Infusing an Integrated Care Continuum into an Affordable Behavioral Healthcare System
ACA or Obamacare? ....“Whatchu talkin’ bout?”

- https://www.youtube.com/watch?v=sx2scvIFGjE
The Patient Protection and Affordable Care Act (ACA) aims to expand access to health care for uninsured Americans, improve quality of care, and reduce overall health care costs.

- Under the ACA, all individuals under the age of 65 with incomes below 133% of the federal poverty level can become eligible for Medicaid.

- Expanding access to health care coverage to millions of Americans who have mental health and/or addiction disorders (through the Health Insurance Exchange).

- Expansion of federal parity protections to mental health and substance abuse disorder benefits that must be offered through the Health Insurance Exchange.

- Pre-Existing Conditions Are No Longer a Barrier to Coverage.

- Young adults (up to age 26) must be allowed to remain on their parents’ health plan, if their parents so desire.
Essential Health Benefits: 10 Service Areas

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Insurance policies must cover these benefits in order to be certified and offered in the exchange. All Medicaid state plans must cover these services by 2014.
Newly Eligible Individuals

- **40.7 Million** who were uninsured in 2013.

- **U.S. Medicaid enrollment** nears 7 million since Obamacare rollout.

- **6.7 Million** uninsured people with a mental illness are currently eligible for coverage under the Medicaid Expansion that went into effect on Jan. 1, 2014.

- An estimated **5.4 Million** people that are currently uninsured with a Mental Health and/or Substance Use Disorder would gain coverage under the ACA.

- **To date, 8.0 Million** people have also signed up for private health insurance through new state-based Obamacare insurance marketplaces.
Substance Use Disorder and Mental Health Services: Preventive Services Coverage

• Preventive services must be covered without copayment or coinsurance, when delivered by a network provider.

• Current list (U.S. Preventive Services Task Force) includes:

  For Adults:
  - Alcohol misuse screening
  - Depression screening
  - Obesity screening and counseling for all adults
  - Sexually transmitted infection prevention counseling for adults at higher risk
  - Tobacco use cessation interventions for tobacco users

  For Children:
  - Alcohol & drug use assessments
  - Behavioral assessments
  - Depression screening
Past Year Substance Dependence or Abuse and Mental Illness among Adults Aged 18 or Older: 2012

- 35.3 Million adults had mental illness.
- 43.7 Million adults had mental illness.
- 20.7 Million adults had SUD.
- 12.3 Million adults had SUD and mental illness.
- 8.4 Million adults had SUD but no mental illness.

From the National Survey on Drug Use and Health: 2012.
2012 Prevalence: Co-Occurring Mental Health and Substance Use Disorder

- Mental Health Care Only: 49.5%
- Treatment for Substance Use Problems Only: 3.6%
- Both Mental Health Care and Treatment for Substance Use Problems: 12.4%
- No Treatment: 34.4%

2.6 Million Adults with Co-Occurring Serious Mental Illness (SMI) and Substance Use Disorder
New Medicaid Expansion

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

Percent with a Serious Mental Illness (1,283,000) Cl: 6.3%-7.7%

Percent with Serious Psychological Distress (2,731,742) Cl: 14.0%-15.9%

Percent with a Substance Use Disorder (2,603,405) Cl: 13.2%-15.2%
State Health Insurance Marketplaces

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

- Percent with a Serious Mental Illness (1,195,600) CI: 5.5%-6.6%
- Percent with Serious Psychological Distress (2,650,247) CI: 12.4%-14.2%
- Percent with a Substance Use Disorder (2,909,294) CI: 13.7%-15.6%
## Opt/Out States - 10.3 Million Uninsured

- Indiana: 241,670
- Idaho: 68,170
- Alabama: 214,440
- South Carolina: 189,660
- Nebraska: 51,110
- Virginia: 229,590
- Utah: 77,370
- South Dakota: 29,540
- Maine: 26,410
- Tennessee: 228,860
- Louisiana: 239,110*
- Montana: 41,980
- Wyoming: 19,270
- Wisconsin: 117,900
- Pennsylvania: 314,420
- Oklahoma: 148,090
- Mississippi: 165,210
- Missouri: 234,000*
- Alaska: 41,980
- Florida: 885,790
- Kansas: 92,870
- Texas: 1,293,120
- North Carolina: 378,980
- Georgia: 468,980
Percentage of Uninsured Adults with Mental Health Conditions Eligible for Coverage in the 24 Non-Medicaid Expansion States

10.3 Million uninsured people could be eligible for Medicaid coverage reside in non-expansion states.

- Indiana.................. 62%
- Idaho..................... 58%
- Alabama.................. 51%
- South Carolina...... 51%
- Nebraska............... 50%
- Virginia................. 48%
- Utah....................... 47%
- South Dakota....... 45%
- Maine..................... 45%
- Tennessee............ 44%
- Louisiana............... 43%
- Montana............... 42%
- Wyoming.................. 41%
- Wisconsin............. 41%
- Pennsylvania........ 40%
- Oklahoma............ 39%
- Mississippi........... 39%
- Missouri............. 38%
- Alaska................... 38%
- Florida............... 34%
- Kansas................. 33%
- Texas................... 28%
- North Carolina..... 28%
- Georgia .............. 27%
The ACA in District of Columbia: Mental Health

- **19,038** Uninsured individuals with a mental illness are eligible for health insurance coverage under the **New Health Insurance Exchange**.

