



Financing and Sustaining Behavioral Health Interventions Webinar



OLDER AMERICANS
Behavioral Health
Technical Assistance Center

**Funded by SAMHSA
in collaboration with AoA**



Welcome and Overview



→ Introductions & Welcome

- Marian Scheinholtz, MS, OT – Substance Abuse and Mental Health Services Administration

→ Financing and Sustaining Behavioral Health Interventions Webinar Overview & Moderator

- Alixe McNeill, MPA – National Council on Aging

Presenters

- **Danielle Nelson, MPH** - Administration on Aging
- **Joe Hyde, LMHC, CAS** - JBS International
- **Stephen Ferrante, MSW** - Group Victory, LLC
- **Jennifer Solomon, MA** - Substance Abuse and Mental Health Services Administration
- **Kim Dash, CAPT Chief, Service to Science Initiative** - SAMHSA's Center for the Application of Prevention Technologies, Education Development Center, Inc.

Purpose and Overview



- ➔ Identify potential financing to sustain TCE services:
 - Behavioral health services including depression care services, counseling
 - Older Americans Act Title III
 - Prescription drug and alcohol misuse/abuse prevention/intervention
 - Financing of Screening, Brief Intervention and Referral to Treatment (SBIRT) model
 - Sustaining financing for Florida BRITE SBIRT sites
 - Suicide Prevention

Purpose & Overview (continued)



- Learn about SAMHSA's Service to Science resources to aid sustainability
- Identify steps to assess potential of financing sources
- Clarify applicability of financing sources through Q&A
- Determine the need for a follow-up technical assistance call on sustainable financing



The Older Americans Act: Behavioral Health Funding

Danielle W. Nelson

Aging Services Program Specialist
Administration for Community Living,
Administration on Aging

Older Americans Act



- Passed in 1965
- *Mental health* appears 29 times
- Last reauthorized in 2006 when *mental health* was added 20 times
- Currently up for reauthorization

Older Americans Act Title III



- ➔ Title IIIB Supportive Services and Senior Centers Program
 - FY 2011 \$367,611,000
- ➔ Title IIID Disease Prevention and Health Promotion Services Program
 - FY 2011 \$20,984,000
- ➔ Title IIIE National Family Caregiver Support Program
 - FY 2011 \$153,911,000

State and Area Plans

- State & Area Plans are for a 2, 3, or 4 year period (determined by the State agency)
- Each AAA develops an Area Plan that's submitted to the State agency for approval

What the Older Americans Act (OAA) says:

→ *AREA PLANS*

Section. 306.(a)(6)(F) provide that the area agency on aging will- in coordination with the State agency and with the State agency responsible for **mental health** services, increase public awareness of **mental health** disorders, remove barriers to diagnosis and treatment, and coordinate **mental health** services (including **mental health** screenings) provided with funds expended by the area agency on aging with **mental health** services provided by community health centers and by other public agencies and nonprofit private organizations;



Questions and Comments



Financing and Sustaining SBIRT

Joe Hyde, LMHC, CAS
SBIRT Technical Expert Lead
JBS International, Inc.

Financing of SBIRT



- TCE grantees offer prescription drug and alcohol misuse/abuse prevention/screening and brief intervention
- Screening, Brief Intervention and Referral to Treatment (SBIRT) is a well-recognized evidence-based screening and intervention model that has established financing mechanisms
- SBIRT will integrate into most Patient Centered Medical Homes

SBIRT Financing



→ Third Party SBIRT Payers

- Commercial Insurance
- Medicare
- Medicaid

→ Other Funding/Financing

- Embedding prescreening and screening in general assessments
- SAMHSA block grants
- SAMHSA SBIRT grants

States Activate Medicaid SBIRT Codes



- 17 states have activated SBIRT Codes in Medicaid and pending in 5 other states
- ACA has identified SBIRT as a recommended practice
- Among TCE grantees:
 - CA (pending), CO and TX have activated Medicaid SBIRT codes
 - KS and MI have not yet activated Medicaid SBIRT codes

Making a Business Case



Key questions to answer...

Does your program have:

1. A sufficient workforce?
2. A supportive policy environment?
3. Supportive infrastructures?

Are There Sufficient Resources?



- If SBIRT billing codes are **not** activated in your State, investigate what, and whom, it would take to activate codes or what alternative codes or funding can be used (behavioral health, prevention, etc.).
- This process will take considerable effort.
- If there are not sufficient resources, implementation and sustainability are seriously challenged.

Successful Practice Model Essentials



→ Lessons Learned From the Trenches:

- Adequate staffing and leadership are in place.
- Who delivers the intervention and how they do it is influenced by the facility's unique context.
- Based on an analysis of the workflow and clinic systems, develop an implementation model for your site.
- Most commonly, the model involves collaboration between a clinician and support staff.

Example

Clinic A has integrated SBIRT within the patient-centered medical home model. This team-oriented approach calls for front desk staff, allied staff, and the clinician together to carry out the SBIRT intervention.

Lesson Learned: Streamline prescreening. It can be accomplished in three simple questions that are embedded into a routine wellness screen. Stand alone screening doesn't work as well.

