

Strategic Initiative #5: Health Reform

Lead: John O'Brien, Senior Advisor for Behavioral Health Financing

Key Facts

- In 2014, 32 million more Americans will be covered by health insurance because of changes under the Affordable Care Act. Between 20 to 30 percent of these people (6 to 10 million) will have a mental or substance use disorder.^{97,98}
- The Affordable Care Act will increase the number of people who are insured. Currently, individuals with a mental disorder are twice as likely to be uninsured than those without a mental disorder.⁹⁹
- Among the currently uninsured aged 22 to 64 with family income of less than 150 percent of the Federal poverty level (FPL), 32.4 percent had illicit drug or alcohol dependence/abuse or mental illness.¹⁰⁰
- As of 2005, Medicaid paid for 28 percent of all spending on mental health services and 21 percent of substance abuse treatment in the United States.¹⁰¹
- As of 2005, Medicare paid for 8 percent of all spending on mental health services and 7 percent of substance abuse treatment in the United States.¹⁰²
- Medicaid is a primary source of support for mental health services at the State level—44 percent of mental health funding managed by State Mental Health Authorities comes from Medicaid.¹⁰³
- In 2006, nearly 7.5 million individuals were dually eligible for both Medicare and Medicaid at a cost of approximately \$200 billion.^{104, 105} Fifty-two percent of these people have a psychiatric illness.¹⁰⁶
- Many individuals with mental and substance use disorders will no longer pay significant out-of-pocket expenses for medication due to the closing of the “doughnut hole” in Medicare Part D.¹⁰⁷
- States spend as much as 75 percent of their Medicaid mental health funds for children on residential treatment and inpatient hospital services.¹⁰⁸
- The Mental Health Parity and Addiction Equity Act (MHPAEA) affects 140 million individuals participating in group health plans.¹⁰⁹
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ); racial; and ethnic populations are disproportionately represented in the ranks of the uninsured. In 2008, 22 percent of gay and lesbians reported having no health insurance,¹¹⁰ and in 2009, 34 percent of Hispanics, 28 percent of American Indians and Alaska Natives, 23 percent of African Americans, and 18 percent of Asian Americans, compared with 14 percent of white Americans, were uninsured.¹¹¹

Overview

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (together referred to as the Affordable Care Act) that make health insurance coverage more affordable for individuals, families, and the owners of small businesses. The Affordable Care Act is one aspect of a broader

Purpose of Initiative #5

Increasing access to appropriate high quality prevention, treatment, and recovery services; reducing disparities that currently exist between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and co-occurring health conditions, such as HIV/AIDS.

movement toward a reformed behavioral health system. For the behavioral health field, “health reform” includes MHPAEA, Olmstead^{vi} and early periodic screening, diagnosis, and treatment (EPSDT)^{vii} issues, integration with the broader health system, and increased use of health information technology (HIT). More specific efforts are also important to the reform of the behavioral health system, such as the National HIV/AIDS Strategy, the Tribal Law and Order Act, and the National Action Alliance for Suicide Prevention. These developments present SAMHSA with the challenge of managing and responding in an environment of rapid, dramatic change. Health reform also presents opportunities to make a positive impact on health and behavioral health systems, services, and payer sources. Through this Strategic Initiative, SAMHSA will work to include persons in need of services for mental and substance use disorders; their family members; and the practitioners and providers who serve them in all aspects of health reform.

The Affordable Care Act reforms insurance markets to make them more competitive. It protects consumers’ rights by prohibiting such practices as excluding people from coverage due to preexisting conditions, placing annual or lifetime caps on coverage, banning rescission of coverage, and establishing basic minimum benefit packages. The Affordable Care Act addresses the reality that racial and ethnic minority populations are disproportionately uninsured, face systemic barriers to health care services, and experience worse health outcomes. The Affordable Care Act also includes prevention, early intervention, and treatment of mental and substance use disorders as an integral part of improving and maintaining overall health. When fully implemented, the Affordable Care Act will provide access to coverage for an estimated 32 million Americans who are now uninsured. It will ensure that mental health and substance use services for newly covered individuals are provided at parity, consistent with the MHPAEA passed in 2008.

