Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Health Reform Overview for the IHS Integrated Training Conference
11 April 2013
Phoenix, AZ

Jon T. Perez, Ph.D.
Regional Administrator, Region IX
SAMHSA

- One of 11 DHHS Grant making agencies, appx. 550 employees
- SAMHSA’s FY 2011-2012 budget is approximately $3.2 billion*

- Tribally Affiliated Discretionary
  - AZ appx. $3.7 mil
  - CA appx. $9.5 mil
  - NV appx. $365 K

(*FY 2013 operating on CR)
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
AIM: Improving the Nation’s Behavioral Health (1-4)
AIM: Transforming Health Care in America (5-6)
AIM: Achieving Excellence in Operations (7-8)
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
Pacific Region
Pacific Region

Map of the United States transposed to scale onto Pacific Region

Pacific Ocean

- Hawaii
- N. Marianas Islands
- F.S. Micronesia
- SFO (San Francisco)
- American Samoa
- Washington D.C.
- China
- Japan
- Australia
- Palau
# Region 9 Profile

<table>
<thead>
<tr>
<th>State</th>
<th>Capital</th>
<th>Population(^1)</th>
<th>Pop. Density(^2)</th>
<th>SA Prevalence(^3)</th>
<th>SMI Prevalence(^4)</th>
<th>Suicide Rate(^5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>Phoenix</td>
<td>6,392,017</td>
<td>56.3</td>
<td>9.38</td>
<td>4.21</td>
<td>15.0</td>
</tr>
<tr>
<td>California</td>
<td>Sacramento</td>
<td>37,253,956</td>
<td>239.1</td>
<td>9.64</td>
<td>4.3</td>
<td>10.3</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Honolulu</td>
<td>1,360,301</td>
<td>211.8</td>
<td>9.08</td>
<td>3.54</td>
<td>10.1</td>
</tr>
<tr>
<td>Nevada</td>
<td>Carson City</td>
<td>2,700,551</td>
<td>24.6</td>
<td>9.63</td>
<td>4.61</td>
<td>20.2</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td><strong>Washington, DC</strong></td>
<td><strong>309,349,689</strong></td>
<td><strong>87.4</strong></td>
<td><strong>9.1</strong></td>
<td><strong>4.6</strong></td>
<td><strong>11.3</strong></td>
</tr>
</tbody>
</table>

\(^1\) U.S. Census 2010  
\(^2\) U.S. Census 2010  
\(^3\) SAMHSA, NSDUH 2008-2009, Table 19. Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year among Persons Aged 18 or Older.  
\(^4\) SAMHSA, NSDUH 2008-2009, Table 22. Serious Mental Illness in Past Year among Persons Aged 18 or Older, by State.  
\(^5\) CDC, National Vital Statistics System-Mortality (NVSS-M) 2008, per 100,000
Regional Administrator Roles

SAMHSA Regional Administrators
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
Health Reform: Quick Overview
Bending the Cost Curve, Lowering Health Care Growth: Must Address Behavioral Health

- Better Integrated Care
- Expanded Coverage to Uninsured
- Pay for Outcomes, Not Units
- Prevention & Wellness
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
Health Reform

Arizona Estimates
Data Sources

• National Survey on Drug Use and Health
  - Sponsored by SAMHSA
  - National and state estimates on prevalence of behavioral health conditions and treatment
  - 2008 - 2010 data
  - Approximately 67,500 interviews per year

• American Community Survey
  - Sponsored by the U.S. Bureau of the Census
  - National and State population estimates, including counts of uninsured by income level
  - 2010 data
  - Approximately 1.9 million persons in sample
Methods for Estimating Uninsured with M/SU Conditions by FPL

• From NSDUH, identified by State the number of uninsured persons aged 18-64 with income:
  - Between 133% and 400% of the Federal poverty level (FPL) eligible for health insurance exchanges
  - Less than 139% of the FPL eligible for Medicaid expansion

• Calculated NSDUH prevalence rates for serious mental illness (SMI) and substance use disorder (SUD) by State, for the above groups

• Applied SMI/SUD prevalence rates to American Community Survey counts of uninsured by State
Prevalence of Serious Mental Illness Among Adults Ages 18 – 64 by Current Medicaid Status and Eligibility for Medicaid Expansion or Health Insurance Exchanges: Arizona, US

<table>
<thead>
<tr>
<th>Population</th>
<th>Prevalence Rate</th>
<th>National CI</th>
<th>Arizona CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Medicaid Population</td>
<td>15.6%</td>
<td>10.8% - 12.7%</td>
<td>7.9% - 28.3%</td>
</tr>
<tr>
<td>Medicaid Expansion Population</td>
<td>4.1%</td>
<td>6.3% - 7.7%</td>
<td>1.7% - 9.7%</td>
</tr>
<tr>
<td>Health Insurance Exchange Population</td>
<td>3.9%</td>
<td>5.5% - 6.6%</td>
<td>2% - 7.7%</td>
</tr>
</tbody>
</table>

