

The ACMHA Santa Fe Summit on Behavioral Health



Executive Summary for

**2008 Presidential Candidates' Health Reform Proposals
and
State Health Care Reform Key Objectives**

February 2008

Background Materials for the 2008 ACHMA Santa Fe Summit on Behavioral Health

Impacting Health Care Reform '08: Leadership in Moving the Mental Health and Substance Use Agenda

Purpose: A set of materials has been compiled in order to provide participants at the ACMHA Summit with background information on: (a) Presidential candidates' health care reform proposals, including information on mental health and substance use care [where information is available]; (b) the means of achieving overall health reform goals proposed by candidates and states [i.e., access to insurance coverage and services, improved quality of services and decreased health care costs]; (c) mechanisms used by states to create additional health insurance coverage options; and (d) the extent to which state coverage initiatives create new opportunities for expanded mental health and substance use care.

This background information reflects ACMHA's commitment to increasing awareness of important issues that impact behavioral health. Three components of success have been identified for the Summit: (1) Building awareness through relevant information; (2) Broad contribution to strategic planning; and (3) Commitment to action. Summit participants' review of the background materials is intended to be a preparatory step for strategy development and action aimed at moving the mental health and substance use agenda with respect to health care reform initiatives.

Context: Because bipartisan participation and cooperation are necessary for a national reform plan to be viable, it is meaningful to explore the major ingredients and general concepts proposed in both Democratic and Republican models. Important differences exist between presidential candidate healthcare reform proposals in terms of mechanisms of funding and means of promoting quality and affordable healthcare for Americans. At the ACMHA Summit, participants will explore the applicability of proposed health care reform concepts to behavioral health - especially behavioral health as integrated into overall health. Specifically, national plans need to be examined in terms of their impact on mental health / substance use care delivery, and on integration and coordination with primary care and physical health services and payment.

In addition to examining national proposals, it is important to understand health care reform developments and implementations in states. This is because states that have outlined specific goals and mechanisms of achieving reform can function as models for innovation and more widespread implementation. Unfortunately, states with goals that fail to recognize behavioral health as essential to overall health are likely to forego the development of concrete objectives for ensuring or creating coverage of mental health and substance use care. One of our ACMHA Summit objectives is to examine state-specific approaches to reform, in order to understand the extent to which they recognize and provide for new or expanded mental health and substance use coverage.

Resources: In order to assist ACMHA Summit participants in preparing for conference activities and discussions, the following materials are provided: (1) a side-by-side summary of 2008 presidential candidates' health care proposals, and mental health/substance use perspectives; (2) a general description of six key objectives used by states to achieve overall health care reform goals; and (3) a description of insurance

mechanisms used by states to increase the number of insured individuals. Included in the descriptions of health care reform objectives and insurance strategies is a discussion of the extent to which the approaches create new coverage opportunities for mental health and substance use care.

Not all candidates have a specific behavioral health care agenda, and only a handful of states mention mental health or substance use care in their health reform objectives or coverage strategies. As a result, there is a critical need to build awareness and attention to behavioral health issues with respect to both state and national level reform considerations and initiatives. ACMHA members are encouraged to review the enclosed materials and reflect on potential next steps to move the mental health and substance use agenda.

Questions for your consideration: The following questions are provided to stimulate thought and discussion concerning the relationships among health reform concepts/strategies and behavioral health issues. There are numerous factors to consider, the following being just a few, intended to engender many new ideas and strategies.

1. How will the national healthcare initiatives impact state-level proposals? Is national leadership and federal fiscal support needed to assist states in passing and implementing universal healthcare strategies? Is a federalized approach to universal healthcare and reform better or worse for promoting behavioral health coverage nationwide?
2. Considering healthcare coverage as a mandate versus an affordable option, what might the impacts of each be on public and private sector behavioral healthcare delivery?
3. How can we communicate to local and state decision-makers, the degree of applicability of the reform proposals to behavioral health? What strategies can we develop to inform and augment healthcare reform policy in a consistent and progressive way at state and national levels?
4. Of the “creative” and blended affordability mechanisms posed in the universal coverage models, which (and what combinations) might be most viable for the mental health and substance use services populations? Can we develop specific and practical payment strategies that go beyond the general statements of the presidential healthcare proposals – so that universal coverage can be a reality for those in need of mental health and substance use services?
5. Behavioral-health coordination with primary care has been promoted by mental health and substance use services professionals and advocates. One issue discussed in the national healthcare debate is bundling of service payment with respect to coordination of care. What would bundled funding mean for public and private behavioral health services delivery organizations? How could primary care and behavioral health work together to maximize use of resources to service the whole person under universal healthcare models?

6. How would general efforts to expand healthcare coverage under universal healthcare models and specifically efforts to strengthen safety net services (e.g., Medicaid, SCHIP, public hospitals, etc.) impact behavioral health's workforce capacity, administration, etc.?
7. With respect to healthcare reform and universal coverage principles, how can we insure sustained recognition of mental/behavioral health as part of overall health and insure recovery as the focus of behavioral health service delivery?
8. Considering choice, personal responsibility, shared/relative responsibility, and personal health accounts, can we explore the utility of these concepts within public mental health and substance services systems? Are these concepts consistent with behavioral health recovery concepts?
9. Although cost-savings associated with implementing technologies (e.g., electronic health record and telehealth systems) are not uniformly accepted, the national/presidential healthcare proposals have identified technology as a quality-enhancing and healthcare cost-reducing strategy. How can behavioral health gain the most cost and quality benefit from technology in order to keep universal healthcare an affordable concept?