medicaid Expansion or Health Insurance Exchanges: California, US

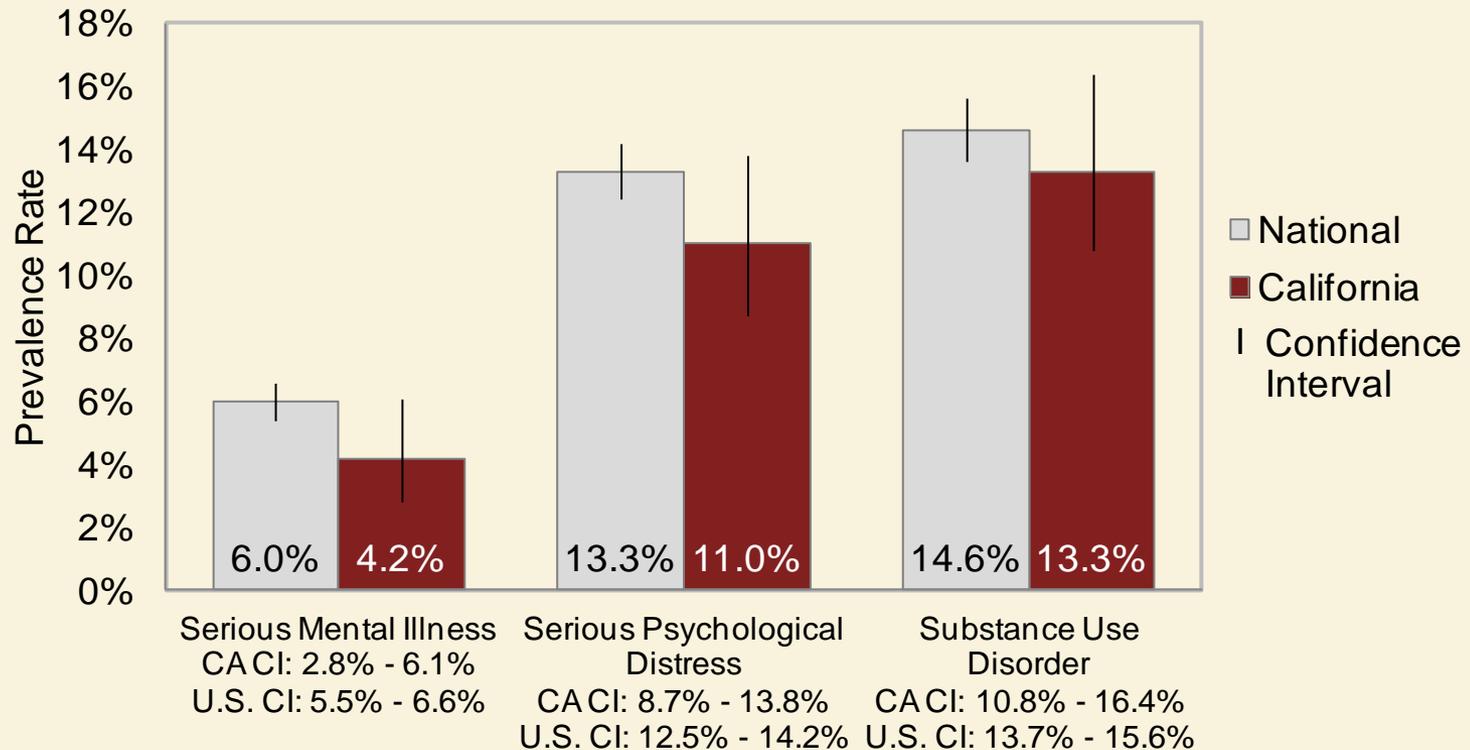


CI = Confidence Interval

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

Prevalence of Behavioral Conditions Among Health Insurance Exchange Population: California, US

Uninsured Adults Ages 18 - 64 with Incomes Between 133- 399% of the Federal Poverty Level (California: 2,968,796)