Screening Strategy

Use brief yet valid screening questions:

- The National Institute on Alcohol Abuse and Alcoholism (NIAAA) Single Question Screener
- The Single Question Drug Screener

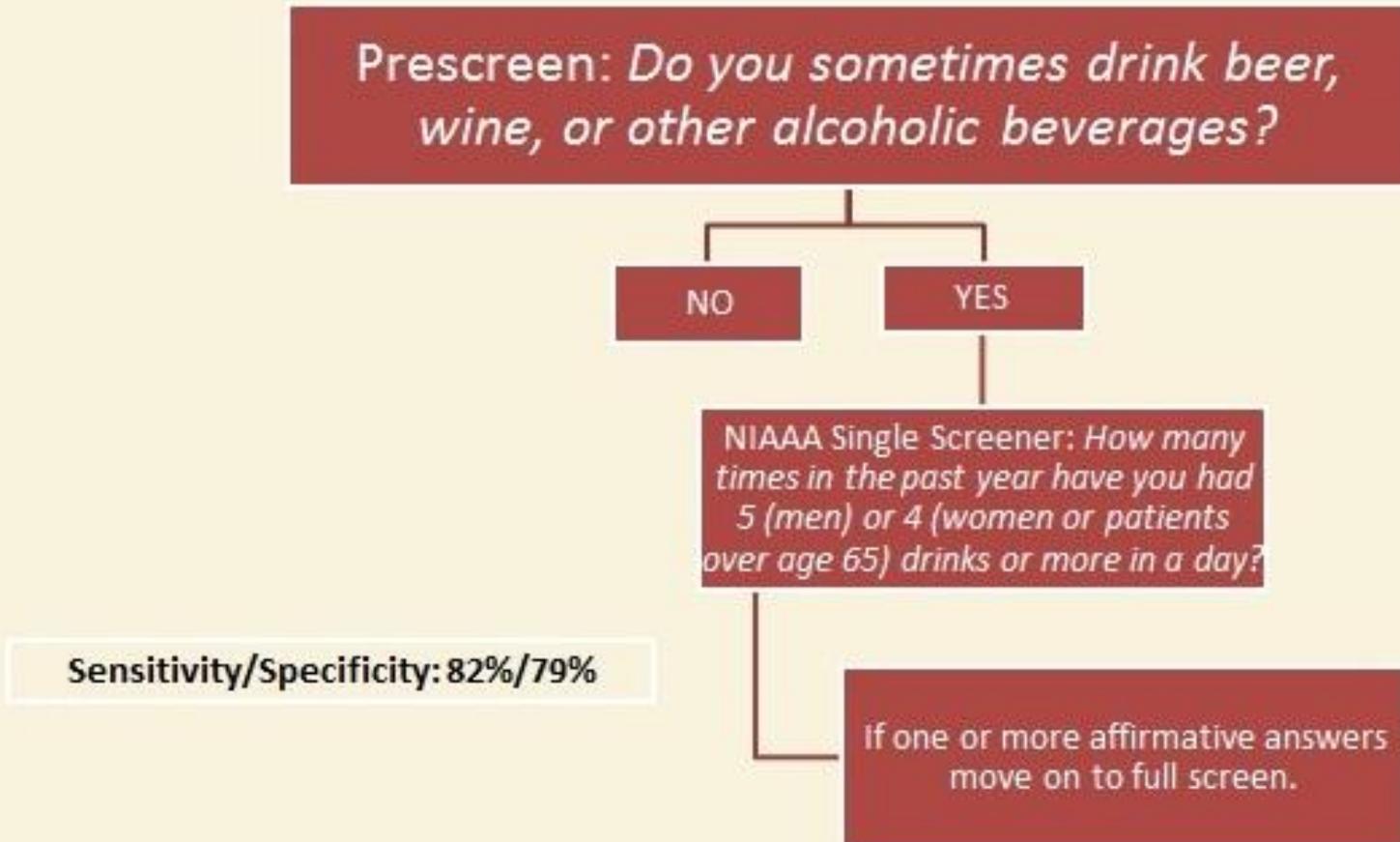
Negative

- Based on previous experiences with SBIRT, screening will yield 75% **negative** responses.

Positive

- If you get a positive screen, you may ask further assessment questions.

Pre-Screening



Source: Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary care validation of a single-question alcohol screening test. *J Gen Intern Med* 2009; 24(7):783-8.

Screening for Drugs

“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”

(...for instance because of the feeling it caused or experiences you have...)

