



The Affordable Care Act, HRSA, and the Integration of Behavioral Health Services

Indiana Council of Community Mental Health Centers

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What I Want to Share With You Today





- Benefits of the Affordable Care Act
- HRSA who were are, who we serve, and our programs
- HRSA and the integration of behavioral health care services

One Year Later: The Benefits of the Affordable Care Act

- Lowering health care costs
- Improving the quality of coverage for the insured
- Providing new coverage options for the uninsured
- Giving states flexibility and resources to implement law

Lower Costs

- Free preventive care and lower prescription drug costs
- Tax credits for small businesses
- Increasing the value of health insurance
- Scrutinizing unreasonable premium increases
- Relief on early retiree coverage costs

Better Quality Coverage for People with Insurance

- Removing lifetime limits for people with insurance
- Making it illegal for insurance companies to drop coverage when you're sick
- Covering preventive services

New "Coverage" Options

- Coverage for young adults
- Coverage for children with pre-existing conditions
- New coverage options for individuals with preexisting conditions
- Reducing the health care workforce shortage

Flexibility and Resources for States

- Greater resources for states
- Waivers for states to pursue their own innovative approaches to health reform
- States will determine which insurers are permitted to offer products in the exchange

Flexibility and Resources for States

- States can choose benefit rules that meet the needs of their citizens
- States have discretion over Medicaid coverage
- New funding to establish exchange and modernize eligibility systems is available

HRSA's Vision and Mission

Vision: Healthy Communities, Healthy People

Mission:

- Improve Access to Quality Health Care and Services
- Strengthen the Health Workforce
- Build Healthy Communities
- Improve Health Equity

HRSA Improves Access to Health Care Services for People Who Are:

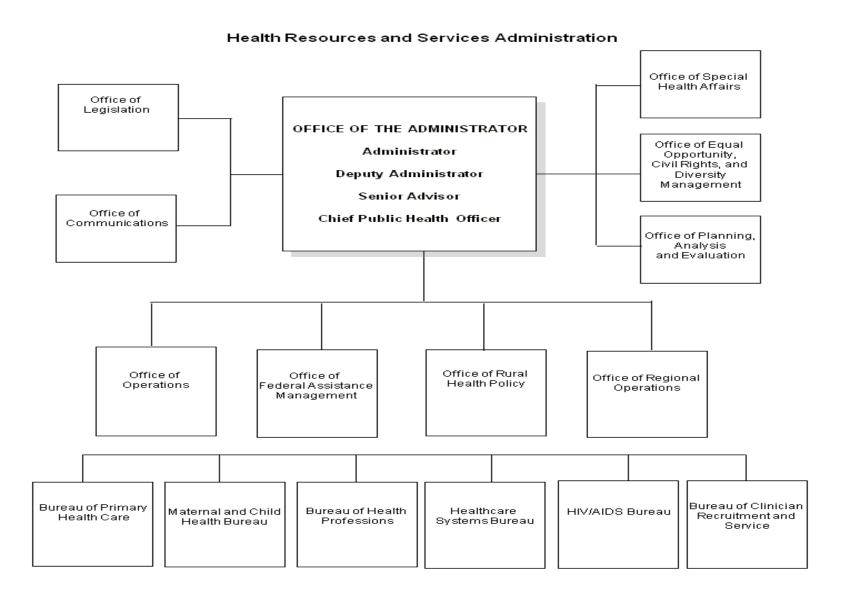
- Uninsured
- Isolated
- Medically Vulnerable

HRSA - America's Health Care Safety Net

- Health Centers
- Maternal and Child Health
- HIV/AIDS Services
- Health Workforce Training
- State Health Access
- 340B Drugs, Vaccine Injury Compensation, Organ and Tissue Donation
- Rural Health Services
- Regional Offices



HRSA – Organizational Structure



Who We Serve









- Nearly 19 million patients are served through more than 8,000 HRSA-funded Health Centers, including 1 in 3 people with incomes below the poverty level.
- Over 500,000 people living with HIV/AIDS receive services through more than 900 HRSA-funded Ryan White Clinics. Twothirds are members of minority groups.
- 34 million women, infants, children, and adolescents benefit from HRSA's maternal and child health programs.
- About 14,000 safety-net providers participate in HRSA's 340B
 Drug Pricing Program.
- Currently, more than 7,000 National Health Service Corps (NHSC) clinicians are (or will be) working in underserved areas in exchange for loan repayment or scholarships.

HIV/AIDS Services

- The Ryan White Program provides primary health care, support services, and life-sustaining medications for about half of the estimated 1.1 million people living with HIV/AIDS in the United States.
- State-run AIDS Drug Assistance Programs (ADAPs) provide antiretroviral medications to patients who cannot afford them. On average, more than 158,000 people receive their medications annually through ADAP.
- A behavioral health condition may be a co-morbidity in as many as 50% of HIV/AIDs patients. (IOM, 2005)
 - Mental health services are provided by 73% of Ryan White
 Part C and 54% of Part D health services organizations.
 - HRSA programs provided outpatient substance abuse services to 31,557 people in 2008 (may include duplicated counts).

