



Behavioral Health is Essential To Health



Prevention Works







People Recover







Behavioral Health Integration in the Era of Health Reform

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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

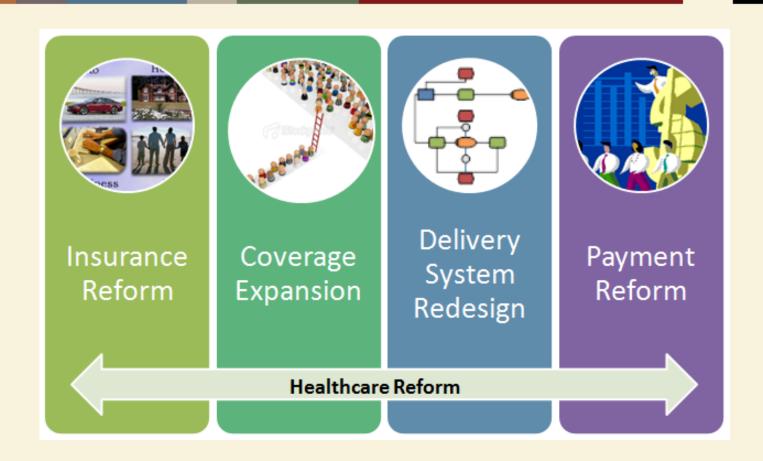


SAMHSA Focus: ACA & Health Reform





The Affordable Care Act: Four Key Strategies





SAMHSA ENROLLMENT STRATEGY

→ Collaborate w/national organizations whose members/constituents interact regularly w/individuals who have M/SUDs to create and implement enrollment communication campaigns
http://tiny.cc/Treatr

→ Promote and encourage use of CMS marketing materials

→ Provide T/TA in developing enrollment communication campaigns using these materials

→ Provide training to design and implement enrollment assistance activities

Channel feedback and evaluate success





PBHCI Integration

- Blending the primary care and behavioral health cultures
- Workforce training around teams in an integrated model
- Development of clinical skills for PC/BH staff
- Blending/cross training of CHW's and CRS's (Community Health Workers and Certified Recovery Specialist /peer support)



Staffing Resources

Traditional Thinking

- •There aren't enough (ANP's, MD's, LCSW's)
- •There's not enough time to spare to collaborate

New Approach

- •Who has them that we could partner with?
- Future Return on Investment
 - Improved ConsumerOutcomes
 - Improved staff productivity
 - Improved retention



Clinical Skills for BH Staff

- Care Management
- Change Management Skills
- Health Behavioral Change Tools
 - Motivation Interviewing
 - Short Term Solution Focused Therapy
 - Trauma Informed Care
 - Working with Peers

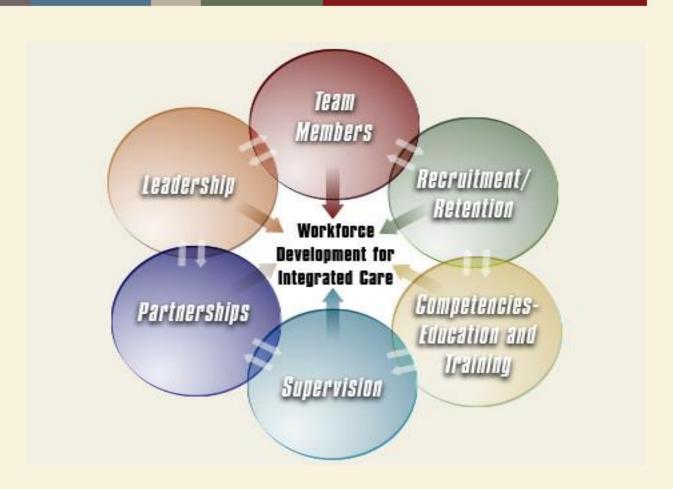


Blended/Cross Training for Peers

- Mental Health Peers Supports + Whole Health Action Management
- Recovery Coaches
- Community Health Workers
- Can we have one training?