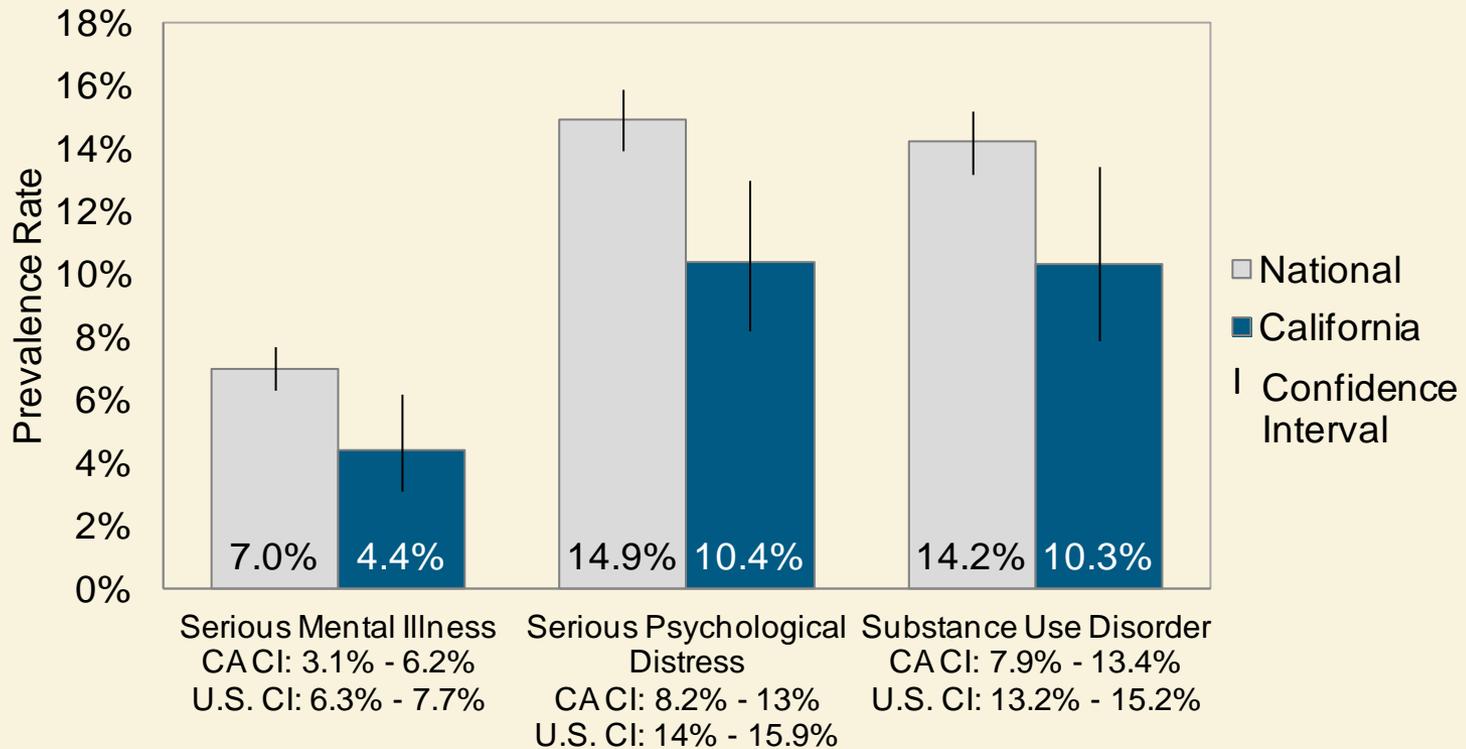


CI = Confidence Interval

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

Prevalence of Behavioral Conditions Among Medicaid Expansion Population: California, US

Uninsured Adults Ages 18-64 with Incomes < 139% of the Federal Poverty Level (California: 2,463,476)



CI = Confidence Interval

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

Characteristics of 18-64 Year-Olds with a Serious Mental Illness (SMI) Projected in Medicaid Expansion Population*

	National	California
Female	61%	60%
Age 18-34	53%	51%
Race/Ethnicity		
Non-Hispanic White	66%	45%
Non-Hispanic Black	13%	6%
Other	5%	11%
Hispanic	16%	38%
Education		
< High School	26%	34%
High School Graduate	38%	30%
College	37%	36%

Most common characteristics of persons with SMI in Medicaid expansion population in California are:

- Female
- Non-Hispanic White or Hispanic

* Population with income less than 139% of the Federal Poverty Level and uninsured

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

Characteristics of 18-64 Year-Olds with a Substance Use Disorder (SUD) Projected in Medicaid Expansion Population*

	National	California
Male	75%	77%
Age 18-34	63%	61%
Race/Ethnicity		
Non-Hispanic White	51%	30%
Non-Hispanic Black	20%	8%
Other	4%	8%
Hispanic	25%	54%
Education		
< High School	37%	46%
High School Graduate	32%	25%
College	31%	29%

Most common characteristics of persons with SUD in Medicaid expansion population in California are:

- Male
- 18-34 years old
- Non-Hispanic White or Hispanic
- Less than High School Education

* Population with income less than 139% of the Federal Poverty Level and uninsured

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

Characteristics of 18-64 Year-Olds with a Serious Mental Illness (SMI) Projected in Health Insurance Exchange*

	National	California
Female	60%	61%
Age 18-34	57%	57%
Race/Ethnicity		
Non-Hispanic White	68%	43%
Non-Hispanic Black	10%	4%
Other	5%	12%
Hispanic	17%	41%
Education		
< High School	18%	25%
High School Graduate	38%	30%
College	44%	45%

Most common characteristics of persons with SMI in exchange population in California are:

