

JULY/AUGUST 2012



Did you know?

In 2014, under the Affordable Care Act (ACA), 37.9 million Americans who are currently uninsured will become eligible for health insurance.

18 million will be eligible for Medicaid

19.9 million will be eligible for coverage under the ACA's affordable insurance exchanges

11 million will have one or more behavioral health conditions

5.5 million will have a substance use disorder^{1,2,3}

In addition, 4.8 million Americans with private health insurance will gain substance abuse coverage that they don't have now, and 2.3 million will gain mental health coverage⁴

Contents

Did you know?

Will state
behavioral health
agencies be ready for
health reform?

Recovery 2.0:
Substance Abuse
Treatment in a
Technological World

Join us on
LinkedIn!

References

Will state behavioral health agencies be ready for health reform?

Uncertainty was the unspoken theme at The National Association of State Alcohol and Substance Abuse Directors (NASADAD) annual meeting in July. NASADAD's meeting was the same week that the U.S. Supreme Court handed down its decision on the Affordable Care Act (ACA).

The court upheld the ACA's individual mandate--but plenty of questions remain unanswered about how health reform will change the way substance abuse and mental health treatment are funded and organized.

"With final funding levels uncertain and systems evolving, the optimism we saw last year was tempered this year with concern and uncertainty about how systems would need to change, and what resources will be available," says Albert Villapiano, Ed.D., vice president of clinical development at Inflexxion. "It's daunting."

The Substance Abuse and Mental Health Services Administration (SAMHSA), faces flat or reduced federal funding. SAMHSA administrator Pamela S. Hyde, J.D., shared budget projections—but even those were uncertain. Under the best-case scenario, SAMHSA's budget will remain at 2012 levels in 2013 and 2014; in the worst case, it will be cut 7.8% next year and another 5% in 2014.

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SAMHSA is shifting the priorities of its block grant program over the next two years in anticipation of health reform. In 2009, 60% of those with substance use disorders and 39% of those with serious mental illnesses or serious emotional disturbances were poor and uninsured—and if they received care, it was likely paid for with SAMHSA block grants.⁵ In 2014, health reform will extend Medicaid and private insurance coverage to many of those previously uninsured. SAMHSA's priorities for 2013 and 2014 include supplementing the services that will now be covered by insurance, and covering care for individuals whose insurance has lapsed.

“Mental health and substance use disorder services, including behavioral health treatment”, are among the ten “essential health benefits” (EHB) categories mandated under ACA.⁶ But exactly how those benefits are covered will vary by state, and it will be hard to predict exactly what will be covered until states choose their model plans.

Hyde reiterated SAMHSA's commitment to helping behavioral health treatment providers prepare for potential new partnerships—with Medicaid, private insurers, primary care providers, and accountable-care organizations—under health reform. SAMHSA's training and technical assistance efforts for 2013 include helping providers develop business strategies, learn contract negotiation and claims-based billing, and adopt electronic health records.

The behavioral healthcare workforce not only needs to be expanded, but some counselors may need to upgrade their credentials for their services to be reimbursed by third-party payers. SAMHSA's efforts to meet these needs include partnering with the Health Resources and Services Administration (which

supports community health centers) to address workforce issues. Uncertainty was also in the air at the State Associations of Addiction Services annual conference and NIATx (formerly the Network for the Improvement of Addiction Treatment) Summit. But with the NIATx focus on process improvement, sessions were heavy on tactics that organizations can adopt now to better prepare for whatever system emerges. (Perhaps by design, the titles of nearly all the [workshop presentations available for download](#) begin with the words, “How to.”)

From the SAAS/NIATx standpoint, the most pressing task for behavioral health organizations is learning to think like businesses, so that they can communicate their value to insurers and the health care organizations with whom they’ll have to work in a more integrated system. [Deep-dive presentations](#) covered the financial and market aspects of health reform in detail, underscoring the complexity and magnitude of the changes ahead.

“It’s a very complicated process,” says Villapiano. “States will have to provide services for millions of new people, and right now, the agencies don’t know what their options or the requirements are going to be. They face having to develop more standardized processes and tools, measurements to evaluate outcomes, and more and closer relationships with medical organizations. They need electronic health records that can communicate with insurers and with other providers in the system. Many state substance abuse agencies do not yet know how they will respond to all those new enrollees, or how best to position themselves for their future in integrated care.”

[Back to top](#)

Recovery 2.0: Substance Abuse Treatment in a Technological World

Where can new technology improve the quality and lower the cost of substance abuse treatment? In a [recent whitepaper](#), Emil Chiauzzi, Ph.D., and Jennifer Gammon, M.A., of the ASI-MV research team examined how behavioral health professionals are using technology now, and the role they foresee for technology in the future of addiction treatment.

[Back to top](#)

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Do your female clients face additional barriers to health and social services because of policies that punish drug offenders? [Join a discussion](#) on a new study that found social stigma from drug use and incarceration limits women's access to employment, housing, education, welfare, and mental health and substance abuse treatment.

The [ASI-MV Connect LinkedIn group](#) is a source of new contacts and connections among behavioral health researchers, technology developers, and clinicians who are using technology to enhance their practices.

[Back to top](#)

References

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[Back to top](#)

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[Back to top](#)

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