SAMHSA has a prominent role in several key Affordable Care Act provisions, including a requirement for States and Territories to consult with SAMHSA in developing medical homes for individuals with mental and substance use disorders. If funds are appropriated by congress,

^{vi} In 1999, the U.S. Supreme Court issued the landmark Olmstead decision applying the Americans with Disabilities Act to the right of individuals with disabilities to receive health care in a community-based setting.

^{vii} This child health component of Medicaid is required in every State.

SAMHSA will also be responsible for developing Centers of Excellence for Depression and Post Partum Depression. In addition, SAMHSA is taking a lead role in shaping policies on home- and community-based services for individuals with mental and substance use disorders. Parity between mental health and addiction services and medical and health services is a SAMHSA priority. SAMHSA will work to ensure that behavioral health services covered by the Affordable Care Act and MHPAEA are at parity and that these services are managed no differently than medical and other health benefits offered by Medicaid and private insurance.

The Affordable Care Act will have an impact on SAMHSA's Block Grants and the alignment of public and private sectors. The new opportunities under the law will significantly expand mental health and substance use treatment and support services under Medicaid and insurance products offered to working-class families. Some changes are already in effect while others are not yet implemented, including a major expansion in Medicaid enrollment in 2014. Because of this anticipated increase in funding for treatment and services, SAMHSA Block Grants will soon be able to purchase other needed services that support individuals and families toward their recovery and resiliency goals. Many of these services may not be covered by Medicaid or private insurance; therefore, Block Grant services will likely be necessary to complete the benefit package for people with insurance coverage and deliver the full range of services to others who still do not have or move in and out of coverage.

CMS currently funds more than a third of mental health services and substance abuse treatment¹¹² in the United States. Under the Affordable Care Act, the Medicaid program will play an increasing role in the financing and delivery of mental health and substance use services. The Affordable Care Act enables States and Territories to use current and new provisions of the Medicaid program to offer services to current and newly eligible enrollees, such as expanding eligibility to individuals without dependent children and whose incomes are below 133 percent of the FPL. It provides a significant focus on expanding and improving home- and community-based services for individuals with disabilities, including those with mental and substance use disorders. In addition, the Medicaid program will cover some prevention services, including screening for depression and alcohol misuse or abuse. CMS will enhance efforts to develop strategies for individuals who are dually eligible for Medicare and Medicaid services—a significant number of these individuals need mental health and substance use services.

For certain populations, people with disabilities, children from low- to moderate-income families, and older Americans, services funded and regulated by CMS are the primary form of care received. In 2014, low-income adults without dependent children will also begin to receive coverage from Medicaid. Because of the prevalence of mental and substance use disorders among these populations and the access issues they face, their needs have long been a priority for SAMHSA. SAMHSA recognizes the unique role that CMS plays in funding and regulating the health services critical to their behavioral health and will actively partner with CMS to ensure that they receive the best possible care and support. In addition to working with CMS, SAMHSA will maintain a focus on reforming all services and systems regardless of payer. This focus includes other publicly funded services through the Health Resources and Services Administration (HRSA), Administration for Children and Families (ACF), and other U.S. Department of Health and Human Services (HHS) Operating Divisions; programs funded at the State, county, city, and community levels; and services covered by the private insurance sector.

