

Technical Assistance Collaborative (TAC) Response to the Affordable Care Act: Never Waste a Good Crisis

States, Counties, providers, and others working in the human services arena are rightfully interested in the impact on current operations and potential new opportunities presented by the Affordable Care Act (ACA). Information about the provisions and implementation schedule of the ACA is plentiful, both from federal agencies and from national advocacy and policy oriented organizations. Virtually everyone knows about the expansion of Medicaid eligibility; the development of benchmark plans that incorporate behavioral health parity; the initiatives to create medical homes and to integrate health and behavioral health; and the various initiatives to rebalance and control long term care costs. However, most of the available information addresses federal implementation alone, and the details of state and local implementation are still unclear in many cases. In addition, states have considerable discretion to design benefits, rates, provider qualifications, and other factors that will ultimately affect implementation of the ACA, and these decisions are still in the formative stages.

The Human Services and Behavioral Health fields are now asking a number of interrelated questions:

1. What will be the most effective methods for reaching out to and engaging people who will be newly eligible for Medicaid in 2014 (or earlier in some cases)?
2. How can mental health and addictions systems and providers take best advantage of Medicaid eligibility, benefit design, parity and primary health integration efforts?
3. What new services will be offered by Community Health Centers, and how can the human services field take advantage of and collaborate with these new resources?
4. In what ways might the ACA foster and sustain efforts to implement best practices for children and adults?
5. What will medical homes mean to people with mental illness and/or substance use disorders?
6. How will ACA affect efforts to integrate services for children and youth across Medicaid, mental health, child welfare and juvenile justice systems?
7. What opportunities are presented by ACA with regard to *Olmstead* and EPSDT law suits?
8. How can Housing First and permanent supportive housing (PSH) for people who are homeless, institutionalized or at risk of these conditions be supported with mainstream resources as ACA is implemented?
9. What other federal initiatives and demonstrations are being implemented in parallel with ACA, and how can state and local jurisdictions and providers take advantage of these?
10. What should States, Counties, providers and others in the field be doing now to actively engage in and prepare for ACA implementation in their jurisdictions?

Human services and behavioral health systems and providers across the country continue to face unprecedented pressures to improve quality and service access while containing costs. Budget cuts, increased homelessness, psychiatric presentations in emergency rooms, demand for evidence-based

practices, and the challenges of health integration are all taxing the leadership and resources of public systems. However, crises can also bring opportunities. In times of economic hardship, service funders and purchasers and also providers can make bold service system changes, increasing client satisfaction and improving outcomes.

As an experienced human services and behavioral health consulting organization, the Technical Assistance Collaborative can help systems and providers sort through the challenges presented by tough economic times and create opportunities from crisis. We can:

- Conduct brief on-site assessments of opportunities for rapid system improvements in the face of budget cuts and other local constraints in a way that is most likely to be sustained as ACA is implemented;
- Help state and local purchasers make informed and cost effective decisions about the necessary infrastructure and competencies required of their provider networks to meet the demands of the changing behavioral healthcare landscape;
- Design service linkage models to align treatment/recovery support with new federal housing resources as well as opportunities under ACA;
- Create strategies to improve crisis system functioning and reduce emergency room presentations and inpatient utilization in a manner that meets state policy and cost-control objectives;
- Identify opportunities for states to take advantage of federal dollars available under ACA to provide priority populations with high quality, evidence-informed care;
- Develop effective short-term workforce strategies that reflect best practices and prepare the field for ACA implementation;
- Assist state and local systems to take proactive steps to reduce the risk of lawsuits and institutional cost overruns through implementation of best practice community service modalities; and
- Assist local systems to develop tailored approaches to health/behavioral health integration that are respectful of local service resources, providers and service access preferences.

TAC's team includes seasoned public sector managers with hands-on implementation expertise at the state, county and provider level. TAC can provide practical solutions to seemingly intractable problems. If you think that TAC could help you turn a crisis into an opportunity, please call Steve Day at 617-762-5567 or e-mail him at sday@tacinc.org to discuss your needs and TAC's capabilities.