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: Arizona, US

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Rate</td>
<td>22.1% 23.4%</td>
<td>14.9% 11.7%</td>
<td>13.3% 18.4%</td>
</tr>
<tr>
<td>CI = Confidence Interval</td>
<td>AZ CI: 15.1% - 34.3%</td>
<td>AZ CI: 6.4% - 20.2%</td>
<td>AZ CI: 11.5% - 28.1%</td>
</tr>
<tr>
<td>Sources:</td>
<td>2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)</td>
<td>2010 American Community Survey</td>
<td></td>
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</tbody>
</table>
Prevalence of Substance Use Disorders Among Adults Ages 18 – 64 by Current Medicaid Status and Eligibility for Medicaid Expansion or Health Insurance Exchanges: Arizona, US

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<tr>
<th>Category</th>
<th>Prevalence Rate</th>
<th>National CI</th>
<th>Arizona CI</th>
<th>U.S. CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Medicaid Population</td>
<td>12.4%</td>
<td>9.1% - 22.2%</td>
<td>14.4%</td>
<td>11.5% - 13.3%</td>
</tr>
<tr>
<td>Medicaid Expansion Population</td>
<td>14.2%</td>
<td>9.4% - 23.2%</td>
<td>15.0%</td>
<td>13.2% - 15.2%</td>
</tr>
<tr>
<td>Health Insurance Exchange Population</td>
<td>14.6%</td>
<td>7.6% - 19.6%</td>
<td>12.4%</td>
<td>13.7% - 15.6%</td>
</tr>
</tbody>
</table>

CI = Confidence Interval

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

Uninsured Adults Ages 18 - 64 with Incomes Between 133-399% of the Federal Poverty Level (Arizona: 405,206)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence Rate</th>
<th>Arizona CI</th>
<th>U.S. CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Mental Illness</td>
<td>6.0%</td>
<td>2% - 7.7%</td>
<td>5.5% - 6.6%</td>
</tr>
<tr>
<td>Serious Psychological Distress</td>
<td>13.3%</td>
<td>11.5% - 28.1%</td>
<td>12.5% - 14.2%</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>14.6%</td>
<td>7.6% - 19.6%</td>
<td>13.7% - 15.6%</td>
</tr>
</tbody>
</table>

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

Uninsured Adults Ages 18-64 with Incomes < 139% of the Federal Poverty Level (Arizona: 421,522)

- **Serious Mental Illness**
  - AZ CI: 1.7% - 9.7%
  - U.S. CI: 6.3% - 7.7%

- **Serious Psychological Distress**
  - AZ CI: 6.4% - 20.2%
  - U.S. CI: 14% - 15.9%

- **Substance Use Disorder**
  - AZ CI: 9.4% - 23.2%
  - U.S. CI: 13.2% - 15.2%

CI = Confidence Interval

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

2010 American Community Survey
Methods for Estimating Population Characteristics

- From NSDUH, calculated the national prevalence rates for SMI, serious psychological distress (SPD), and SUD by income group with demographic populations of interest (e.g., uninsured non-Hispanic whites with income <138% FPL with SMI)

- Multiplied national prevalence rate by the ACS’ State population by income group with this demographic characteristic (e.g., national % of uninsured 18-34 year olds with income <138% FPL with SMI * ACS State number of 18-34 year olds with income <138% FPL)

- Calculated the percent distribution with condition in the State across demographic groups such as race, age, and education (e.g., percent with SMI with < high school, high school, or college education)
Characteristics of 18-64 Year-Olds with a Serious Mental Illness (SMI) Projected in Medicaid Expansion Population*

<table>
<thead>
<tr>
<th>Category</th>
<th>National</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>61%</td>
<td>59%</td>
</tr>
<tr>
<td>Age 18-34</td>
<td>53%</td>
<td>56%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>66%</td>
<td>59%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16%</td>
<td>28%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>College</td>
<td>37%</td>
<td>38%</td>
</tr>
</tbody>
</table>

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

- 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*

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

- Male
- 18-34 years old
- 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 Serious Mental Illness (SMI) Projected in Health Insurance Exchange*

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>Age 18-34</td>
<td>57%</td>
<td>55%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>College</td>
<td>44%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Most common characteristics of persons with SMI in exchange population in Arizona 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
Most common characteristics of persons with SUD in exchange population in Arizona 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
Health Reform

Nevada Estimates
Data Sources

• National Survey on Drug Use and Health
  - Sponsored by SAMHSA
  - National and state estimates on prevalence of behavioral health conditions and treatment
  - 2008 - 2010 data
  - Approximately 67,500 interviews per year