- **5,800** Uninsured adults in the District of Columbia with a mental illness are eligible for health coverage under the **Current Medicaid Program**.

- **2,000** Uninsured Adults with mental illness are eligible for health insurance coverage under the **New Medicaid Expansion Program**.
ACA in District of Columbia: Substance Use

• **14,000** Uninsured Adults in the District of Columbia with a substance use disorder are eligible for health insurance coverage under the **Current Medicaid Program**.

• **6,100** Uninsured Adults in the District of Columbia with a substance use disorder and a co-occurring mental health condition are eligible for health insurance coverage under the **New Medicaid Expansion Program**.

• **3,000** Uninsured Adults in the District of Columbia with a substance use disorder are eligible for health insurance coverage under the **New Health Insurance Exchange**.
Substance Use Treatment in DC

- Single w/o dependent eligible for Medicaid
- ASARS (Adult Substance Abuse Rehabilitation Services)
- State Plan Amendment Plan (SPA)
  - Allows Medicaid coverage for substance use treatment
  - SPA is our rules on how to implement approved services
  - Approved Core Services:
    1. Comprehensive & periodic screening and assessments
    2. Individual counseling
    3. Group counseling
    4. Family counseling
    5. Clinical care coordination
    6. Medication Assisted Treatment (MAT)
    7. Detoxification services
    8. Medication Management
    9. Crisis Intervention
- Prevention is covered under Medicaid – Primary Care services, ie, SBIRT
- DC has expanded sub-levels of care and adopted new ASAM Criteria into Rules and Regulations.
DC Health Exchanges: CareFirst

Blue Preferred

- **Copper**
  - Blue Preferred
  - Blue Choice HSA
  - Blue Choice Plus
  - Blue Choice HSA

- **Silver**
  - Blue Choice HAS
  - Blue Choice Blue Shield Preferred
  - Blue Choice Silver
  - Blue Choice Plus

- **Gold**
  - Blue Choice Gold
  - Blue Cross Blue Shield Preferred
  - Blue Choice Gold
  - Healthy Blue

- **Platinum**
  - Healthy Blue Platinum
  - Blue Preferred Platinum
Goals of District of Columbia

• In October 2013 the Department of Behavioral Health (DBH) was established by the merger of the:
  • Department of Mental Health (DMH) and the
  • Addiction Prevention Recovery Administration (APRA) which formerly was in the Department of Health.

• In FY 12,
  • 23,000 residents received mental health services
  • 7,500 received substance abuse services through

• The new Department of Behavioral Health has its goal that all providers will become ‘co-occurring competent,’ able to provide a full range of mental health and substance use disorder services.

• Dual Diagnosis Capable/Enhanced
Continuum of Integration

Levels of Program Capacity for Co-Occurring Disorders

Beginning | Intermediate | Advanced
SA Only | COD Capable | COD Enhanced

Fully Integrated COD Programs

Advanced | Intermediate | Beginning
COD Enhanced | COD Capable | MH Only

More Treatment for Mental Disorders

More Treatment for Substance Abuse Disorders
## Only Service (AOS/MHOS)

### Substance Abuse
- Cannot accommodate psychiatric illnesses however stable and however well functioning.
- Policies and procedures do not accommodate dual diagnosis.
- Psychotropic medications not accepted.
- Coordination/collaboration with mental health not routinely present.
- Mental health issues not addressed in treatment.

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Dual Diagnosis *Capable* Programs

**Mental Health Program**

- The primary focus is the treatment of mental health disorders.
- Provides treatment if SUD disorder is sufficiently stable and does not interfere with mental health treatment.
- Coordination and collaboration between addiction and substance abuse services are in place.
- Medication monitoring, addiction assessment and consultation provided either on-site or coordinated with off-site provider.
- Staff able to address the interaction between mental and substance use disorders, relapse and recovery issues through individual and group program content.
- Address dual diagnoses in policies, procedures, intake, assessment, treatment planning, program content and discharge planning.

**Substance Use Program**

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Dual Diagnosis *Enhanced* Programs

**Mental Health Program**

- Primary focus is on the integration of services for substance use disorders in staffing, services, and program content.

- Can accommodate unstable addiction issues adequately to participate in mental health treatment.

- Substance use symptom management groups are incorporated into mental health treatment.

- Cross-training. Motivational Enhancement Therapy more likely to be practiced.

- Close collaboration or integration between MH & SU services (crisis intervention, case management and continuing care, psychopharmacologic monitoring).

- Policies, procedures, intake, assessment, treatment planning, program content and discharge planning accommodate unstable co-occurring substance use disorders.

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Becoming Capable or Enhanced: Exercise (DDCAT)

• http://integratedrecovery.org/?s=advance+training
Infuse the Continuum of Care

Screening, Prevention, Assessment, Stage-Wise Treatment, Recovery Coaching

TRAINING

Essential Benefits

Medicaid Expansion & Exchanges

ACA & Parity

Early Intervention

Continuing Care

Providers

Patients
Training

- http://integratedrecovery.org/?s=advance+trainng
- Dual Assessment
- Stages of Treatment
- Engagement
- Treatment Planning
- Motivational Counseling
- Substance Abuse Counseling for Persons with Mental Illness
- Group Treatment for Dual Disorders
- Relapse Prevention
- Self-Help
- Family Treatment
Q & A

Thank you... See You Next Year

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