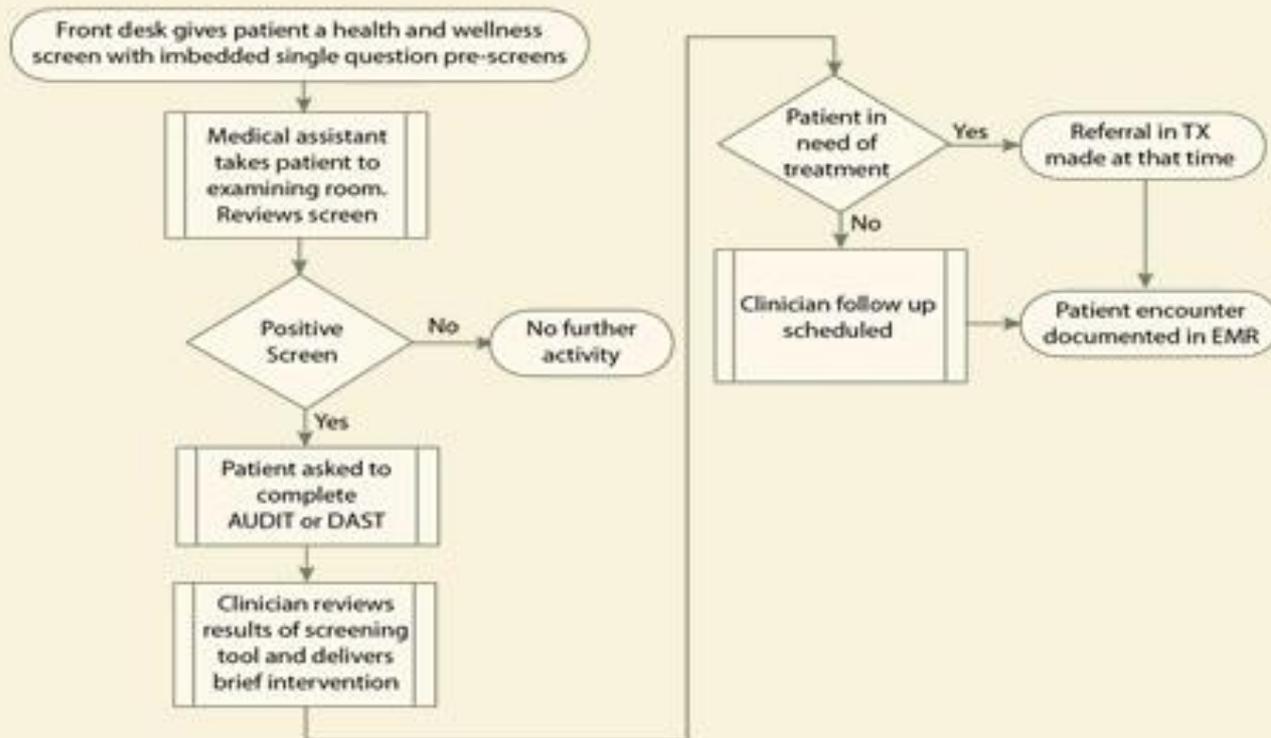
If response is “None,” screening is complete.

If response contains suspicious clues, inquire further.

Sensitivity/Specificity: 100%/74%

Source: Smith P.C., Schmidt S.M., Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med* 2010; 170(13):1155-60.

Practice Workflow



Many programs have instituted a *pre-screening* process to accommodate the time pressures and patient volume found in a busy clinic.

Staffing Models

Integrated Behavioral Health

Allied Health:
Medical Assistants and Health
Educators

Consider the staffing options available for implementing your model.

Will you use health educators and allied staff or licensed behavioral health care professionals to screen, conduct brief intervention, and manage referral to treatment?

Will brief treatment be delivered by staff within the practice or referred to a specialty treatment provider?

Integrated Behavioral Health

Strengths

- Integrated care
- More responsive
- Broader range of skills
- Able to bill a wider range of codes
- Revenue-generating position
- Consistent with ACA

Limitations

- Higher expense for position
- Modified billing procedures
- May have to expand areas of accreditation
- May involve different sets of regulations (HIPAA and 42CFRpt2)

Financing and Reimbursement



Financial modeling can help you consider adaptations to your SBIRT model to support a more sustainable service design.

What Is Financial Modeling?



- Financial modeling is building a mathematical model designed to represent the performance of an intervention or a project to help assess feasibility.
- SBIRT should **not** be considered as a stand-alone service, just as treating a sinus infection is not a stand-alone service. These are interventions that are part of a routine menu of services.

Elements in Financial Model

Costs	Revenue	Other Benefits
<ul style="list-style-type: none">• Time of<ul style="list-style-type: none">• Physician• Allied staff• Support staff• BH staff• Operating expenses	<ul style="list-style-type: none">• Insurance reimbursement• Other income	<ul style="list-style-type: none">• Patient outcomes• Risk management• Other benefits to the organization