- Female
- Non-Hispanic White or Hispanic
- College Graduate

* Population with income from 133% to 399% of the Federal Poverty Level and uninsured

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

Characteristics of 18-64 Year-Olds with a Substance Use Disorder (SUD) Projected in Health Insurance Exchange*

	National	California
Male	73%	73%
Age 18-34	69%	70%
Race/Ethnicity		
Non-Hispanic White	52%	27%
Non-Hispanic Black	14%	5%
Other	5%	9%
Hispanic	29%	59%
Education		
< High School	26%	35%
High School Graduate	38%	29%
College	36%	35%

Most common characteristics of persons with SUD in exchange population in California are:

- Male
- 18-34 years old
- Non-Hispanic White or Hispanic

* Population with income from 133% to 399% of the Federal Poverty Level and uninsured

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey

SAMHSA Analysis

- Performed an environmental scan of nearly 80 organizations and publications
- Conducted nine in-depth Interviews with national, state and local organizations working directly with uninsured individuals with behavioral health conditions
- Held three listening sessions composed of individuals with behavioral health conditions representing CMS' enrollment sub segments

Challenges and Barriers

- Unfamiliarity with health insurance and its value
- Lack of awareness that they are eligible
- Cost concerns (premiums, co-pays and deductibles)
- Distrust of government programs
- Lack of decision-making skills
- Churn
- Uncovered services; exclusion for preexisting conditions
- Individuals with SUD new to health care system
- Complicated enrollment process

Marketing and Outreach Tactics

- Motivate people through information by trusted sources that access to insurance, benefits and services is available to them;
- Disseminate information through appropriate channels using appropriate tools; and
- Provide one-on-one assistance for enrollment through defined intermediaries.

SAMHSA Enrollment Coalitions Initiative

- Collaborate with national organizations whose members/constituents interact regularly with individuals with mental health and/or substance use conditions to create and implement enrollment communication campaigns
- Promote and encourage the use of CMS materials
- Provide training and technical assistance in developing enrollment communication campaigns using these materials
- Provide training to design and implement enrollment assistance activities
- Channel feedback and evaluate success

Supporting Intermediaries

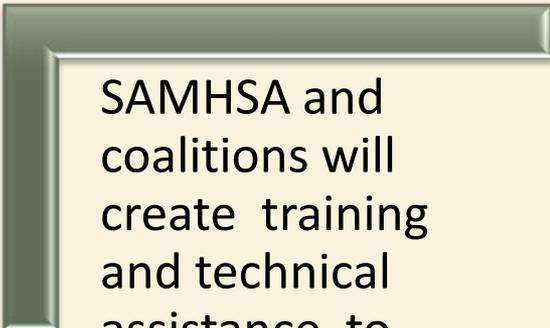
- Intermediary focused efforts formed in five categories:



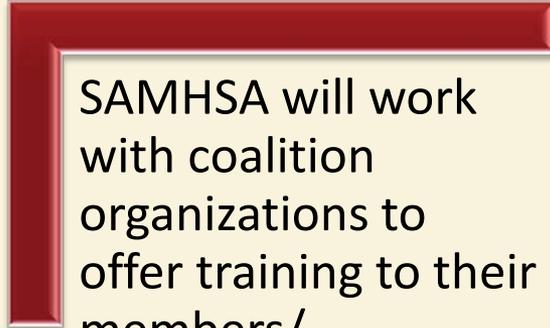
SAMHSA Enrollment Coalitions Initiative

- Supporting coalition groups in their commitment to promoting access to insurance for their constituents
- Inviting coalition groups to shape enrollment support policy, planning, training and materials development
- Providing leadership for other organizations

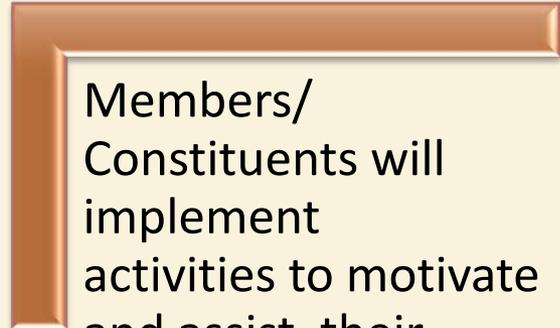
Three Stages of the Effort



SAMHSA and coalitions will create training and technical assistance to encourage enrollment of individuals with M/SUD



SAMHSA will work with coalition organizations to offer training to their members/ constituents to develop enrollment campaigns and provide enrollment assistance (two rounds of this stage)



Members/ Constituents will implement activities to motivate and assist their clients/ patients to enroll

Timeline

Laying the Groundwork

- Coalition formation
- Health insurance literacy training and technical assistance
- February –May 2013

Preparing for Enrollment

- Enrollment campaign training
- Enrollment assistance training
- June – September 2013

