



Behavioral Health in Health Care Reform

Improving Access and Outcomes

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December 5-6, 2011

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Schaumburg, IL



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Behavioral Health in Health Care Reform Improving Access and Outcomes

December 5-6, 2011

Hyatt Regency Woodfield – Schaumburg, IL

PROGRAM

Monday – December 5, 2011

**Behavioral Health in Health Care Reform
Improving Access and Outcomes**

GENERAL SESSION

9:30 AM

National Perspectives on the Direction of Behavioral Health: New Challenges and Opportunities

- Allison Colker, Special Expert Office of Policy, Planning & Innovation, SAMHSA
- Michael Lardiere, Vice President, Health Information Technology & Strategic Development, National Council for Community Behavioral Health

The community behavioral health care system across the country and in Illinois is undergoing unprecedented changes fueled by the direction of the federal government's health care policies, in particular, The Affordable Care Act (ACA). Federal health care directions suggest that the treatment of individuals with mental health and substance use disorders will eventually be integrated into the mainstream of general health care, with behavioral health providers playing an essential role. Experts also strongly expect that health care reform will affect the structure, the financing and the delivery of services of the community behavioral health care system.

Gazing a bit into the future we asked our distinguished panelists to speak to:

- 2012 ACA implementation timelines.
- What coverage expansion under ACA means for those with mental and substance use disorders?
- What new roles may this mean for the state Medicaid, Mental Health and Substance Use Authorities?
- Does SAMHSA have additional 2012 initiatives to help behavioral health providers test the challenges of the ACA?



**Monday – December 5, 2011 (continued)
Behavioral Health in Health Care Reform
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GENERAL SESSION

10:45 AM

Child, Youth and Family Behavioral Health: Federal Directions in Improving Access and Wellness for Children

- David DeVoursney, Office of Policy Planning and Innovations, SAMHSA
- Jeffrey A. Buck, Ph.D., Senior Advisor for Behavioral Health, Center of Medicare and Medicaid (CMMS)

Childhood emotional and behavioral disorders are the most prevalent and costly of all chronic illnesses in youth. It is estimated that 20% of children and adolescents have a diagnosable mental, emotional, or behavioral disorder and this costs the public \$247 billion annually.

Considering health care reform through the lens of how it might affect children and adolescents is critically important. Improving the developmental trajectories and health behaviors of children and adolescents could yield large potential benefits in the form of better health and functioning and lower chronic disease burdens during childhood and adulthood.

Our distinguished panelists, David DeVoursney and Dr. Jeffrey Buck, will discuss in a general session the directions, timelines and potential changes in federal behavioral health policy for children and adolescents:

- Accountable Care Act timelines 2012-2013 and implications for improved health care for children.
- What is the role of prevention in better healthcare outcomes for children?
- How can states promote fostering Integration of Primary Care and Behavioral Health for children?
- How will “Essential Benefits for Children” be defined?
- What are the opportunities and challenges facing sustainable financial models in health care reform?

LUNCHEON – NOON TO 1:30 PM



**Monday – December 5, 2011 (continued)
Behavioral Health in Health Care Reform
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GENERAL SESSION

1:30 PM

2012 State Budget(s) and Access to Behavioral Health Care

The New Normal

- George Hovanec, Consultant – State Financing and Medicaid
- Jerry Lowell, Senior Vice President, Behavioral Health and Community Services, Aunt Martha's Youth Service Center
- Philip W. Eaton, President and CEO, Rosecrance Health Network

As financing deliberations continue at the Federal and State levels, providers whose missions include providing BHC across the country and in Illinois have been forging new partnerships and using evolving financial arrangements to address the increased consumer needs in these difficult financial times. One constant in the great debate is the fact that access to CBHC is essential to build healthy communities and address cost concerns for complex cases that use an array of public and privately financed care, treatment and services.

States including Illinois have embraced reform as a way to control costs while potentially improving access and quality of care. The promise of ensuring care is coordinated in that preventive, primary and behavioral care that is readily available will decrease the use of more costly services such as emergency room and acute hospital care. To realize this new promise, consumers, advocates and providers are busily reviewing:

- How the numbers add up - financial and expanded eligible populations?
- How access and quality can improve?
- What partnerships will work within Illinois' ambitious goals?
- Whether the infrastructure needed to move in reform directions will be efficient, effective, financially feasible and sustainable?

In addition to learning about what Arizona's CBHC provider financing model is from Illinois "transplant" President and CEO, CODAC BHS in Tucson, we have asked George Hovanec to share his perspective on Illinois finances, and the panelists to discuss the opportunities and challenges that face insured (Medicaid) and uninsured consumers in 2012.



Monday – December 5, 2011 (continued)
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BREAKOUT SESSIONS

3:15 PM
Breakout Session A

The Transformation of Public Addiction Treatment and The Affordable Care Act: How It Expands Coverage for Those with Behavioral Health Conditions

- Allison Colker, Special Expert Office of Policy, Planning & Innovation, SAMHSA
- Jeffrey A. Buck, Ph.D., Senior Advisor for Behavioral Health, Center of Medicare and Medicaid (CMMS)

Public substance abuse treatment services have largely operated as an independent part of the overall health care system, with unique methods of administration, funding and service delivery. The Affordable Care Act of 2010, Illinois reforms, and declines in state general revenue spending all suggest greater integration of primary and BHC including SU. How will access for substance abuse care and treatment services be assured for eligible populations?