SBIRT Coding –

<http://sbirt.samhsa.gov/coding.htm>

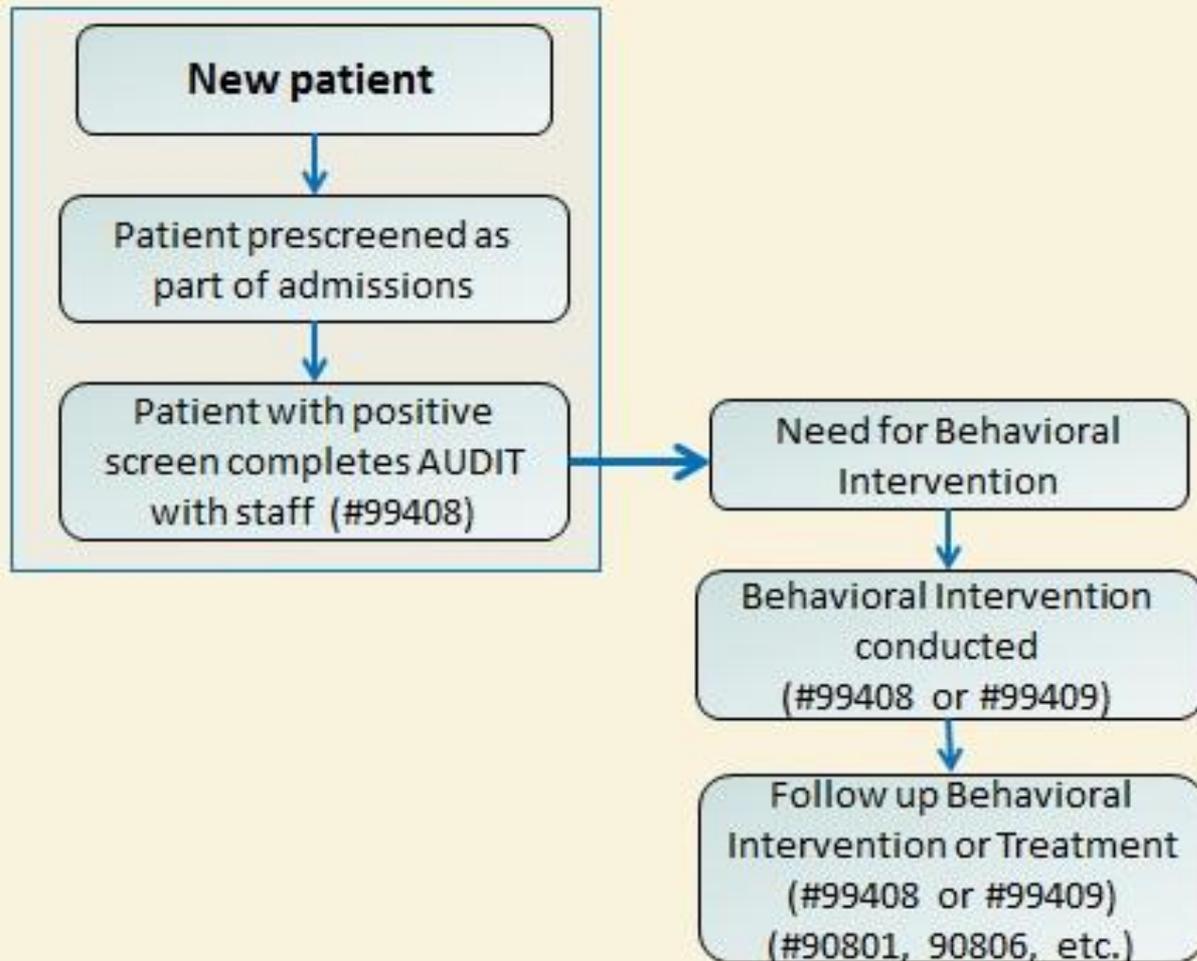
Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
Commercial Insurance	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention per 15 minutes	\$48.00

Common Behavioral Health CPT Codes

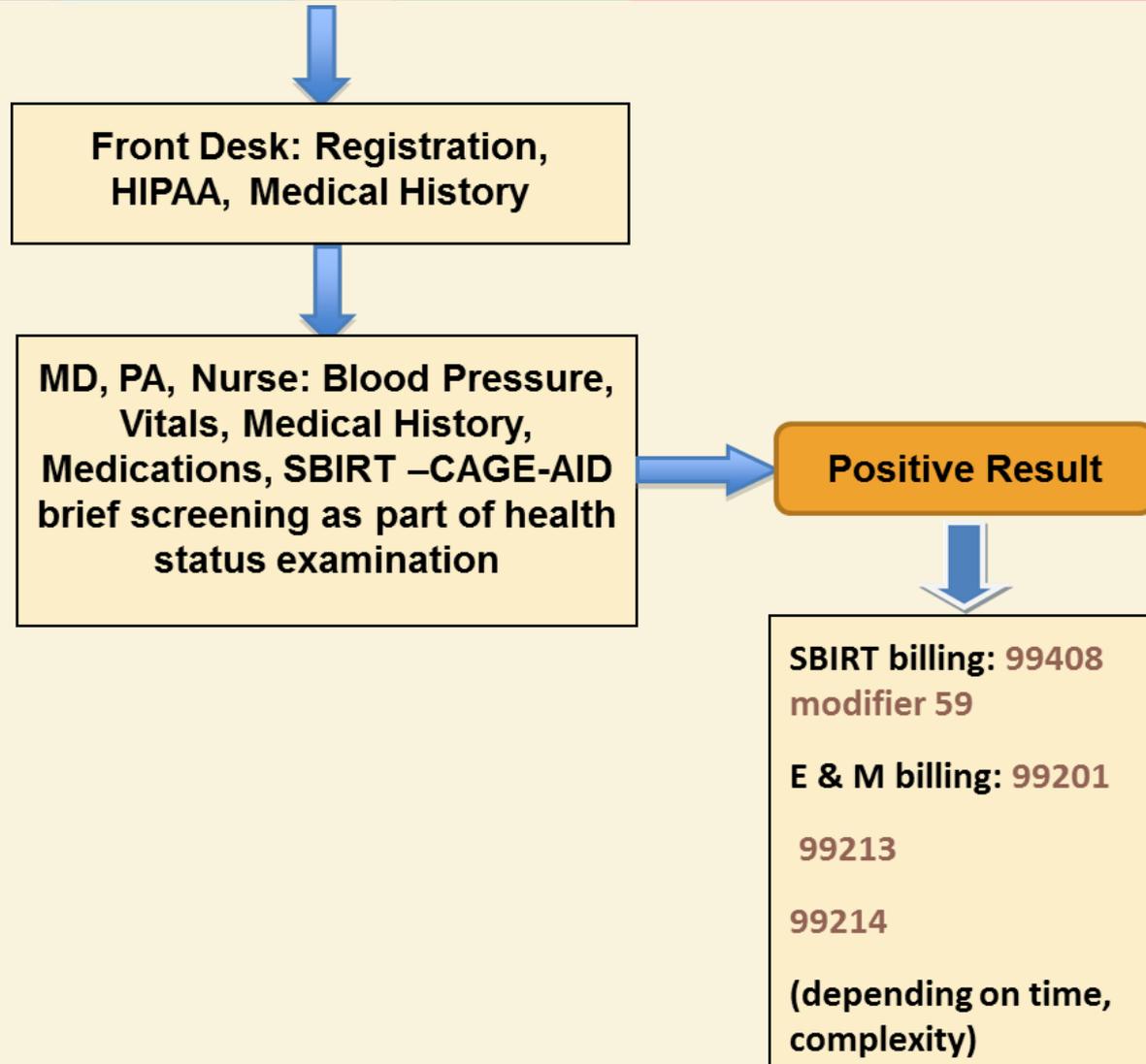
CPT Code	Description
90801	Diagnostic interview
90804	Individual psychotherapy, 20–30 minutes
90806	Individual psychotherapy, 45–50 minutes
90847	Family psychotherapy with patient present
90846	Family psychotherapy without patient present
90849	Multiple-family group psychotherapy
90853	Group psychotherapy

