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## Background for Morning Workshop

### Changes At the Federal Level

#### Background:

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA), which seeks to make health insurance coverage more affordable to individuals, families, and owners of small businesses.

RAND Corporation, a policy think tank, estimates that ACA will help six million California residents obtain health insurance when the reform is fully implemented in 2016. It reforms insurance markets to make them more competitive and protects consumers' rights by prohibiting such practices as excluding people from coverage due to pre-existing conditions and placing annual or lifetime caps on coverage, banning rescission of coverage, and establishing basic minimum benefit packages.

ACA contains a variety of service issues that require discussion and recommendations regarding a set of services that should be available for individuals with mental health and addiction needs. The law will:

- Fundamentally change what services will be available to individuals that have mental health and addiction disorders. Various provisions will require benefit packages that include treatment for mental health and substance use disorder services, prescription drugs, rehabilitative, and prevention and wellness services. These services must be available in benefit packages by Fiscal Year (FY) 2014.
- Create additional incentives to coordinate primary care, mental health, and addiction services. In FY 2011, grants and Medicaid reimbursement became available for the creation of health homes for individuals with chronic health conditions, including mental illness and substance use disorders.
- Make available grants for school-based health centers that offer mental health and addiction services.
- Address the reality that racial and ethnic minority populations are disproportionately uninsured, face systemic barriers to health care services, and experience worse health outcomes.
- Enhance community-based service options for individuals with a mental health and/or substance use condition.

Issue:

The federal ACA will significantly alter private and public sector funding, services, and the system of care for mental health in California. Mental Health Services Act (MHSA) funding, programs, services and oversight responsibilities overlap with many of the goals and objectives of the ACA. The Commission needs to understand the impact of the ACA to effectively leverage opportunities to increase the statewide capacity to meet the needs of persons with serious mental illness.

Speaker PowerPoint Presentations:

- David Pating, MD, MHSOAC Commissioner  
“Overview of Health Care Reform,” David Pating, M.D., March 22, 2012
- Alice Gleghorn, Alcohol and Drug Administrator, San Francisco Department of Public Health  
“Primary Care (PC) Integration (Behaviorists in PC) and Health Reform Preparation (LIHP)”, San Francisco Behavioral Health Services System, February 8, 2012

Enclosures:

- “Moving beyond Parity – Mental Health and Addiction Care under the ACA,” The New England Journal of Medicine, August 18, 2011
- “California’s Mental Health System: Aligning California’s physical and mental health services to strengthen the state’s capacity for federal coverage expansion,” Insure the Uninsured Project, August 2011
- “Description of a Good and Modern Addictions and Mental Health Service System,” Substance Abuse and Mental Health Services Administration, April 18, 2011
- “Medi-Cal Transformation,” Insure the Uninsured Project, January 2012
- “Busting the Silos: How Integrated Mental Health, Substance Abuse, and Primary Services Care Can Save Money and Lives,” California Institute for Mental Health, April 2011
- “The Business Case for Bidirectional Integrated Care: Mental Health and Substance Use Services in Primary Care Settings and Primary Care Services in Specialty Mental Health and Substance Use Settings,” MCPH Healthcare Consulting, June 30, 2010