Movement towards the mainstream of general health care and reform provisions are likely to expand the variety of substance abuse treatment providers and may shift services toward outpatient programs that require integrated programs or care systems.

We have asked our panelists to share their views on the impact the ACA will have on the Public Substance Abuse Treatment system:

- funding sources
- deinstitutionalization
- integration
- changes for state Medicaid programs
- new duties for state substance abuse agencies
- making Medical and Recovery models work together



Monday – December 5, 2011 (continued)
Behavioral Health in Health Care Reform
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3:15 PM
Breakout Session B

From Planning to Implementation: Illinois Health Information Technology and Health Benefit Exchange

- Laura Zaremba, Director, Illinois Office of Health Information Technology
- Fred Rachman, M.D., Co-Director of Chicago Health Information Technology Regional Extension Center
- Michael Lardiere, Vice President, Health Information Technology & Strategic Development, National Council for Community Behavioral Health
- Max Fletcher, Exchange Research Assistant, Illinois Department of Insurance
- Karen Batia, Ph.D. (Moderator), Executive Director, Heartland Health Outreach

Funds from the American Recovery and Reinvestment Act (ARRA) are helping to build electronic health information and health benefits exchange functions in Illinois.

Planning, implementation and operational dates are moving at a pace that challenges identification and analysis of the roles of these critical components of health care reform in Illinois. We are pleased to offer this panel discussion on the status of these initiatives and:

- 2012 time lines and challenges.
- Where the functions of these two major initiatives intersect.

Health Information (Exchange) Technology

Illinois HIE Strategic and Operational Plan is one of a few state plans approved by the ONC that includes BHC.

Health Insurance Benefits Exchange

The federal Center for Medicare & Medicaid Services' (CMS) recently released proposed rule for the health insurance exchanges created by federal health care includes several important MH/SUD provisions. In Illinois, SB 1313 HA # 2 introduced in November establishes the vehicle for Illinois to put into law the components necessary for the state to move forward, components deliberated by Illinois Health Benefits Exchange Legislative Study Committee.

5:00 PM
NETWORKING RECEPTION



Tuesday – December 6, 2011
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PROGRAM

TUESDAY GENERAL SESSION

9: 00 AM

Limited Resources, Ambitious Goals and Expanding Eligible Populations

- Shawn Cole, Public Service Administrator, Division of Medical Programs, DHFS
- Grace Hou, Assistant Secretary, DHS
- Robert Mendonsa, CEO, Aetna Better Health, Illinois
- Cindy Peterson, Vice President, Clinical Operations, IlliniCare/Cenpatico
- George Hovanec, Consultant – State Financing and Medicaid

This past year the community behavioral health system saw a dizzying amount of changes that included Managed Care and DHFS' call for Care Coordination.

As states look for predictability and cost containment with Medicaid, they are considering integrated approaches that consolidate the financing for managing Medicaid physical and behavioral health services. To save money, they are trying to bring their higher cost enrollees—complex cases that use an array of services—into either coordinated care or managed care. Contracts between the state and CCE's or managed care companies directly impact your ability as a community provider to meet the health care needs of your consumers.

What will 2012 bring?

Come and hear panelists discuss:

- How the state's Coordinated Care Program could affect community behavioral health care?
- Whether behavioral health care is moving toward a Medicaid only system?
- How year one of the DHFS Integrated Care pilot is performing?



**Tuesday – December 6, 2011 (continued)
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BREAKOUT SESSIONS

**10:45 AM
Breakout Session C**

Partnerships Between Primary Care Physicians and Community Behavioral Health Providers to Address Substance Use Problems

Illinois SBIRT Program

- Director Theodora Binion, Department of Human Services, Division of Alcoholism and Substance Abuse
- Abdel Fahmy, M.D., (Moderator) Illinois Medical Society, Panel of Primary Care Physicians
- Dr. Ihab Aziz, Chairman of Family Medicine, Sinai Health System
- Linda Lewaniak, Director of Behavioral Health, Alexian Brothers

In Illinois and across the nation, there is serious concern over the lack of screenings for substance use problems in primary care settings. One strategy that DASA is using to address the problem is with funds recently awarded from SAMHSA to implement the Screening Brief Intervention and Referral to Treatment (SBIRT) program. The program is designed to increase attention paid to SUD in primary care settings. More specifically, the program is meant to expand/enhance the State's continuum of care for substance misuse services and reduce alcohol and drug consumption and its negative health impact.

Come learn about developing partnerships between primary care physicians and community behavioral health providers to address substance use problems and how you duplicate it in your communities.