Maternal and Child Health Services

- HRSA's MCH programs serve more than 34 million women, infants, and children annually. Grants for services reach 6 of 10 women who give birth in the United States
- 99 Healthy Start sites provide:
 - Educational activities for women in areas with high infant mortality and shortages of health care providers
 - Community-based outreach
 - Case management
 - Depression screening
- Bright Futures Guidelines (initiated by HRSA's MCH Bureau):
 - Since 1995, more than 1.3 million copies of the guidelines distributed
 - Chapter discusses drug and alcohol use/screening of youth

Maternal, Infant, and Early Childhood Home Visiting Program

- The Affordable Care Act created a Maternal, Infant, and Early Childhood Home Visiting Program to fund states to provide evidencebased home visitation services to improve outcomes for children and families who reside in at-risk communities.
- \$1.5 billion over 5 years: FY 2010 \$100 million; FY 2011 \$250 million
- Home visiting is a strategy that has been used by public health and human services programs to foster child development, improve maternal and child health, and address problems such as infant mortality. The program provides resources for home visitations to new mothers in low-income, high-risk communities.
- HRSA and the Administration for Children and Families (ACF) are working collaboratively on this program.

340B Drug Pricing Program

- The Affordable Care Act amends the 340B Drug Pricing Program to add the following to the list of covered entities that are entitled to discounted drug prices:
 - Certain children's and freestanding cancer hospitals excluded from the Medicare prospective payment system
 - Critical access and sole community hospitals
 - Rural referral centers
- Also requires a GAO study on improving the 340B Drug Pricing Program; due within 18 months of enactment to make recommendations on whether the program should be expanded

Rural Health Services

- HRSA has funded a number of publications on behavioral health and substance use in rural America, including:
 - Rural and Frontier Mental and Behavioral Health Care:
 Barriers, Effective Policy Strategies, Best Practices
 - Mental Health Care in Rural Communities: The Once and Future Role of Primary Care
 - Integrating Primary Care and Mental Health: Current Practices in Rural Community Health Centers
- HRSA funds telehealth projects focusing on effective use in rural clinical settings.

Office of Regional Operations

- ORO works through HRSA's 10 regional offices to improve health care systems and America's health care safety net, increase access to quality care, reduce disparities, and advance public health.
- ORO participates in collaborative efforts between state health care leaders, other partners, and HRSA to improve public health and health care systems.

Health Professions Training Programs

The Bureau of Health Professions increases access by developing, distributing, and retaining a diverse, culturally-competent workforce:

- Training grants (Health Professions/Nursing Workforce)
- Behavioral health focus:
 - Graduate Psychology Education Grant Program
 - Area Health Education Centers

The Affordable Care Act established:

- National Health Care Workforce Commission
 An independent entity to develop a national strategic plan for the health care workforce.
- National Center for Health Care Workforce and Analysis
 A national center to provide analysis, modeling, and data collection to project current and future workforce demands to inform policy making.

National Health Service Corps

- NHSC recruits fully-trained professionals to provide culturally-competent, interdisciplinary, primary health and behavioral health care services to underserved populations.
- In return, the NHSC programs assists in the professionals' repayment of qualifying educational loans that are outstanding.
- Since 1972, 30,000+ health professionals have served in underserved communities.

National Health Service Corps

- Currently, 1,000+ NHSC individuals provide behavioral health services, including psychiatrists, clinical psychologists, clinical social workers, licensed professional counselors, marriage and family therapists, and psychiatric nurse specialists.
 - 20% of behavioral health applicants and awardees are engaged directly in substance abuse service delivery.
- Of all NHSC health providers, nearly 80% stay in the underserved area after fulfilling the NHSC service commitment.
- A 2000 study found that slightly more than half of all NHSC health professionals remain in service to the underserved up to 15 years after completing their commitment.

National Health Service Corps

- Significant Program Expansion
 - \$300 million in expansion funds for the NHSC from the Recovery Act
 - Additional program funding in the Affordable Care Act: \$1.5
 billion authorized over FY 2010-2015 (\$290 million in FY 2011)
 - More than 7,000 clinicians presently serving; the number is growing
 - Over 8,600 NHSC-approved sites; 46% are Health Centers
- Recent Program Improvements
 - Reauthorization of NHSC Program through 2015
 - Increases maximum annual loan repayment award from \$35,000 to \$50,000
 - Allows for half-time opportunities; 2- and 4-year contracts

Community Health Centers

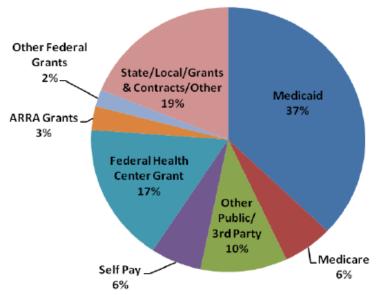
- Primary care to over 20 million people
- Network of 1,100 grantees
- 7,500 sites
- 40% uninsured
- Everyone served, sliding-fee scale
- Primary and preventive care
- Oral, mental health, substance use screenings
- Pharmacy, laboratory, imaging services

