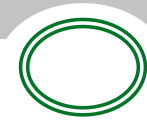




Improving Behavioral Health: State Policy Approaches

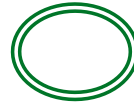


**KITTY PURINGTON JD
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NATIONAL ACADEMY FOR STATE
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APRIL 11, 2019

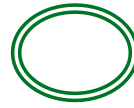
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Mental Health: Why States Care



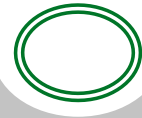
- ✦ Medicaid: [single largest payer](#) for mental health services in the US
- ✦ State-funded mental health systems have long served as the country's behavioral health safety net:
 - State-supported asylums and institutions
 - Deinstitutionalization in 1970's- 1980's
 - Persists in the "IMD Exclusion"

Mental Health: Why States Care



- ✦ Mental health is a cost multiplier for state Medicaid programs:
 - [MACPAC report](#) notes that for every age group, total spending for individuals with BH diagnoses was four times higher than for beneficiaries without.
- ✦ Individuals with mental health diagnoses more likely to:
 - Have chronic medical conditions
 - Use emergency department services
 - Experience multiple inpatient admissions and readmissions
- ✦ Die 15-20 years earlier than their peers

A Tale of Two Systems



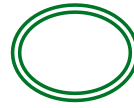
Mental Health – General Services

- Emphasis on integrated care for the general population
- Focus on addressing needs in physical healthcare settings: primary care, FQHCs, school-based health clinics
- State role in building capacity for:
 - Assessment and screening
 - Team-based care
 - Care coordination/Care management
 - Co-location when feasible
 - Linkage and referral
 - Integrated data

Mental Health – Specialty Services

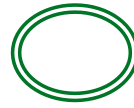
- Services and supports for a narrowly defined population with “serious mental illness”
 - Definitions vary by state: typically diagnosis + functional assessment
- Services delivered by community behavioral health and related providers
- State role in:
 - Ensuring access to a range of services and supports
 - Supporting community tenure vs. ER, inpatient, corrections, homelessness
 - Major focus on: early identification, recovery, peer supports, dual diagnosis, trauma, role of state hospitals

Priority Issues/Policy Challenges for States



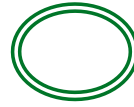
- ✦ Ongoing capacity/misalignment issues:
 - Training and uptake of integrated care strategies in primary care settings
 - Sustaining team-based care and coordination for the general Medicaid population
 - BH workforce (cultural/linguistic minority populations; older adults, rural areas)

Priority Issues/Policy Challenges for States



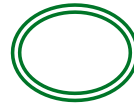
- ✦ Modernization of behavioral health systems:
 - Evidence based/best practices
 - Data, HIE/HIT
 - Capacity to participate in value-based purchasing
- ✦ Supporting a continuum of care for individuals with complex needs
- ✦ IMD policy barriers

Priority Issues/Challenges for States



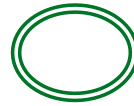
- ✦ Increasingly: addressing “diseases of despair”:
 - Opioids, but other SUD as well: alcohol, methamphetamines
 - Social determinants of health
 - Suicide prevention and other upstream strategies

Integrated Health: Key State Policies and Initiatives



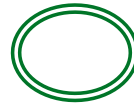
Medicaid Managed Care	States increasingly contracting for an integrated package of services; promoting integrated models: Arizona , Florida , Washington
Medicaid 1115 Waivers	States such as New Hampshire , New York leveraged 1115 DSRIP to fund broad delivery system reforms that support integrated systems and move toward value-based payment.
State Innovation Model Investments	Two rounds of states ; many have used SIM funds to train providers, develop integrated data capacity, stand up new payment models and quality measures to support integrated care
Health Homes	38 states now have approved health homes that support team-based, integrated care models for individuals with two or more chronic conditions

Specialty Mental Health: Key State Policies and Initiatives



Medicaid Managed Care	New York , Arizona have developed specialty managed care products that integrate physical and behavioral health services for individuals with serious mental illness
Medicaid 1115 Waivers	Major trend to use 1115 to develop SUD capacity and incorporate IMDs into continuum of care; administration has signaled similar opportunity for individuals with serious mental illness
State Innovation Model Investments	SIM states have/are using SIM funds to improve specialty systems: invest in data capacity, integrated care models, training for front-line staff
Health Homes	Growing trend for specialty behavioral health homes for adults and children; often replacing traditional targeted case management services
1915i State Plan Amendments	At least six states are using 1915i to support home and community based services for people with SMI: Texas uses 1915i to support peer services and housing/employment supports

Additional Resources at www.nashp.org



[Physical and Behavioral Health Integration: State Policy Approaches to Support Key Infrastructure](#)

[State Strategies to Measure and Incentivize Adolescent Depression Screening and Treatment in Medicaid](#)

[Integrating Substance Use Disorder Treatment and Primary Care,](#)

[Measuring Physical and Behavioral Health Integration: A Look at State Approaches in the Context of Value-Based Purchasing,](#)

[Intervention, Treatment, and Prevention Strategies to Address Opioid Use Disorders in Rural Areas,](#)

[Using Peers to Support Physical and Mental Health Integration for Adults with Serious Mental Illness,](#)

[Improving Behavioral Health Access and Integration Using Telehealth and Teleconsultation: A Health Care System for the 21st Century,](#)



Thank You!