Workforce Development





SAMHSA Workforce Initiatives



- Learning Collaboratives
 - National Network to Eliminate Disparities in BH
- Minority Fellowship Program



National Dialogue on Mental Health

The second-ever White House Conference on Mental Health, held in January, led to the launch of mentalhealth.gov and the National Dialogue on Mental Health, which includes an effort to start conversations about mental health across communities.



Federal Investment in Integrated Care

Federal investment in integrated care included \$50 million through HRSA in expanded funding for community health centers to provide mental health services, a new group of SAMHSA Primary and Behavioral Health Care Integration grantees, and tobacco cessation support from the CDC for providers helping people with severe mental illness.



A Window of Opportunity

Grantmakers in Health and the Hogg Foundation for Mental Health released the report, **A Window of Opportunity**, which highlights the role philanthropy can play in eliminating health disparities through supporting integrated care



Coalitions and Community Health

The Community Anti-Drug Coalitions of America and CIHS developed Coalitions and **Community Health: Integration of Behavioral** Health and Primary Care to outline how the nation's 5,000+ community substance abuse prevention coalitions can help to reduce substance use in ways that complement healthcare providers' integration efforts.



Innovations in Addictions Treatment

Innovations in Addictions Treatment report shares insights and perspectives from pioneering addiction organizations that integrated primary care services.



Substance Use Treatment Resources

New substance use treatment resources from SAMHSA included Systems Level Implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Managing Chronic Pain in Adults with or in Recovery from Substance Use **Disorders**, a SAMHSA Treatment Improvement Protocol (TIP 54).



Atlas of Integrated Health Measures

The Agency for Health Research and Quality's Academy for Integrating Behavioral Health and Primary Care released several resources, including the **Atlas of Integrated Health**Measures, a user-friendly guide that helps integrated health settings achieve the Affordable Care Act's triple aim.



Standard Framework for Levels of Integrated Healthcare

CIHS **Standard Framework** for Levels of Integrated Healthcare helps primary and behavioral healthcare provider organizations improve outcomes by helping them understand where they are on the integration continuum.



Growth in Medicaid Health Homes

We saw growth in the number of **Medicaid Health Homes**, specifically those addressing behavioral health. As of November 2013, nine states have approved state plan amendments for behavioral health homes: Alabama, Idaho, lowa, Maine, Missouri, New York, Ohio, Oregon, and Rhode Island.



Telebehavioral Health Training Series

Telebehavioral Health Training and Technical Assistance Series is designed to help safety net providers and rural health clinics understand and adopt telebehavioral health services. The implementation of these services for mental health and substance use allows for increased access, particularly in rural or underserved areas



Center for Integrated Health Solutions





Transition to ICD-10

Transition to ICD-10: What it Entails and Why It's Important to Behavioral Health Providers

What is ICD-10?

ICD-10-CMPCS (International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System) consists of two parts for diagnosis (DM) and inpatient procedure coding (PCS). Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM and the format of the code sets is senior.

Why is ICD-10 being substituted for ICD-9, which is currently in use?

ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-19 coding is much more specific and datalled in terms of diagnoses and can be used for pay-for-performance and biosurveillance.

When does this start?

October 1, 2014. After this date, ICD-9 codes in current use will no longer be accepted for diagnostic and billing purposes.

Why is this important to behavioral health providers (i.e., providers of services for substance use and mental disorders)?

ICO-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Incurance Portability Accountability Act (HIPAA). The change to ICO-10 does not affect CPT coding for outpatient procedures. However, all of the services provided for either substance use or mental disorders are subject to HIPAA standards; therefore, behavioral health providers must shift to ICO-10 on October 1, 2014.

What should a provider be doing to prepare for ICD-107

The Centers for Medicare and Medicard Services recommends developing an implementation strategy that includes an assessment of the impact on your organization, a detailed similare, and a budget. Check with your billing service cleaning/house, or practice management software various about their compliance plans. Providers who handle billing and software development internally should plan to utilize appropriate resources for medical reconstitutions, clinical, iff., and finance staff to coordinate ICD-10 transition efforts, it is important to implicate that training on the appropriate use of ICD-10 codes, modifications to your billing procedures that accommodate ICD-10. It is determine if your electronic health record provider is making the appropriate systems updates so that you will be ICD-10 compliant on October 1, 2014.