A Simple Billing/Revenue Model for SBIRT

25% of
all
patients

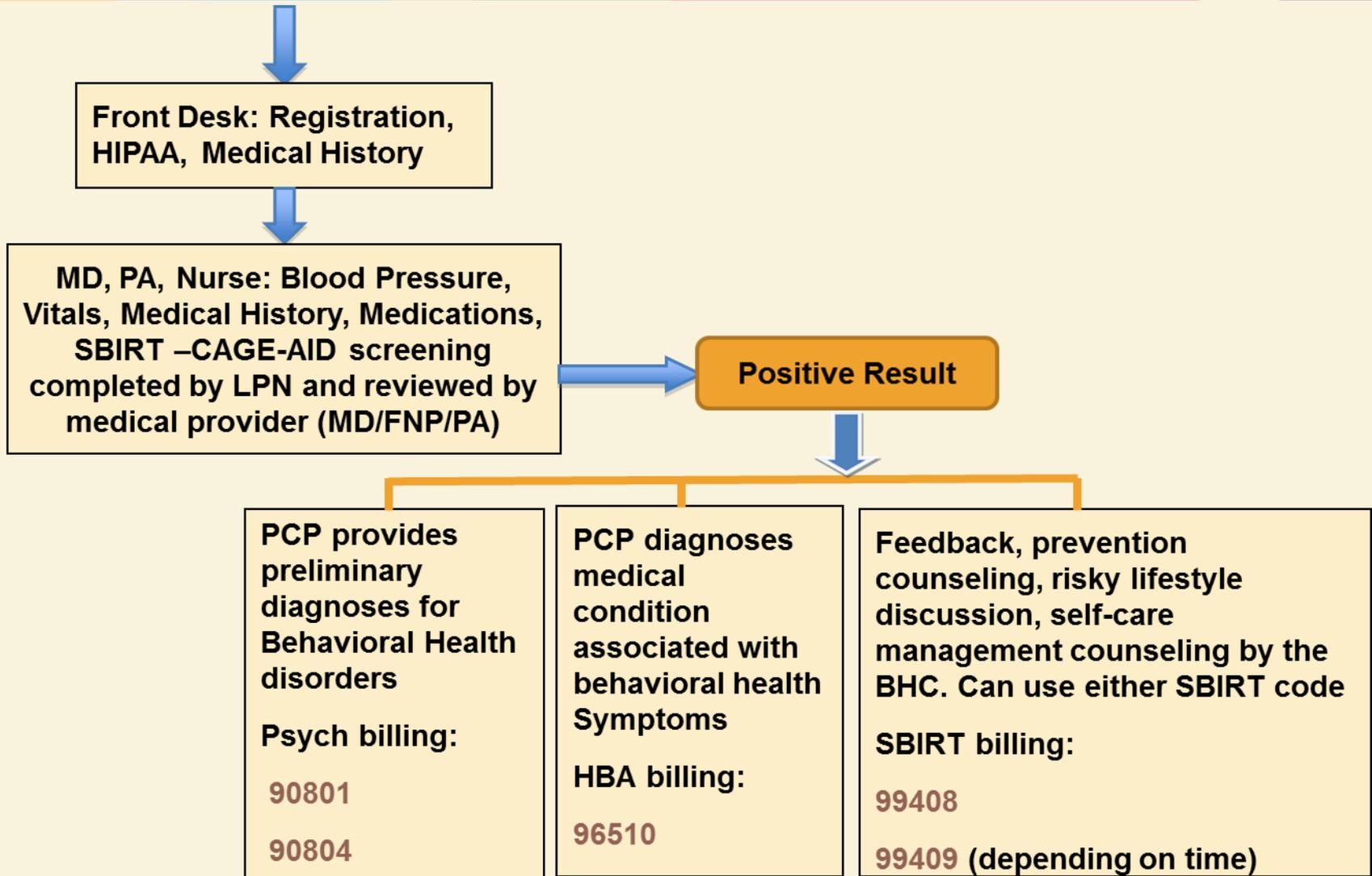


Service/Billing Model #1



Service/Billing Model #2

Patient Screening Positive



Existing Patient Model #3 SBIRT Positive Follow-up Visit(s)

Front Desk: Registration, HIPAA, Medical History

BHC will further conduct examination for diagnosis and determine the type of treatment in need with recommendations

Positive Result

BHC sees patient and provides BI

E & M billing:

99201, 99213, 99214

(depending on duration)

BH billing: 90804 or 90806

HBA billing also

BHC sees patient and conducts a health assessment

Provided 30 minutes

E & M billing:

99201, 99409

BHC sees patient and conducts an initial evaluation and/or BT

E & M billing:

99201, 99213

99214

(depending on the complexity)

BH billing: 90801, 90804

SBIRT Feasibility Equation



**and
other
benefits**



**Costs
(program
and staffing)**



**SBIRT
Financial
Feasibility**

Summary of Business Model

- Essentials of successful practice models
- Based on an analysis of the workflow and clinic systems, develop an implementation model for your site
- Most commonly, the model involves teaming between a primary care provider and allied staff
- Financing and reimbursement
- SBIRT should not be considered as a stand alone service
- Elements in financial model—costs, revenues, and other benefits
- Billing/revenue model for SBIRT

Other Considerations



- Who can bill for what, where and when?
- Medicare is most restrictive, but slowly changing.
- Even if SBIRT codes are not active in your state or at your level of practice, you can still deliver SBIRT as it first should be viewed as a standard of care and can easily be integrated into existing BH practice.