**10:45 AM
Breakout Session D**

State Directions in the Provision of Mental Health: 2012 and Beyond

- Lorrie Rickman Jones, Ph.D., Director, DMH
- Diana Knaebe, CEO, Heritage Behavioral Health Center, Inc.
- John Markley, CEO, The H Group
- Wanda Figueroa-Peralta, EdD, LCPC, Behavioral Health Division Director, Association House of Chicago

The provision of community behavioral health saw a dizzying amount of changes and innovations; changes that included Managed Care, Utilization Management, Performance-based Contracting, reductions to non-Medicaid funding, contract changes, new Residential and Housing rules and the proposed closing of State Mental Health Hospitals.

Innovations that include partnerships and care coordination are increasing across the state. It is anticipated that community providers can expect further changes in the new year. What will those changes look like?

LUNCHEON – NOON TO 1:30 PM



**Tuesday – December 6, 2011 (continued)
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**1:30 pm
Breakout Session E**

The Planning Trifecta for Community Behavioral Health Care - Mandated Planning

- Lisa DeNunzio-DeVivo, Executive Director, Community Mental Health Board Oak Park Township
 - Jerry J. Murphy, Executive Director, INC Board, NFP-A Community Mental Health Funding Alliance (708)
 - Daniel E. Neal, Executive Vice President of Behavioral Health, FHN Family Counseling
 - Scott Burgess, Executive Director, Alexian Brothers Center for Mental Health
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- PA 97 0439 - Requires county board chairman in every county with a population of less than 3,000,000 to appoint, no later than December 31, 2011, a volunteer 7 member mental health advisory committee composed of members of the general public.
 - PA 97 – 0381 - Regional Integrated Behavioral Health Networks Act provides that DHS shall establish Regional Integrated BH Networks Steering Committee, Network Plans.
 - PA 97-0438, HB 2084 - Creates the MH Services Strategic Planning Task Force develop a five-year comprehensive strategic plan for the State's mental health services.

Keeping our act together suggests your attendance is required so you may participate in this lively discussion on how these planning and monitoring efforts can be utilized to map out the sustainable provision of community behavioral health care in communities across the state.



Tuesday – December 6, 2011 (continued)
Behavioral Health in Health Care Reform
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Breakout Session F
1:30 pm

**Children and Adolescent Care, Treatment and Services: Complex Cases
and Financing the Care, Treatment and Services They Require**

Panelists:

- Marion Sleet, Ph.D., COO, Ada S. McKinley, Chicago
- Angie Hampton, CEO, Egyptian Health Department
- Elisabeth Houston, J.D., Policy Consultant, Sargent Shriver National Center on Poverty
- Renee Mehlinger, M.D., Deputy Clinical Director, Child and Adolescent Services, DMH
- Shawn Cole, Public Service Administrator, Division of Medical Programs, DHFS

In October 2011, the Department of Healthcare and Family Services (DHFS) Director Julie Hamos mentioned that the Care Coordination Project will eventually need to consider how to address children with complex issues across the array of services they require and that her conversations to date included children receiving special education services.

CBHA is calling on a distinguished panel of experts to discuss what the implication of changes to date and those on the horizon may mean for community providers serving children with complex needs:

- What should the services and benefit package look like?
- Feasible state financing for these services?
- What model of care could the state use for high-risk populations?
- What data is available to best inform cost effective practices?

If your agency provides services to children and adolescents, you will want to be in attendance to add your voice to this discussion regarding the impact on serving children and adolescents and what change has and may mean for your clinical practice. A major outcome of this session is to formulate and advance policy, practice and financing recommendations to our friends in the executive and legislative branches.



Tuesday – December 6, 2011 (continued)
Behavioral Health in Health Care Reform
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GENERAL SESSION

GENERAL SESSION

3:15 PM

Legislative Matters of the 97th General Assembly

- Tom Nolan, Contract Lobbyist
- Anthony A. Kopera, Ph.D., Chair, CBHA Public Policy Committee
- Sara Moscato Howe, CEO, IADDA
- Terry Steczo, Lobbyist, Government Strategy Associates

During these tumultuous times, an unprecedented number of policy solutions designed to address Illinois' fragmented legacy systems have been set in motion; foundations have been laid in support of the increased recognition that health care solutions must address a role for CBH care, treatment, prevention and recovery services.

As the noise echoing across the political landscape intensifies, advances for access to adequate health care, behavioral health care treatment, prevention and recovery services must continue their efforts to be heard and as importantly be accommodated in the next steps of reforms. Despite the fiscal difficulties the country and our state face, improvements can be noted in the federal flexibility in Health Care and Medicaid reform; and here in Illinois plans to address legacy issues, advance initiatives for Regional Integrated Care Coordination and FY 2012 LTC rebalancing have been advanced as policy directions.

Advancing our policy messages promotes that the new directions are inclusive of CBHC and fiscal decisions supporting CBHC access by nationally and Illinois "deciders".

CBHA's Public Policy Chair Dr. Anthony Kopera will ask our panelists to offer their views on what can be done in 2012 to ensure the policy progress CBHC has made continues and that CBH care, treatment, prevention and recovery services receive fair fiscal support by decision-makers in Washington and Springfield.

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HOTEL

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