NACBHDD National Association of County Behavioral Health & Developmental Disability Directors
The voice of local authorities in the nation's capital

UNDER THE MICROSCOPE

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ACCESS AND THE ACA:
OPENING DOORS TO BEHAVIORAL HEALTHCARE TODAY AND TOMORROW

ISSUE

Access to health care can help prevent, delay, treat, reduce the severity of and promote recovery from behavioral disorders and co-occurring illnesses. Yet, among the 45.6 million adults and 15.6 million children and youths who experience a mental/behavioral problem:

- Fewer than 40% of adults and youths with mental health conditions—including mood disorders—ever get any mental health services
- Fewer than 7% of adults with co-occurring mental and substance use disorders get treatment for both.

The result of this gap between need and care is counted in lost jobs, lost education, and lost lives. In fact, because so few people with mental health problems ever get care for any of their behavioral or physical health problems, their lives are shortened, on average, by as many as 25 years compared to their counterparts who have access to regular health care.

How do we close this health care gap for the people we serve? The answer, in part, lies with improving access to care and the availability of appropriate, quality care when access is achieved. Economic, geographic, service system and interpersonal challenges are among the significant impediments that can slow or thwart entirely the ability to get needed prevention, diagnosis, and treatment services for behavioral health conditions.

The good news today is that the Affordable Care Act (ACA, or "ObamaCare") is already helping to overcome those very barriers. And, when it goes into full effect in January, 2014, it will be of even greater help to people with mood disorders, schizophrenia, other mental health conditions, and any co-occurring illnesses, such as substance use. Provisions of the law itself account for some of the improvements. Programs being implemented through the US Department of Health and Human Services are helping in other areas.

This issue of *Under the Microscope* explores impediments to access for care and ways in which the ACA has already become a vital tool to help people with or at risk for behavioral disorders get, retain, and benefit from individualized, consumer-centered care and services. These are issues that we need to discuss widely in our communities, encouraging the people we serve to get care under the ACA and advancing the value of the ACA as a benefit for all—whether for prevention today or for care tomorrow.

ANALYSIS

Getting in the Door.

If you can't open the door, you can't get care. You need a bunch of keys, too: there are impediments with health insurance coverage and cost; the nature of the provider; and physical or psychosocial distance.

Insurance-related challenges. The first key to open the access-to-care door for a mental or substance use problem is having health insurance, whether employer-provided, self-purchased, or made available through federal or state health plans. However, many people with chronic, remitting behavioral problems are unemployed, underemployed, or only occasionally employed, resulting in both limited income and, often, no health insurance. Their limited, often fluctuating income sometimes places them above the cut off for unexpanded Medicaid benefits.

But insurance, itself, is not sufficient to open the door; the insurance benefits may not cover, or adequately cover, behavioral health services. Historically, health plans—including both Medicare and Medicaid—have excluded coverage for some, or all, behavioral health services, while other plans lack appropriate or sufficient coverage over the short or long term.

Access to care can be limited by the *amount* and *scope* of coverage, as well as by the *costs* that you must pay. Until enactment of parity legislation, health plans were able to impose annual and lifetime dollar limits on behavioral health services. The kinds of care have been limited, such as the exclusion of treatment for substance use disorders and wrap-around services. Copayments and deductibles can be excessive, particularly when managing a long-term illness like depression, hypertension, or heart disease. Further, out-of-pocket costs associated with medications also increase regularly, presenting additional financial challenges for consumers and providers alike.

But the ACA already has been helping to break through these insurance-related challenges. Through both the optional state Medicaid Expansion and the mandatory state Health Insurance Marketplaces, the ACA will make health care insurance coverage available to millions of people with behavioral disorders and their families. Beginning January 1, 2014, in states that opt in, Medicaid expansion will broaden coverage to all people at or below 138% of the federal poverty level, potentially adding as many as 18 million beneficiaries to the Medicaid rolls, some 40% of whom have behavioral health conditions. Insurance through the mandatory state Health Insurance Marketplaces will add another 20 million previously uninsured individuals, one in four of whom (25%) has a behavioral problem. Enrollment for both programs begins on October 1, 2013. A number of other provisions of the ACA already are improving health future for people with or at risk for behavioral disorders:

- To date, more than 6.6 million young adults under age 26 have been able to stay on their parents' insurance plans, particularly critical when it comes to behavioral health issues, since half of all lifetime cases of mental and substance abuse disorders begin by age 14 and 75% arise by age 24. Because early identification and intervention can yield early recovery, the ACA's provisions that ensure the availability of health coverage for teens and young adults to age 26 is key.
- More than 71 million Americans can now get free preventive services, important since behaviors and symptoms that signal the likelihood of future emotional or substance use problems often arise 2–4 years before a problem is recognized or a diagnosis made. Prevention and early intervention can preclude or reduce the personal and economic impact of the problem. In addition, early intervention for mental health problems can prevent or delay the onset of substance use conditions.
- Today, more than 15 million children and youth under age 19 can no longer be denied insurance because of a pre-existing condition, like bipolar disorder. And, beginning on January 1, 2014, this protection will be extended to persons of all ages.
- Annual and lifetime insurance coverage limits for behavioral health care have been eliminated,

reducing, if not ending altogether, the likelihood that care will be terminated when ceilings are reached, a considerable problem for chronic problems like behavioral conditions.

Critically, when combined with the Mental Health Parity and Addiction Equity Act of 2008, the ACA takes major strides to ensure that *any* health insurance plan offering behavioral health benefits provides coverage and benefits comparable to those available for physical health. This has the potential to expand behavioral health benefits and federal parity protections to 62 million Americans.