Health Center Program Overview CY 2009

18.8 Million Patients

- 92% Incomes At or Below 200% of Poverty
- 38% Uninsured
- 63% Racial/Ethnic Minorities
- Over 1 Million Homeless Individuals
- 865,000 Migrant/Seasonal Farm Workers
- 165,000 Residents of Public Housing

Health Center Revenue Sources



73.8 Million Patient Visits

- 1,131 Grantees; Half Rural
- 7,900+ Service Sites
- Over 123,000 Staff
 - 9,100+ Physicians

Community Health Center Model

- 51% User Board -- by, for, and with the community
- "Core" Health Services
 - Primary and Preventive Care
 - Oral, Mental Health, Substance Abuse Screening
 - Pharmacy, Laboratory, Imaging
- "Enabling" Services
 - Care Coordination
 - Interpreter Services
 - Health Education
 - Outreach Patient Navigators, Community Health Workers
 - Transportation and Home Visiting

Services Provided to Patients

	Number/Percentage of Patients Who Used:	Number/Percentage Visits:
Mental Health Services	758,131/ 4%	3,763,015/ 5%
Substance Abuse Services	114,565/ 0.6%	1,010,936/ 1%
Other Professional Services	525,832/ 3%	1,304,040/ 2%
Enabling Services	1,720,626/ 9%	4,822,992/ 7%
Medical Services	16,166,416/ 85% (% rounded up)	54,527,178/ 75% (% rounded up)

Source: Uniform Data System, 2009

Behavioral Health in Health Centers

Access

- Two-thirds provide on-site mental health services
- One-third provide on-site substance abuse services
- Behavioral health treatment/counseling (67% CHCs in CY 2009);
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Depression is the third most common reason for a visit behind diabetes and hypertension (2008 UDS Data)

Workforce: 3,400 member behavioral health workforce (2009)

- 348 Psychiatrists
- 318 Psychologists
- 1,070 Social Workers
- 822 Substance Abuse Providers
- 826 Other Licensed Behavioral Health Providers

Source: Uniformed Data System, 2009

Health Center Expansion

- The Affordable Care Act provides \$11 billion in funding over 5 years for the operation, expansion, and construction of health centers throughout the nation.
 - \$9.5 billion is targeted to:
 - Create new health center sites in medically underserved areas.
 - Expand preventive and primary health care services, including oral health, behavioral health, pharmacy, and/or enabling services at existing health center sites.
 - \$1.5 billion will support major construction and renovation projects at community health centers nationwide.
- This increased funding will nearly double the number of patients seen by health centers, making primary health care available for 38 million people.

FY 2011 Past Funding Opportunities

- Funding for Expanded Services
 - Serve additional patients by expanding current service capacity, including adding providers/staff and increasing hours of operation.
 - New or expanded oral health, behavioral health, pharmacy, vision, and enabling services (outreach and enrollment, case management, patient and community health education, transportation and translation services).
- \$25 million for Behavioral Health Service Expansion (President's FY 2011 Budget Request)

HRSA Partnership on Behavioral Health

Center for Integrated Health Solutions

- Substance Abuse and Mental Health Services Administration (SAMHSA) initiative with HRSA collaboration
- Technical Assistance and Training Center on Primary and Behavioral Health Integration
 - Improving access to primary care for behavioral health patients
 - Improving access to behavioral health services for primary care patients
 - Cooperative agreement with the National Council on Community Behavioral Health Care and a large cadre of partners.
 - HRSA \$350,000 per year for 4 years

Tools You Can Use

"Compendium of Primary Care and Mental Health Integration Activities across Various Participating Federal Agencies" January 2008

www.samhsa.gov/Matrix/MHST/Compendium_Mental%20He

Ith.pdf

"Reimbursement of Mental Health Services in Primary Care Settings"

http://download.ncadi.samhsa.gov/ken/pdf/SMA084324/SMA 8-4324.pdf

"Examples of State's Billing Codes for Mental Health Services"

http://hipaa.samhsa.gov/hipaacodes2.htm

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Key Web Resources

- HRSA Funding Opportunities: http://www.hrsa.gov/grants/index.html
- SAMHSA Funding Opportunities: http://www.samhsa.gov/grants/
- Affordable Care Act: www.healthcare.gov
- HRSA Behavioral Health Webpage: www.hrsa.gov/publichealth/clinical/BehavioralHealth/index.html
- Find Individual HRSA-Funded Grantees or Health Centers:
 - HRSA-funded grantees with active projects by program or state: granteefind.hrsa.gov
 - HRSA's Find a Health Center site: findahealthcenter.hrsa.gov/

Key Web Resources

- National Health Service Corps (NHSC): <u>www.nhsc.hrsa.gov</u>
 - For Students
 - Scholarship Program: nhsc.hrsa.gov/scholarship/
 - For Clinicians
 - Loan Repayment Program: www.nhsc.hrsa.gov/loanrepayment.
 - Up to \$145,000 is available in loan repayment for qualifying clinicians choosing a 5-year commitment to the NHSC.



Contact Information



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