• American Community Survey
  - Sponsored by the U.S. Bureau of the Census
  - National and State population estimates, including counts of uninsured by income level
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  - Approximately 1.9 million persons in sample
Methods for Estimating Uninsured with M/SU Conditions by FPL

• From NSDUH, identified by State the number of uninsured persons aged 18-64 with income:
  - Between 133% and 400% of the Federal poverty level (FPL) eligible for health insurance exchanges
  - Less than 139% of the FPL eligible for Medicaid expansion

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• Applied SMI/SUD prevalence rates to American Community Survey counts of uninsured by State
### Prevalence of Serious Mental Illness Among Adults Ages 18 – 64 by Current Medicaid Status and Eligibility for Medicaid Expansion or Health Insurance Exchanges: Nevada, US

<table>
<thead>
<tr>
<th>Population</th>
<th>Prevalence Rate</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Medicaid Population (Nevada: 82,553)</td>
<td>23.7%</td>
<td>11.4% - 43%</td>
</tr>
<tr>
<td>Medicaid Expansion Population (Nevada: 200,673)</td>
<td>4.2%</td>
<td>1.8% - 9.3%</td>
</tr>
<tr>
<td>Health Insurance Exchange Population (Nevada: 230,732)</td>
<td>8.6%</td>
<td>4.7% - 15.2%</td>
</tr>
</tbody>
</table>

**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: Nevada, 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: Nevada, US

![Graph showing prevalence rates with confidence intervals for Current Medicaid Population, Medicaid Expansion Population, and Health Insurance Exchange Population.]

<table>
<thead>
<tr>
<th>Population Type</th>
<th>Nevada Prevalence</th>
<th>National Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Medicaid Population (Nevada: 82,553)</td>
<td>16.5%</td>
<td>14.2%</td>
</tr>
<tr>
<td>NV CI: 9.2% - 27.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. CI: 11.5% - 13.3%</td>
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<td></td>
</tr>
</tbody>
</table>

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

Uninsured Adults Ages 18 - 64 with Incomes Between 133-399% of the Federal Poverty Level (Nevada: 230,732)

- **Serious Mental Illness**
  - Nevada CI: 4.7% - 15.2%
  - U.S. CI: 5.5% - 6.6%

- **Serious Psychological Distress**
  - Nevada CI: 9% - 20%
  - U.S. CI: 12.5% - 14.2%

- **Substance Use Disorder**
  - Nevada CI: 11.3% - 26.8%
  - U.S. CI: 13.7% - 15.6%

CI = Confidence Interval

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

Uninsured Adults Ages 18-64 with Incomes < 139% of the Federal Poverty Level (Nevada: 200,673)

- **Serious Mental Illness**
  - NV CI: 1.8% - 9.3%
  - U.S. CI: 6.3% - 7.7%
- **Serious Psychological Distress**
  - NV CI: 6.7% - 24.3%
  - U.S. CI: 14% - 15.9%
- **Substance Use Disorder**
  - NV CI: 8.7% - 27.9%
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CI = Confidence Interval

Sources: 2008 - 2010 National Survey on Drug Use and Health (Revised March 2012)
2010 American Community Survey
Methods for Estimating Population Characteristics

- From NSDUH, calculated the national prevalence rates for SMI, serious psychological distress (SPD), and SUD by income group with demographic populations of interest (e.g., uninsured non-Hispanic whites with income <138% FPL with SMI)
- Multiplied national prevalence rate by the ACS’ State population by income group with this demographic characteristic (e.g., national % of uninsured 18-34 year olds with income <138% FPL with SMI * ACS State number of 18-34 year olds with income <138% FPL)
- Calculated the percent distribution with condition in the State across demographic groups such as race, age, and education (e.g., percent with SMI with < high school, high school, or college education)
### Characteristics of 18-64 Year-Olds with a Serious Mental Illness (SMI) Projected in Medicaid Expansion Population*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>National</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td>61%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Age 18-34</strong></td>
<td>53%</td>
<td>53%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>38%</td>
<td>36%</td>
</tr>
<tr>
<td>College</td>
<td>37%</td>
<td>38%</td>
</tr>
</tbody>
</table>

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

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

* Population with income less than 139% of the Federal Poverty Level and uninsured
### Characteristics of 18-64 Year-Olds with a Serious Mental Illness (SMI) Projected in Health Insurance Exchange*

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Nevada</th>
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<tbody>
<tr>
<td><strong>Female</strong></td>
<td>60%</td>
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</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>68%</td>
<td>63%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>College</td>
<td>44%</td>
<td>42%</td>
</tr>
</tbody>
</table>

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

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

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

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*

Most common characteristics of persons with SUD in exchange population in Nevada 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
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](chart.png)