Enrolling Eligible Individuals

- Continuation of enrollment campaigns
- Enrollment assistance
- October 2013 - March 2014

SAMHSA Role

- Office of Behavioral Health Equity is working with African American, Latino, Native American and Asian American organizations to develop and promote best practices for CBOs to enroll eligible populations
- CMHS' SOAR project training to assist access to entitlement programs for homeless populations will incorporate enrollment training
- CSAT's Illinois TASC is developing training on enrollment outreach to individuals under justice supervision that can be used for criminal justice organizations

The Help We Are Seeking From National Behavioral Health Organizations

- Provide input on the development of targeted training and technical assistance for their members/constituents
- Partner in the delivery and promotion of training and technical assistance to their members/constituents
- Offer feedback from members/constituents on their training and technical assistance experience and other needs

SAMHSA Enrollment Coalitions Initiative UPDATE

- Held two virtual meetings of coalitions to introduce the coalition initiative, preview CMS materials and discuss their dissemination; March 19 and April 7.
- Created and populated an information sharing website (Onehub) for each coalition, containing all coalition meeting minutes and presentations, all CMS materials, coalition member materials and other enrollment resources.
- A resource manual and training video were sent to all members. This site is updated weekly with new materials.

SAMHSA Enrollment Coalitions Initiative UPDATE

- Soliciting and responding to requests for health insurance reform presentations at upcoming conferences and meetings.
- Developing a training toolkit, an on-demand, e learning presentation and resource kit for each of the five coalitions' national organizations to disseminate to their local members/affiliates on how to access and use CMS materials.
- Communicating with coalition members regarding CMS training opportunities and new resources on a regular basis.

BHBusiness

- TA to help 900+ provider orgs/year in 5 areas of practice
 - Strategic business planning in an era of health reform
 - 3rd-party contract negotiations
 - 3rd-party billing and compliance
 - Health insurance eligibility determinations and enrollment
 - Health information technology adoption
- Special focus on providers of peer & recovery support services & providers serving racial & ethnic minority and other vulnerable populations
- <http://www.samhsa.gov/healthReform/BHbusiness.aspx>

BHBusiness UPDATE

- 715 behavioral health organizations (20 networks) launched on March 15, 2013;
- Additional 8-10 Learning Networks will launch the week of June 3.
- In FY2014, will offer the TASC enrollment assistance training curriculum.

Enrollment Resources

- Healthcare.gov
 - <http://www.healthcare.gov/marketplace/index.html>
- HHS Partners Resources
 - <http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/index.html>
- SAMHSA Health reform resources
 - <http://www.samhsa.gov/healthReform/>
 - <http://samhsa.gov/healthreform/bhdatasets.aspx>
- State Refor(u)m Exchange Decisions
 - <http://www.statereform.org/node/10222>
- Enroll America Best Practices
 - <http://www.enrollamerica.org/best-practices-institute>

Health Reform Websites

- SAMHSA Health Reform Overview
 - <http://www.samhsa.gov/HealthReform/> (SAMHSA Health Reform Site)
 - <http://www.integration.samhsa.gov/> (Healthcare Integration)
 - <http://www.samhsa.gov/healthreform/docs/Financing-Focus-062912.pdf>
(Financing Focus Newsletter)
- U.S. Department of Health and Human Services Fact Sheets Information on state-by-state exchange funding & plans
 - <http://cciio.cms.gov/Archive/Grants/exchanges-map.html>
- CMS Exchange Overview: State Exchange Blueprint
 - <http://cciio.cms.gov/resources/other/index.html>
- CMS Resources:
 - <http://cciio.cms.gov/resources/regulations/index.html>
 - http://cciio.cms.gov/resources/factsheets/aca_implementation_faqs7.html
(Parity)

Health Reform Websites

- Kaiser Family Foundation Health Reform Gateway
 - <http://healthreform.kff.org/>
- National Council for Community Behavioral Healthcare
 - <http://mentalhealthcarereform.org/>
- Coalition for Whole Health
 - <http://www.coalitionforwholehealth.org/resources-for-local-advocates/>
- The Bazelon Center for Mental Health Law
 - <http://www.bazelon.org/Where-We-Stand/Access-to-Services/Health-Care-Reform.aspx>

Health Reform Websites

RECENT CMS GUIDANCE

- CMS Guidance: Application of Mental Health Parity to Medicaid and Benchmark Plans, January 2013
<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-001.pdf>
- CMS Proposed Final Rule Essential Health Benefits
<http://www.regulations.gov/#!documentDetail;D=CMS-2012-0142-0001>
- Joint CMS and SAMHSA Informational Bulletin Coverage of Children, Youth and Young Adults, May 2013
<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf>
- Prevention and Early Identification of Mental Health and Substance Use Conditions , March 2013
<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-27-2013.pdf>

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)

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