The Affordable Care Act seeks to enhance the availability of primary care services, especially for low-income individuals with complex health needs. Many provisions seek to identify and coordinate primary care and specialty services for these individuals through medical homes. In use for many years, the term “medical home” means the specific designation of a health care professional, practice, or clinic to be accountable for identifying and coordinating a wide range of services for a particular individual or group. Specific provisions of the Affordable Care Act will increase access to medical homes for individuals with serious mental illness and individuals with co-occurring addiction and other chronic health and mental health conditions. Better coordination will help reign in unsustainable costs for families, government, and the private sector, making care more accessible, affordable, and effective. HIV/AIDS is an example of a co-occurring health concern that SAMHSA remains committed to addressing. Behavioral health problems put individuals at greater risk for HIV infection and can hinder access to treatment and maintenance in care for those with HIV/AIDS. Through this initiative, SAMHSA will support coordinated mental health and addictions treatment services for people with HIV/AIDS, HIV risk assessment, pre-test counseling, HIV testing, post-test counseling, referrals for treatment, and testing for other infectious diseases (such as hepatitis C).

SAMHSA will promote the planning and development of integrated primary and behavioral health care for individuals with mental and substance use disorders. This bidirectional integration of primary and behavioral health care will better meet the needs of individuals with mental and/or substance use disorders who seek care in primary care settings to address their health needs. As a result, SAMHSA will focus on enhancing access to (health and behavioral health) services and effective referral arrangements for those living with mental and/or substance use disorders across all health care settings—whether specialty behavioral health or primary care providers. SAMHSA addresses health from a “multiple chronic conditions approach” which recognizes that individuals with a mental and/or substance use disorder are at a heightened risk for or are often diagnosed with a concurrent chronic health condition. SAMHSA also uses a “whole person” philosophy—caring not just for an individual’s health condition but providing linkages to long-term community care services and supports, social services, and family services.

Disparities

Low-income minority populations are less likely to have coverage or access to a health home today. When dealing with behavioral health problems, they also confront significant individual, family, linguistic, cultural, and systemic barriers to care. As a result, these populations tend to use more costly services, such as emergency departments, and are not reached by preventive care or early intervention services. They are doubly jeopardized by their minority and behavioral health status, resulting in preventable, costly, and at times, inappropriate care and poorer behavioral health outcomes.

The Affordable Care Act provides an opportunity to improve access and care for racial, ethnic, LGBTQ, and other populations. It includes the expansion of initiatives to increase racial and ethnic diversity in health care professions. It also strengthens requirements for language and outreach services to improve communications between providers and consumers. The Affordable Care Act underscores the importance of outreach to racial and ethnic minority groups that may meet expanded eligibility criteria for Medicaid but fail to enroll. In addition, as a step to improve

services to diverse linguistic populations, CMS released a letter on July 1, 2010, that outlines access to enhanced Federal match for linguistic services¹¹³ (in reference to the State Children's Health Insurance Program), demonstrating a commitment to this issue.

The Affordable Care Act also includes many provisions applying specifically to Tribes. Because American Indians and Alaska Natives experience numerous health disparities, they will benefit importantly from health reform. The complexity of these issues and the scope of the changes require implementation efforts that incorporate Tribal consultation.

Behavioral Health Workforce

Increasing the pool of health care providers is a key component in reforming the behavioral health system. The Affordable Care Act, MHPAEA, and other efforts contribute to a comprehensive strategy to achieve this goal by improving the resources and training pipeline. SAMHSA is working with partners and stakeholders to develop a new generation of providers, promote innovation of service delivery through primary care and behavioral health care integration, and increase quality and reduce health care costs through health insurance exchanges and the essential and benchmark benefit plans.

SAMHSA is collaborating with HRSA and CMS workforce projects that include the promoting and awarding grants for behavioral health workforce development, increasing access to providers in underserved areas, and integrating behavioral health and primary care. Specifically, SAMHSA and HRSA are jointly funding a national resource center that will provide training and technical assistance to community behavioral health programs, community health centers, and other primary care organizations. The resource center will also help develop models of integrated care across behavioral health and primary care.