With behavioral health problems and diabetes

With diabetes alone

Individual Costs of Diabetes Treatment for Patients Per Year

- $0
- $50,000,000
- $100,000,000
- $150,000,000
- $200,000,000
- $250,000,000
- $300,000,000
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
Mental and substance use disorders rank among top five diagnoses associated with 30-day readmissions, accounting for about one in five of all Medicaid readmissions.
Responses Resulting from the ACA

- Health Homes—start with people who 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
Health Reform: Impact of the Affordable Care Act

• Focus on primary care & coordination w/ specialty care

• Emphasis on home & community-based services; less reliance on institutional & residential care (health homes)

• Priority on prevention of diseases & promoting wellness

• Focus on quality rather than quantity of care (HIT, accountable care organizations)

• Behavioral health is included – parity
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 Proposed Rules released by HHS November 2012
  - Gives flexibility to States in choosing a benchmark plan
  - Can be found at:
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
  - 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 PBHCl*
  - *Quality and Data (including HIT)*
Role of Providers

→ Develop partnerships with primary care and other specialty care systems—identify what roles they can play in or as medical homes

→ Improve their infrastructure
  ● Operations (e.g. billing)
  ● Electronic health records
  ● Compliance

→ Developing a competent workforce including use of peers or recovery coaches
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
Next Steps Providers/Care Systems

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

• Improve the physical health of people with SMI by supporting communities to coordinate and integrate primary care services into publicly funded behavioral health settings

• Grantees will form partnerships to develop or expand their offerings with primary health care services for people with SMI, thus improving overall health status

• Eligible applicants comprise community behavioral health agencies in partnership with primary care providers
Next Steps SAMHSA

- Essential Benefits, Enrollment
- National Center for Innovation and Financing
- Uniform Block Grant Application – TA to states
- Service definitions w/ Medicaid (health homes, rules/regs, good and modern services, screening, prevention) and Medicare (dually eligible populations, annual wellness visit)
- Primary/Behavioral Health integration
Role of States in Affordable Care Act Implementation

General

- Role as payer expanding
- Role in preparing state Medicaid programs now for expansion in 2014 (enrollment, benefit plans, payments, etc.)
- Role in HIT is expanding
- Role in high risk pools unfolding
- Role in insurance exchanges unfolding through HHS
- Role in evaluating state insurance markets and weighing against possible benefits of new exchanges
Role of States in Affordable Care Act Implementation

State substance abuse and mental health agencies

- New kind of leadership required with and by state agencies – (Medicaid, insurance commissioner, HIT coordinator)
- Change in use of block grant dollars (moving demos to practice)
- Supporting communities selected for discretionary grants
Eligible individuals are those with chronic conditions, meaning an individual who is eligible for medical assistance under the state plan or under a waiver of such plan and has at least

- 2 chronic conditions; or
- 1 chronic condition and is at risk of having a second chronic condition; or
- 1 serious and persistent mental health condition

Chronic conditions must include:
- A mental health condition
- A substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight, as evidenced by having a BMI >25
State systems for procurement, contract management, financial reporting and audit vary significantly.

SAMHSA expects states to implement policies and procedures to ensure that block grant funds are used for four purposes: fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time:

- Fund priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- Fund primary prevention—universal, selective and indicated prevention activities and services for persons not identified as needing treatment.
- (to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and to plan the implementation of new services nationwide.)
Same Day Billing

• Currently undertaking a comprehensive review of code-pairs that can support integration & same-day billing
• Expected outcome: coding/billing information scenarios supporting integration for both Medicare and Medicaid
• Results will:
  • Support use in Medicare
  • Be essential information for provider billing education component
  • Provide basis for dialogue w/ Medicaid programs on allowing specific code pairs
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.
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
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
CMS Announces Opportunity to Apply for Marketplace Navigator Grants

“Navigator” program will help consumers understand new coverage options as they enroll in new Marketplaces.

The new funding opportunity provides up to $54 million in total funding and applications are due by June 7, 2013.

To access the funding opportunity announcement, visit: http://www.grants.gov, and search for CFDA # 93.750.
Marketing and Outreach

- 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.
Health Reform Websites

- IHS
  - [http://www.ihs.gov/PublicAffairs/DirCorner/docs/Fact_Sheet.pdf](http://www.ihs.gov/PublicAffairs/DirCorner/docs/Fact_Sheet.pdf)

- NIHB

- NPAIHB
Health Reform Websites

• SAMHSA Health Reform Overview
  • [http://www.samhsa.gov/HealthReform/](http://www.samhsa.gov/HealthReform/)

• 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](http://cciio.cms.gov/Archive/Grants/exchanges-map.html)

• CMS Exchange Overview: State Exchange Blueprint

• CMS Resources:
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

• CMS Proposed Final Rule Essential Health Benefits
  http://www.regulations.gov/#!documentDetail;D=CMS-2012-0142-0001
Archived webinars at [http://www.samhsa.gov/HealthReform/](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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