Questions and Comments



Florida BRITE Project Sustainability

Stephen Ferrante, MSW

Group Victory, LLC

&

Aging Academy Director and Faculty

Florida Atlantic University

Florida BRITE Project

- Statewide Older Adult Initiative
- Brief Intervention, & Treatment for Elders
- Early Identification & Response to Elder Substance Misuse & Related Problems
- Evidence-Based SBIRT Model Approach
 - Screening (& Assessment)
 - Brief Intervention
 - Referral & Treatment
- Statewide Standardized Protocols & Training

FL BRITE Project Implementation



→ Initial Implementation

- 4 Pilot Sites
- State Substance Abuse & Mental Health Program Office
- State General Revenue Funding

→ Implementation Expansion

- 21 Total Sites
- SAMHSA Funded Grant

FL BRITE Statewide Sustainability Survey



- **Conducted Prior to End of SAMHSA Funding Grant Cycle** (September 2011)
- **19 of 21 Agencies Responded**
- **Results Regarding Projected Continued Funding**
 - 14 Agencies - No or Unsure of Available Funding
 - 7 Agencies - Other Funding
 - 1 Agency - County Funding
 - 1 Agency - Bill Medicare
 - 1 Agency - Bill Other Insurance
 - 1 Agency - Private pay

FL BRITE Statewide Sustainability Survey



Results RE: Projected Programming Continuation

- 16 Agencies – Continue Pre-Screening
- 15 Agencies – Continue Full Comprehensive Assessment
- 17 Agencies – Continue Brief Intervention
- 19 Agencies – Assess Co-occurring Mental Health Conditions
- 18 Agencies – Make External Substance Abuse Treatment Referrals
- 11 Agencies – Offer Ongoing Training & Staff Development
- 8 Agencies – Embed Project in Existing Practice
- 7 Agencies – Continue in Primary Care Settings

FL BRITE Actual Sustainability

→ Remaining BRITE Sites (June 2012)

- 5 Remaining BRITE Programs Statewide

→ Current BRITE Site Funding (June 2012)

- 4 Agencies - State Funding (*SA/MH Block Grant*)
- 1 Agency - County Funding
- 1 Agency – Grants (*Foundations & United Way*),
Donations & Private Pay
- Agencies using Graduate Interns

FL BRITE Actual Sustainability

→ Current BRITE Sites' Programming (June 2012)

- 5 Agencies – Full Fidelity

→ Current “Unfunded” BRITE Sites' Programming

- 1 Agency – Pre-Screening
- 1 Agency – Depression Screening Only Hospital-wide
- 1 Agency – Still Uses Motivational Interviewing & Health Education
- 1 Agency – Currently Hiring RN & Investigating Insurance Billing

FL BRITE Experience

Additional Considerations

→ Practice Integration

- Internal
- External Partners

→ Partners (*“What happened to all the collaboration”*)

→ Aging Network Funding

- Older Americans Act & Medicaid Waiver Funding

→ Sustainability & Business Planning starts prior to Program Inception

- Value Added / Outcome Measurement
- Cost Benefit Analysis
- Marketing



Questions and Comments



SAMHSA Prevention Block Grant Funds

Jennifer Solomon, MA

COR for the SAMHSA's Behavioral Health Older
Americans Technical Assistance Center
Substance Abuse and Mental Health Services
Administration

SAMHSA Prevention Block Grant Funds



- SAMHSA Prevention Block Grant funds go to States
 - States develop prevention funding plans based on identified needs...States “may” consider needs across the lifespan
 - New Jersey’s prevention plans and program funding address needs of older adults
 - Most states address needs of younger people