Components of the Initiative

Reform of the health care system will be complex, challenging, and laden with competing priorities. Work accomplished over next 3 years will be the foundation for the newly reconfigured health care system for many years to come. SAMHSA must focus on ensuring that mental health and addiction services are an integral part of many health reform efforts. In addition, SAMHSA must support States, Territories, Tribes, primary care and behavioral health providers, and individuals and families to understand and participate actively in designing and implementing State, Territorial, Tribal, and local health reform efforts.

SAMHSA and CMS must work closely in designing services to meet the needs of individuals with a wide range of mental and substance use conditions. SAMHSA will provide the content expertise to CMS in planning, designing, reimbursing, and overseeing services. Indeed, several provisions require the two Operating Divisions to provide technical assistance and guidance for States, Territories, Tribes, and providers on critical policies and programs.

Although the details of what services will be available to individuals under Medicaid and private insurance are pending, SAMHSA anticipates that more recovery- and resiliency-oriented services will be purchased with Block Grant funds. SAMHSA will work closely with States, Territories, Tribes, and other stakeholders to discuss and design changes to the Block Grant

program before 2014 when 32 million more Americans will be covered by private and public health insurance.

SAMHSA will build upon its Primary and Behavioral Health Care Integration (PBHCI) program to implement new opportunities under The Affordable Care Act, MHPAEA, and other initiatives. SAMHSA will collaborate in planning the next generation of PBHCI with CMS, Indian Health Service, HRSA, and relevant Federal Offices of Minority Health created by the Affordable Care Act. These efforts will include developing new or expanding current models that support integration of services for mental and substance use disorders with physical health in both directions (primary care in behavioral health care and behavioral health in primary care). SAMHSA will collaborate with HRSA in a technical assistance effort for States, Territories, Tribes, and providers to spread and sustain integration efforts. SAMHSA will also engage the field around Olmstead and EPSDT issues and focus on improving practice around specific issues of concern, such as HIV/AIDS. By working across systems, SAMHSA will build the best possible prevention, treatment, and recovery support services whether needs first become apparent (or first present) in the primary care office, in behavioral health providers and clinics, or in other settings such as schools, jails/prisons, or child welfare.

Goals

- Goal 5.1:** Ensure behavioral health is included in all aspects of health reform.
- Goal 5.2:** Support Federal, State, Territorial, and Tribal efforts to develop and implement new provisions under Medicaid and Medicare.
- Goal 5.3:** Finalize and implement the parity provisions in MHPAEA and the Affordable Care Act.
- Goal 5.4:** Develop changes in SAMHSA Block Grants to support recovery and resilience and increase accountability.
- Goal 5.5:** Foster the integration of primary and behavioral health care.

Goal 5.1: Ensure behavioral health is included in all aspects of health reform.

Objective 5.1.1: Implement strategies that address critical provisions in the Affordable Care Act.

Action Steps:

1. Develop and implement work plans for major provisions of the Affordable Care Act that are SAMHSA's responsibility and ensure all work plans incorporate the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards, as developed by the HHS Office of Minority Health). Major areas of focus will be the development of integrated health homes that include mental health and addiction services, prevention, primary care behavioral health integration initiatives, home visiting programs (with HRSA and ACF), mental health and behavioral health

education and training grants (with HRSA), Centers of Excellence for Depression (if funded), and pilots for post-partum depression (if funded).

2. Co-lead an HHS workgroup to develop policies for home- and community-based services offered by Federal and State agencies.
3. Leverage changes under The Affordable Care Act, such as coverage expansions affecting parents; provisions related to home visiting, health homes, required preventative services, and preexisting conditions; and new parity requirements to better meet the needs of children and youth affected by mental and substance use disorders.
4. Develop recommendations about the mental health and addiction services that should be available for individuals who receive services through essential and benchmark plans.

Objective 5.1.2: Support States, Territories, and Tribes in their efforts to understand, design, and implement State, Territory, and Tribe-specific health reform strategies and to reduce health disparities.