Provider-related challenges. Health providers may hold another key to access, closing the door to care when they choose not to accept payment through your particular health insurance. Some providers decline to participate in selected or all insurance programs due to low pay, excessive recordkeeping/paperwork and delayed payment. Some providers also believe that patient-borne payments—which many with serious behavioral disorders cannot afford—are part of the treatment process itself! Federal agencies involved in implementing the ACA are engaged in helping to change some of these provider-related issues, particularly when it comes to reducing paperwork burdens associated with Medicaid. At the State level, efforts to improve reimbursement rates for the treatment of behavioral disorders can be encouraged. And with increased numbers of insured individuals with behavioral problems, we can work to encourage more of our clinician colleagues to participate in their care, treatment and recovery.

"Distance" related challenges It's also about "getting there" for care: physical and psychological environments hold another key to open the door to access to care for a mental health condition or substance use problem. For those physically unable to get to a provider's office, access is denied. Distances need to be bridged; costs of travel need to be held down; and facilities need to be physically accessible to individuals who are dealing with both behavioral health issues and physical limitations. The ADA has helped, but there is more to do, particularly at the community level. That's where community health care leaders, like you, enter the picture.

A second "distance" to be bridged relates to health services that may not be culturally or linguistically appropriate and accessible. Without an understanding of your heritage and language, neither provider nor staff can bridge a divide that can make even the best-intended services inaccessible. That's where partnerships across traditional and nontraditional service organizations enter the picture; where best practices and innovations in reducing health disparities can be implemented; and where outreach through disparate community channels can be seminal. It's a distance that can be spanned with creativity, and with community.

Perhaps the most significant barrier to access—the stigma of behavioral illnesses and asking for help—is even harder to surmount. It takes more than ramps and transit, adaptations and language to overcome this impediment to access. Psychological access is, perhaps, among the greatest of challenges. Historically, little effort has been made to reduce the stigma that remains attached to seeking care for mental health conditions and substance use disorders. The good news is that, thanks to the ACA and to the Administration's stepped-up efforts through the June White House national dialogue on mental health, HHS's www.mentalhealth.gov and elsewhere to "bring mental health out of the shadows," the situation is beginning to change. Just as people have recognized the importance of speaking out about, being screened and getting treatment for cancers of all types – including some that were never mentioned in public just 20 years ago – so, too, are behavioral disorders moving from the shadows into the sunlight.

Once In, Is the Care actually Quality Care?

When someone finally manages to get in the door, how can we help ensure that they have walked through the right door? How can we help ensure that the care available is individualized and collaborative, based on best-practices, and centered on the individual and his or her health needs,

including engagement of family when appropriate?

Here too, the ACA and the HHS provide some assurance based on the scope of the law, its content, its implementation, and the collateral programs HHS agencies are undertaking to ready the consumers, the health care community and the nation as a whole for its ACA implementation. The ACA's benefit package helps ensure a full range of care-from prevention through recovery services-are available. It rewards the use of evidence-based interventions, emphasizing known-effective practices not only in treatment, but also in rehabilitation and recovery. Needed wrap-around services—particularly critical for people with behavioral problems or ID/DDs—will be included in the package of care and services to advance community-based living and recovery. And the ACA's insurance navigators are being trained today to help assure that consumers can select the right coverage that is based on their individual immediate and anticipated needs. Real people will help individual consumers negotiate the range of insurance options available for which they qualify.

At the same time, HHS agencies are working to advance not only evidence-based treatments, but also a system of care that offers integrated/coordinated care that focuses on the whole individual. Current demonstration, model and training programs are underway through CMS, HRSA, SAMHSA and elsewhere to that end. The aim is to make every door the right door to all prevention and intervention using collaborative teams that able to identify and coordinate care that meets an individual's full range of health and illness needs, including key ancillary services and supports (housing, education, transportation, job training, etc.).

All of these activities are underway now. Regulations are being set in place at the national level. Grants for navigators have been made and individuals are being trained to begin the process of enrollment, effective October 1. A massive education campaign is underway to educate the public about the ACA, about their rights and opportunities and responsibilities – part of which is targeting ways to break through the stigma of behavioral illnesses. Many states are preparing for Medicaid expansion; local governments are preparing for increased health care demand, and so, too, are consumers who, for too long, have lacked the care they know they need. And you are preparing, too. Right?

ACTION

The future of the ACA is ***now*** for the millions of people we serve. As Congress enters a month-long recess, the ACA will be among the topics in the forefront of discussion in congressional districts across the country. Votes to dismantle the ACA have already been taken 40 times in the US House of Representatives, fortunately thwarted by stalwart Senate support for this critical public health program for the Nation. But now, the stakes have grown even greater. Some have proposed to shut down the government by denying FY 2014 funding if any money supports ACA implementation. Others suggest not raising the debt limit unless the ACA is repealed.

Their success or failure may well depend on how their constituents – the people of this Nation – respond to these threats to their future health and wellbeing, and that of future generations. And that's where we enter the picture at the level of the family, the school, the congregation, the community. Education is our best weapon to safeguard the ACA and the health of the people we serve. Become an even greater activist for behavioral health, and encourage public and private health care providers, employers, families, educators, and your local and state policymakers to do so, too. Help convene town hall meetings about the benefits of the ACA already accruing in your community. Write letters to the editor and OpEds. Urge others to do so.

The time is now to stand our ground. Much as the battle waged against Medicare and then Medicaid was won over time, so, too, can we win the battle for the ACA and the improved behavioral health of the Nation. Let's roll up our sleeves and get to work.