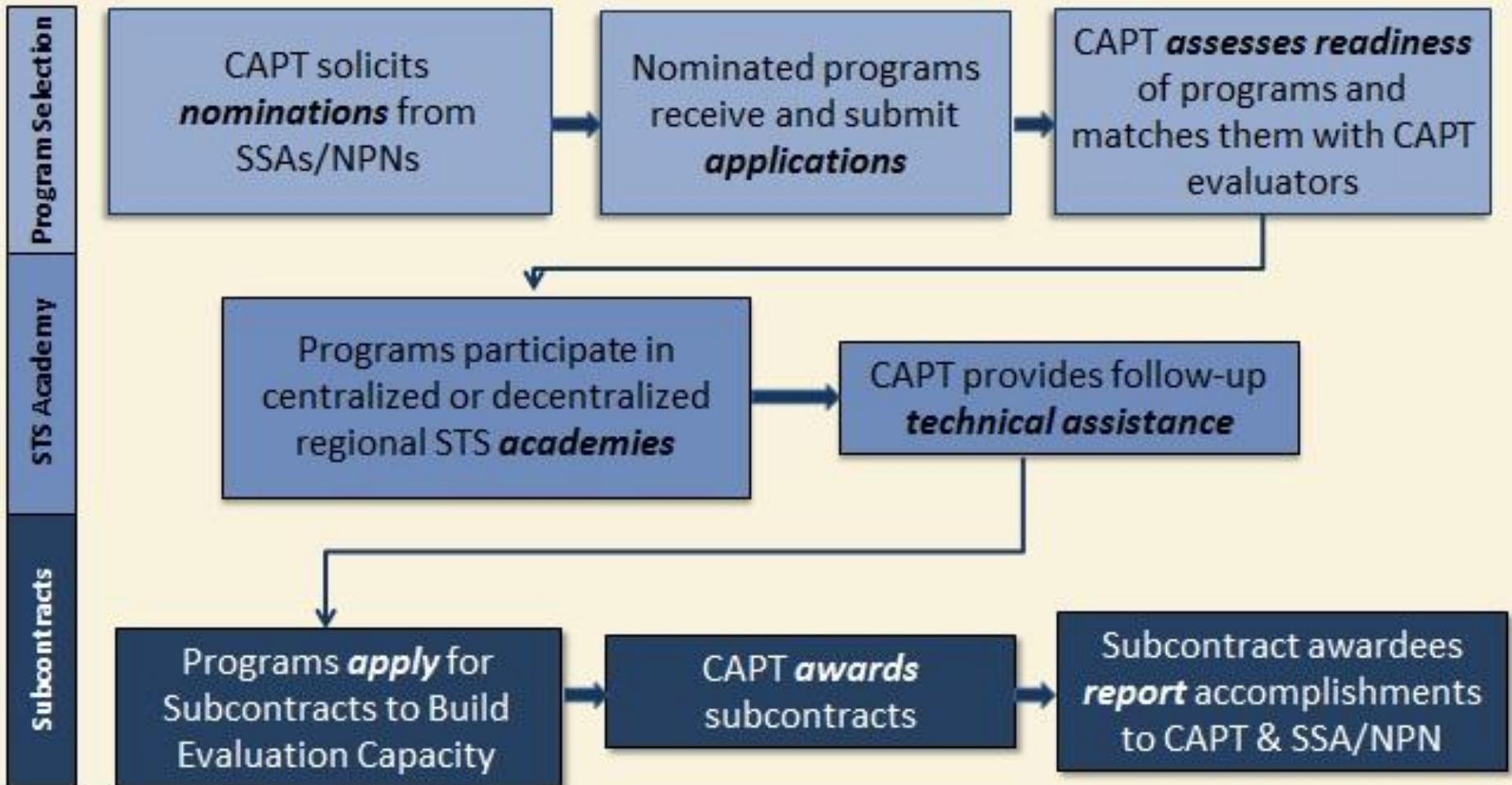
SAMHSA's Center for the Application of Prevention Technologies Education Development Center, Inc.'s Service to Science

Kim Dash

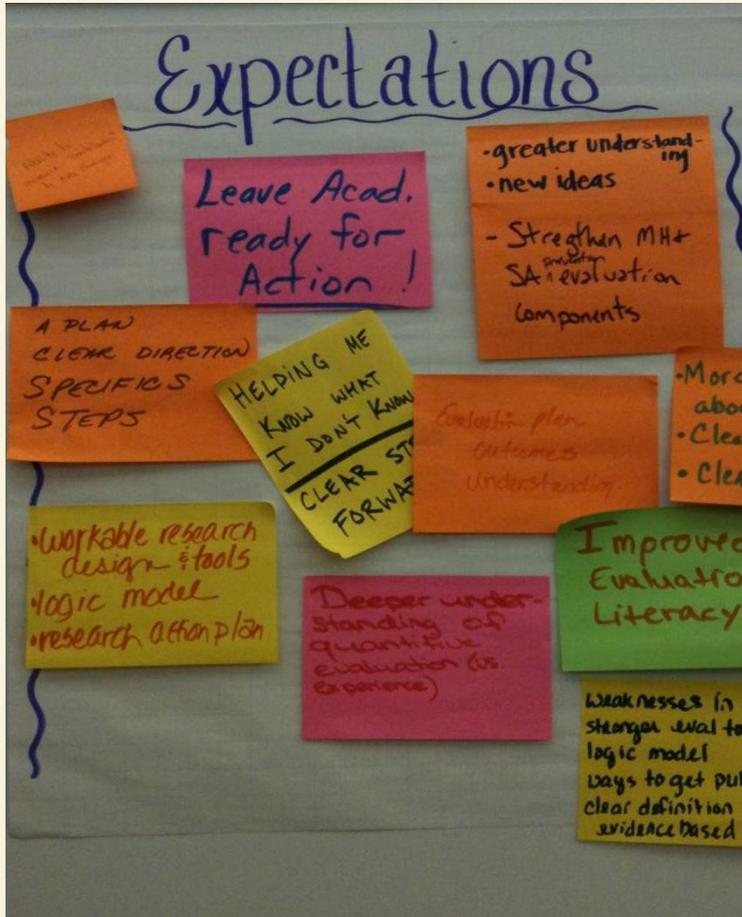
CAPT Chief, Service to Science Initiative

SAMHSA's Center for the Application of Prevention Technologies
Education Development Center, Inc.