Action Steps:

1. Develop strategies for States, Territories, and Tribes to implement health reform, including identifying model policies and lessons learned from States, Territories, and Tribes that have expanded eligibility, especially in underserved communities.
2. With the expanded eligibility provisions in the Affordable Care Act, develop strategies to increase the enrollment of diverse racial, ethnic, and LGBT groups.
3. Develop, coordinate, and evaluate a technical assistance strategy for States, Territories, and Tribes on health reform, including outreach, enrollment, access, parity, prevention, and quality improvement strategies targeted to underserved diverse populations.
4. Support Tribes in their efforts to understand, design, and implement health reform strategies through tailored technical assistance and information resources, including identifying model policies and lessons learned from States and Territories that have expanded eligibility.
5. Work with the National Association of Insurance Commissioners about behavioral health issues within State insurance exchanges.

Objective 5.1.3: Support providers in their efforts to understand, design, and implement State-, Territory-, and Tribe-specific health reform strategies.

Action Steps:

1. Assist provider organizations to identify their programmatic and operational needs under health reform—including provisions to reduce health disparities—and tools to support transition.
2. Develop a strategy for addressing providers' infrastructure needs for health reform (billing, electronic health records [EHRs], compliance, access, and retention).

3. Support SAMHSA and other HHS agencies' demonstration and targeted grant programs that encourage community providers to integrate behavioral health and primary health care activities consistent with CLAS Standards.
4. Establish a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development, including increasing the diversity in behavioral health care professions.

Objective 5.1.4: Ensure adults and children with mental and substance use disorders and their families understand and take advantage of all opportunities across health reform.

Action Steps:

1. Identify immediate health reform issues and concerns by developing and conducting an environmental scan, including issues for diverse populations and geographic areas and develop educational and other communications materials on aspects of health reform based in accordance with CLAS Standards.
2. Identify enrollment issues and effective enrollment strategies from States, Territories, and Tribes that have implemented expanded eligibility, including specific strategies to reach ethnic and racial minority populations.
3. Provide information and technical assistance for States, Territories, and Tribes on effective enrollment strategies.
4. Develop processes to track and assess State-, Territory-, and Tribe-specific educational and enrollment activities.
5. Target technical assistance for populations with behavioral health needs that may be harder to enroll.

Objective 5.1.5: Effectively communicate with States, Territories, Tribes, providers, consumers, and other stakeholders about health reform opportunities.

Action Steps:

1. Develop outreach materials for consumers and providers, including materials specifically geared to diverse racial, ethnic, and LGBT groups.
2. Coordinate initial Webinars on high-risk pools, exchanges, and health homes.
3. Update SAMHSA Web site with new health reform section and launch SAMHSA Health Reform Blog.
4. Hold regular meetings with groups representing a broad and diverse range of behavioral health stakeholders, including people in recovery, racial and ethnic minorities, Tribes, the LGBT health organizations, and others.
5. Provide input to Healthreform.gov and other Federal communications efforts related to health reform.

Goal 5.2: Support Federal, State, Territorial, and Tribal efforts to develop and implement new provisions under Medicaid and Medicare.

Objective 5.2.1: Increase SAMHSA staff's understanding of current Medicaid program coverage and the potential impact of health reform on States, Territories, and Tribes.

Action Steps:

1. Develop and implement a training strategy for SAMHSA staff members who work closely with States, Territories, and Tribes on Medicaid, Medicare, and health reform.
2. Develop and implement an information and training strategy with SAMHSA staff and other HHS agencies that focuses on disparities in behavioral health care access, quality, and outcomes for ethnic, racial, and LGBTQ individuals.
3. Work with the Center for Health Care Strategies and the Association of Health Insurance Plans to identify best practices to incentivize reduction of health disparities for diverse minority populations.
4. Work with CMS to identify current coverage under Medicaid for mental and substance use disorders by State and Territory.
5. Identify current Medicaid services coverage issues that will remain after implementation of health reform, including parity.
6. Identify opportunities for work with Medicare to enhance behavioral health focused prevention, treatment, and recovery support for Medicare recipients.