What are the consequences of not transitioning to ICD-10 on Oct 1, 2014?

As of the implementation date, only billable services that utilize appropriate ICD-10 codes will be processed for payment. Failure to use ICD-10 codes or to use these codes appropriately will significantly delay payment for services provided or result in non-payment.

Can I begin using ICD-10 before Oct 1, 2014?

No. CMS and other payers will not recognize ICD-10 codes until October 1, 2014.

How will behavioral health providers know how to use ICD-10 and its codes in practice?

The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) includes ICD-10 codes for mental and substance use disorders, Trainings on ICD-10 are being developed that will be available to behavioral health providers by webinar and that will be archived on the websites of the organizations offering these trainings. CMS also has extensive information available to assist clinicians and other service providers in preparing for ICD-10 online at http://www.cms.gov/Medicare/Coding/ICD10.

Where can I find the ICD-10 codes?

The code sets and official guidelines are available free of charge on the 2014 ICD-10 CM and GEMs and 2014 ICD-10. PCS and GEMs pages of the CMS ICD-10 website.

For more information, see the CMS implementation timelines and checkints for large practices, small and medium practices, small hospitals, and payers. In addition, implementation guides are available in the Provider Resources section of the CMS ICD-10 sebade.



HHS Publications No. (SMA) 14-4804





Technical Assistance Resources

Great Lakes ATTC:

www.attcnetwork.org/regcentersindex greatlakes.asp

Central CAPT:

http://captus.samhsa.gov/explore-capt-regionscentral



Resources and Opportunities

- HRSA National Health Service Corps Loan Repayment Program: http://nhsc.hrsa.gov
- Area Health Education Centers:
 http://bhpr.hrsa.gov/grants/areahealtheducationcenters/index.html
- Midwest AIDS Training and Education Centerhttp://www.matec.info



What Will Be Needed To Succeed

- Size Matters
 - Build, Merge, Partner or Create Alliances
 - Economies of Scale to Afford Infrastructure
 - Ability to partner as an equal
- Core Expertise In Running A Business
 - Mission without margin is not sustainable
 - Partnership opportunities require this
- Strategic vision for how to align mission with business realities of changing environment
- Board of Directors Support For Transition



Strategic Planning To Support Needed Changes

- Environmental Analysis
 - Each market is different and changing at different pace
 - Each organization has strengths and voids
 - Infrastructure
 - Staffing
 - Market base and potential
 - Product mix
- Who Competes, Who Potentially Partners With You
 - Do competitors share same or similar mission and perspective?
 - Are there organizations that offer complementary services?
 - Are there organizations with contracts that you want to be a part of?



Strategic Planning To Support Needed Changes

- Is Your Board Ready for Change?
 - What does it hold sacred?
 - Will it consider mergers, partnering, affiliation?
 - Does it have leadership to help create and support change?
- Understanding and Enhancing One's Strengths
 - Do you offer something unique in terms of capabilities, quality, staffing, outcomes, access to the market, etc.?
 - Do you have capacity to grow?
 - Are you strong at things that are profitable?
- Does Your Structure and Capabilities Fit Well With Potential Partners?
 - Hospitals, Medical Groups, Other Service Providers



Strategic Planning To Support Needed Changes

- Understanding Your Potential Value To Others
 - Who else can do what you do in your community?
 - Could others build capacity well in your community?
 - Are you viewed as a reliable potential partner?
- Understanding What You Need
 - Where are your gaps, who can help to fill them?
 - What can you change or give up in order to merge or partner?
 - Leadership and Staffing
 - Board Membership
 - Mission Definition
 - Products and Services Offered
 - Control of Endowment



How These Changes Alter The Business Environment

- Need for Infrastructure
 - Billing, Documentation, Quality Assessment and Improvement
 - Credentialing of staff, supervision
 - Policies and procedures, fidelity to evidence based models
- Need to Contract
 - Legal analysis
 - Determining partners
 - Cost analysis
- Streamlining Business and Operations
 - Identifying what is sustainably profitable or breakeven
 - Identifying and moving on growth potential



Questions?

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