Service to Science Core Elements



Service to Science Participation



Benefits

- ➔ Access to evaluation experts
- ➔ Improved program evaluation capacity
- ➔ Refined programmatic approaches
- ➔ Eligibility for subcontract awards
- ➔ Greater quality of submissions to national, evidence-based program registries
- ➔ Additional funding leveraged from other sources

Service to Science Contacts

National

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Central

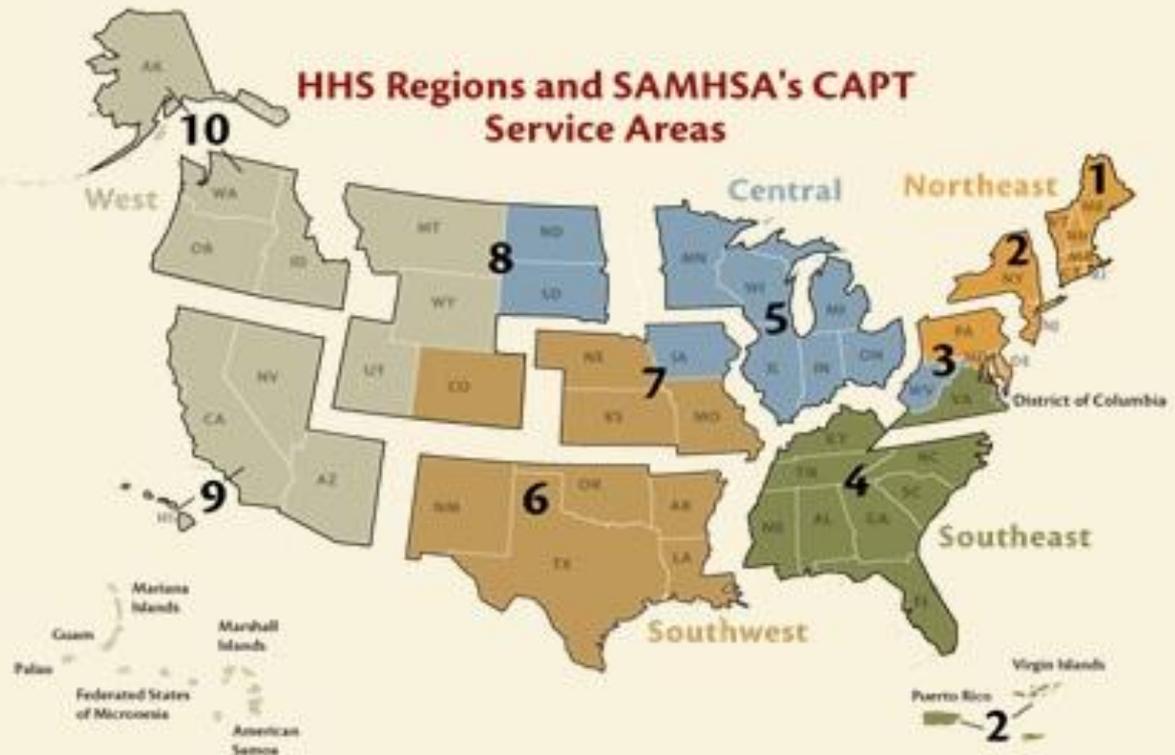
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U.S. Department of Health and Human Services (HHS) Regions: 1-10

CAPT Service Areas: ■ Northeast ■ Central ■ Southeast ■ West ■ Southwest

Service to Science Resources

- Service to Science Brochure
<http://share.capt.edc.org/Projects/STS/General%20Resources/Forms/AllItems.aspx>
- Service to Science Starter Guide
<http://captus.samhsa.gov/grantee/capt-clients/sts/samhsas-service-science-initiative-starter-guide>
- Call for Nomination and General Announcement
<http://captus.samhsa.gov/grantee/capt-clients/sts/service-science-initiative-call-nominations>
- Contact Information for State-level Nominating Entities
<http://captus.samhsa.gov/grantees/national-and-regional>

Who is Eligible?

SAMHSA's Service to Science initiative for innovative prevention programs interested in demonstrating their effectiveness using more rigorous evaluation methods.

Eligible candidates represent substance abuse prevention services, program practices, or policies that:

- Are distinguished by their creativity, originality, and utility; or represent significant adaptations of existing evidence-based programs for specific population groups.
- Address local substance abuse prevention needs.
- Have been developed with audience involvement and/or based on practical experience working with the population.

Service to Science programs must seek nomination from their Single State Agency (State drug prevention agency) or National Prevention Network representatives.

The Application Cycle

Call to State Officials for Nominations
June/July 2012

Nominations Due to the CAPT:
August 2012

Nominee Applications Due to the CAPT:
September 2012

SAMHSA's Service to Science Initiative

Enhancing the Evaluation Capacity of Locally Developed Innovative Programs



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA • 1-877-264-4772



Questions and Comments

Sustaining Suicide Prevention

- Connect with state suicide prevention coalitions
- Periodically check the SAMHSA website to see new grant announcements:
<http://www.samhsa.gov/grants/>
- Connect with your local hotline
- Sign up for the Suicide Prevention Resource Center weekly e-newsletter: <http://www.sprc.org/>
- Connect with Area Agency on Aging / State Unit on Aging to identify interest and potential funding



Questions and Comments

Follow-up Technical Assistance Calls



→ Is there need for follow-on TA calls?

→ Please identify areas to be discussed

(Identify on webinar or in email to Alixe McNeill and Aricca Van Citters)

- Older Americans Act
- SBIRT financing
- SAMHSA Service to Science
- Other

Today's Webinar Recording

→ AoA Behavioral Health

- http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/index.aspx

→ NCOA

- <http://www.ncoa.org/improve-health/center-for-healthy-aging/behavioral-health/older-americans-behavioral.html>