Objective 5.2.2: Provide technical assistance for States and Territories regarding current and new opportunities under the Medicaid program.

Action Steps:

1. Identify critical Medicaid strategies under the different aspects of health reform.
2. Develop initial informational strategies for States and Territories to take advantage of opportunities, including provisions for workforce development to improve quality of care and access to prevention, treatment, and recovery support in underserved communities.
3. Meet with CMS to discuss information dissemination and technical assistance plans and identify internal and external technical assistance resources to support these plans.
4. Provide technical assistance for State and Territorial single State agency directors and mental health commissioners about collaboration opportunities with State and Territorial Medicaid directors.

Objective 5.2.3: Work with CMS to develop policies and programs that expand access to behavioral health services.

Action Steps:

1. Review and comment on draft regulations and State and Territorial Medicaid directors' letters prior to formal clearance.
2. Chair or participate on interagency workgroups on Medicaid and such issues as long-term care, health homes, dual-eligibility, behavioral health, and technology.
3. Develop a joint CMS/SAMHSA technical assistance effort for Olmstead and EPSDT issues.
4. Develop a joint data-driven CMS/SAMHSA technical assistance effort targeting behavioral health care disparities for diverse racial, ethnic, and LGBT groups.

Goal 5.3: Finalize and implement the parity provisions in MHAPEA and the Affordable Care Act.

Objective 5.3.1: Develop additional policies that clarify parity in health reform.

Action Steps:

1. Work with CMS and the Assistant Secretary for Planning and Evaluation (ASPE) to develop Medicaid-managed care guidance and/or regulations.
2. Work with ASPE to review interim final rule (IFR) comments and propose changes to the IFR.
3. Facilitate information dissemination about parity laws and regulations and their implications for behavioral health.

Objective 5.3.2: Track consumer and employer complaints regarding implementation of parity.

Action Steps:

1. Identify State, Territorial, and Federal touch points for consumer complaints about coverage and develop a comprehensive communications effort to educate the public about parity in multiple languages and ensure outreach to diverse populations.
2. Work with CMS, U.S. Department of Labor, and ASPE to collect and analyze information on complaints.
3. Work with Federal partners and stakeholders to develop effective oversight and enforcement strategies.

Goal 5.4: Develop changes in SAMHSA Block Grants to support recovery and resilience and increase accountability.

Objective 5.4.1: Develop a spending baseline for current Block Grants.

Action Steps:

1. Collect and analyze current spending information for Block Grants.
2. Identify information gaps, develop strategies to obtain additional information, including data on racial and ethnic minorities and LGBTQ populations participating in the behavioral health system, and collect and analyze the information to address these gaps.
3. Develop a report that provides baseline spending under the Block Grants and annual reports in the future to track changes in spending patterns.

Objective 5.4.2: Develop recommendations for spending changes.

Action Steps:

1. Based on the analysis under objective 5.4.1, identify capacity and service gaps, including gaps specific to access and services across racially and ethnically diverse populations and communities.
2. Project services that will be covered under third-party reimbursement.
3. Identify service specific categories for use of Block Grant funds.
4. Identify use of Block Grant funds for nonservice-specific activities.

Objective 5.4.3: Incorporate service definitions into Block Grants.

Action Steps:

1. Identify services workgroups (especially prevention, Tribal services, recovery, children and family support services, and residential).
2. Develop standard service definitions and service models, including culturally specific and practiced-based services.
3. Meet with stakeholders, including representatives from racial and ethnic minority, and LGBT stakeholder groups, to review service models.
4. Amend Block Grant application to include new service definitions or models.

Objective 5.4.4: Develop changes in application and reporting under Block Grants.

