

Environmental Scan on the Implementation of Health Reform in Relation to Children's Mental Health Services

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The National Technical Assistance Center for Children's Mental Health (TA Center), in collaboration with the National Association of State Mental Health Program Directors, conducted an environmental scan to explore plans and activities for the implementation of health reform through the lens of mental health services for children, adolescents, and young adults with mental health conditions and their families. This scan is intended as the first step in a "health reform tracking project" to be undertaken by the TA Center to monitor and describe implementation of the Affordable Care Act (ACA) in states and the impact on children's mental health services. Similar scans will be conducted periodically to assess new activity and progress in planning for and implementing the various provisions of the ACA. Follow-up contacts will be made with states where activity is identified to collect descriptive information about their plans and approaches through document reviews and personal communication with state leaders. This information will be disseminated on the TA Center's website and through other methods in an effort to inform the work of other states as they move forward with the implementation of health reform.

The survey respondents were primarily the children's mental health directors in each state and territory. Responses were received from 50 states, the District of Columbia, and Guam, for a total of 52 respondents. The results are summarized below.

Plans and Activities for Implementation of the Affordable Care Act (ACA) That Will Impact Mental Health Services to Children, Adolescents, and Young Adults

Approximately two-thirds of the states specified that they are planning to use one or more provisions of the ACA that affect services to children, youth, and young adults with mental health conditions and their families (Table 1).

TABLE 1 Use of ACA Provisions for Mental Health Services for Children, Adolescents, and Youth Adults		
	#	%
Total States Specifying Plans to Use ACA Provisions for Mental Health Services for Children, Adolescents, and Young Adults	33	64%

Although states specified that they plan to use ACA provisions, Table 2 shows that the majority are in the very early stages of planning. The specific ACA provisions include:

- **Health Homes**—These structures are a Medicaid option available to states to design programs to better serve persons with chronic illnesses, serious mental health conditions, and/or addiction disorders. Health Homes must provide for an individual's primary care and disability-service needs and must provide care management and coordination for all the services needed by each person. Children with serious mental health conditions comprise an eligible population for a Health Home.
- **Medicaid and the Children's Health Insurance Program (CHIP) Expansion**—The expansion of Medicaid and CHIP provides a vehicle for delivering needed health and behavioral health services to many more children. It is estimated that enrollment in these programs will increase by 33% by 2019. As a result, states will be able to expand access to behavioral health services to children, youth, and young adults who are currently uninsured or under-insured.
- **1915(i) State Plan Amendments**—These amendments of state Medicaid plans allow states a means to offer home- and community-based services to more individuals. Children with serious emotional disturbances are one of the populations that can be served, along with adults with severe mental illness and seniors at risk of placement in nursing homes. Using this provision, children up to 150% of the poverty level no longer must meet the criteria for institutional care to receive "waiver-type" services such as respite, wraparound facilitation/intensive care management.
- **Money Follows the Person**—The Money Follows the Person Rebalancing Demonstration is part of a comprehensive strategy within Medicaid to assist states to make widespread changes to their long-term care support systems. This initiative was included in the ACA and encourages states to reduce reliance on institutional care while developing community-based, long-term care alternatives. The target population for this initiative includes children and youth with serious emotional disorders who have been in psychiatric hospitals or psychiatric residential treatment facilities (PRTFs) for at least 90 days.
- **Accountable Care Organizations (ACOs)**—These organizations are structures created by the ACA that are responsible for providing, managing, and coordinating the total care of a defined population of 5,000 or more individuals. ACOs are created by linking a group of providers within a single entity with shared governance and clinical and financial incentives to provide high-quality health services at a reduced cost. The ACA calls for demonstration pilots of ACOs, but does not specify how behavioral health (or more specifically children's behavioral health) should be incorporated.

Most states are still exploring the potential use of these provisions. Fewer are in the process of developing plans, and fewer still reported that implementation has already begun. Medicaid and CHIP expansion is the most frequently cited provision under exploration, with 44% of the states indicating that they are considering this. Progress in developing an implementation plan is most common for Health Homes. Based on this scan, the most progress in implementation is for Money Follows the Person.

TABLE 2 Use of Specific ACA Provisions						
	Under Exploration		Plan Under Development		Implementation Has Begun	
	#	%	#	%	#	%
Health Homes	19	37%	11	21%	5	10%
Medicaid and CHIP Expansion	23	44%	9	17%	5	10%
1915(i) State Plan Amendment	18	35%	9	17%	3	6%
Money Follows the Person	12	23%	8	15%	11	21%
Accountable Care Organizations	19	37%	3	6%	2	4%

Health Insurance Marketplace Benefits

States are charged with defining the benefit package to be provided by their Health Insurance Marketplaces (also referred to as Health Insurance Exchanges). The marketplaces are governmental or nonprofit entities that are established by a state to offer an array of qualified health insurance plans for purchase. Most people are eligible for health coverage through the Health Insurance Marketplace, and individuals with low incomes are eligible for subsidies. States have wide discretion in setting the benefits, standards, requirements, and rates for plans offered in the marketplace. The ACA requires that the essential benefits package be comparable to typical employer-sponsored health insurance plans, and also requires the Secretary of the Department of Health and Human Services to ensure that the benefits are appropriate for vulnerable populations, including children with behavioral health treatment needs.

Again, the environmental scan indicates that states are in the very early stages of defining their benefit package. In about two-thirds of the states, the process to define these benefits either has not begun (21%) or is under exploration (42%). Many fewer states are in the process of developing their benefit package, and implementation is underway in only two states.

TABLE 3 State Specification of Benefits to be Provided by Health Insurance Exchanges							
Has Not Begun		Under Exploration		Plan Under Development		Implementation Has Begun	
#	%	#	%	#	%	#	%
11	21%	22	42%	11	21%	2	4%

Inclusion of Children's Mental Health Expertise in ACA Implementation

The scan explored the extent to which individuals with expertise in children's mental health are included in the planning and implementation of the ACA. The largest group of states (39%) reported that individuals with knowledge in this area are somewhat included, and 25% reported no involvement of children's mental health experts. Substantial involvement was reported in only 4 states.

TABLE 4 Inclusion of Children's Mental Health Expertise in Implementation of the ACA							
Not at all		Somewhat		Moderately		Substantially	
#	%	#	%	#	%	#	%
13	25%	20	39%	10	19%	4	8%

Interest in Peer Exchange

Given the enormous potential impact of ACA implementation on children's mental health services, the vast majority of states indicated that they would be interested in assistance from their peers in identifying opportunities and strategies for using the ACA for mental health services and systems of care for children, adolescents, and young adults.

TABLE 5 Interest in Peer to Peer Exchange

	#	%
Total States Interested in Peer-To-Peer Exchange on How to Strategically Use Opportunities Under the ACA for Behavioral Health Services and/or Systems of Care for Children, Adolescents, and Young Adults	43	83%

Available at: <http://gucchdtacenter.georgetown.edu>

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