Action Steps:

1. Identify and implement programmatic changes for the Block Grant application in 2011 in preparation for FY 2012–14.
2. Develop communications and planning strategies with State associations and include provisions for the participation of State and Territorial child and adolescent directors, women's services coordinators, and State and Territorial offices and directors of minority and multicultural health.
3. Work with States, other stakeholders, and Federal partners to identify services and infrastructure activities to be purchased with Block Grant funds in FY 2014.
4. Work with States, other stakeholders, and Federal partners to develop and standardize strategies for reporting service utilization and outcomes for diverse racial and ethnic populations served with Block Grant funds.
5. Determine whether SAMHSA reauthorization related to the block grants is feasible and if so, when and how.

Objective 5.4.5: Assist States and Territories to make the best use of Block Grant funds as changes to the Block Grants are implemented.

Action Steps:

1. Analyze and disseminate Block Grant Addendum information provided by States and Territories.
2. Train and organize SAMSHA staff to provide targeted technical assistance for States and Territories with Block Grant plans and related transitions resulting from changes to the Block Grants.
3. Convene State and Territorial representatives related to shared Block Grant issues, including transitions resulting from changes to the Block Grants, services, implementation, and/or reporting.

Goal 5.5: Foster the integration of primary and behavioral health care.

Objective 5.5.1: Increase State, Territorial, Tribal, and local efforts to integrate primary and behavioral health care.

Action Steps:

1. Implement a National Training and Technical Assistance Center (NTTAC) on the bidirectional integration of primary and behavioral health care and related workforce development.
2. Through NTTAC, develop recovery-oriented training and technical assistance resources for diverse providers, including medical/primary care, specialty behavioral health, and peer/family specialists. Materials will include best practices for integrated services, outreach, and engagement for racial and ethnic minorities, Tribes, and LGBTQ populations.
3. Increase the number and diversity of programs providing integrated primary care and behavioral health services.
4. In cooperation with HRSA and Agency for Healthcare Research and Quality (ARHQ), provide technical assistance for federally qualified health centers (FQHCs) and community health centers (CHCs) to address the service needs of individuals with mental and substance use disorders.
5. Develop and implement a strategy to provide technical assistance for States and Territories that seek to amend their Medicaid Plan to include health homes for persons with a mental illness or substance use disorder and to ensure that health homes screen for mental illnesses and substance abuse.

Objective 5.5.2: Expand screening, brief intervention, and referral to treatment (SBIRT) across primary care settings.

Action Steps:

1. Develop a workforce development plan for FQHCs, CHCs, and larger primary care practices to adopt effective SBIRT approaches, including guidance in billing Medicaid for screening in primary care settings, in collaboration with HRSA and CMS.
2. Increase efforts by Federal Agencies to promote the coverage of SBIRT in reimbursement and grant activities.
3. Increase third-party coverage of SBIRT for depression, alcohol, and other conditions.
4. Finalize white paper describing the state of evidence for SBIRT-like models for alcohol, illicit drugs, tobacco, trauma, and mental illnesses.
5. Develop and pilot screening, brief intervention, and referral models for trauma to be implemented in conjunction with SBIRT for alcohol and drugs.

Objective 5.5.3: Collaborate with the Office of National AIDS Policy and Federal partners to implement the National HIV/AIDS Strategy.

Action Steps:

1. Work with HHS partners to focus minority HIV/AIDS resources on the 12 cities with the highest rates of HIV/AIDS to improve coordination of behavioral health resources and services for persons with or at risk for HIV/AIDS.
2. Increase access to rapid testing for HIV in SAMHSA-supported programs.
3. Provide guidance to the field on the use of SAMHSA funds for syringe services programs to engage individuals in substance abuse treatment, reduce drug use, and prevent the transmission of HIV/AIDS and hepatitis.
4. Work with the Office of the Assistance Secretary for Health and the White House to make mental health and addictions treatment available for persons with HIV/AIDS.

Strategic Initiative #5 Measures

Population-Based

- Increase rates of insurance coverage among people with mental and substance use disorders.

SAMHSA Specific

- Increase the proportion of SAMHSA Block Grant funding going to community and recovery supports.

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