

Strategies to Support Member Success – A Menu of Options, August 2010

Overview

The National Council Staff and Board Members have been brainstorming strategies to educate, empower and support State Association Directors and Agency Management Teams in steering their state and local healthcare systems toward a better understanding of the importance of quality behavioral healthcare and then be ready to actively participate in local change efforts. The following list represents an early draft of these ideas.

The three questions for today are:

1. What is your scoring of how helpful these ideas are for you and your organization? (1=low, 5=high)
2. What should be added to the list?
3. Are there any ideas that the Minnesota Association should devote time and energy to?

Menu of Strategic Initiatives

Idea 1: Mental Health Reform Town Halls

Council Staff would work with Board Members to design a format and content for regional town hall meetings. The audience would include key community stakeholders – elected officials, healthcare leaders, behavioral health leaders, consumers, advocates, and others interested in holding a facilitated community discussion about some of the key questions discussed in Paper 1 and other important topics. The objectives would include: raising the awareness of the importance of behavioral healthcare to healthcare reform, gathering ideas for ensuring that persons with mental health and substance use disorders are not left out of healthcare reform, giving Board Members the opportunity to hone their presentations as they prepare to influence their state legislators, city council members, hospital CEOs, and ACO organizers.

Idea 2: Developing a State Associations Mini-Strategic Planning Toolkit

The Council leadership is already hosting conference calls and crisscrossing the country, working with state associations to prepare for the future. The effectiveness of these efforts could be increased by working with Board Members to design a mini-planning process that would be built into these calls and meetings. The result would be a jointly developed (and ever evolving) set of presentations including a process for brainstorming and prioritizing specific strategic initiatives each association should focus on. Webinar trainings would be held to train State Association Executives Members in the use of the Toolkit in order to increase the effectiveness of the planning efforts that will continue to take place as state's plan for healthcare reform in an environment where all healthcare is local.

Idea 3: Behavioral Healthcare Reform Learning Collaboratives

Understanding enough detail about health and behavioral healthcare reform to be fully effective requires the equivalent of a graduate school 10-week seminar with weekly 3-hour classes and an equivalent amount of homework. Why not synthesize the material we are already preparing into a Learning Collaborative format that may include a face-to-face kick-off, weekly or bi-weekly webinars, homework assignments that include reading materials, local prioritization of agency projects, workplan development, and support as participants work to prepare for healthcare reform inside their organizations.

This idea could be used in two ways. One approach is to organize general behavioral healthcare reform collaborative that provides important overview content and then focuses on the topics of importance to the participants. A second approach is to develop more targeted collaboratives on topics such as *“Influencing the State Decision-Making Process about Parity, ACOs, Med Home Standards and Payment Models, Health Insurance Exchanges, and Medicaid Expansion”*, *“Developing Effective Enrollment Strategies to Help Uninsured Persons Obtain Coverage through Medicaid and the Exchanges”*, *Working Together to Ensure that Parity Implementation Fulfills the Promise*, *“Understanding Benefit Design and How this Can Make or Break the Behavioral Health System”*. A number of ideas could be offered and members would vote with their participation interest.

Idea 4: Healthcare Reform Toolkit

Develop a National Council Healthcare Reform Toolkit. This self-help Toolkit would include an **internal focus:** *What do I need to focus on inside my organization?* (e.g. our ever evolving list of Clinical and Business Preparation Activities); and an **external focus:** *Who do I need to build relationships with and influence to ensure that my organization is recognized as a valuable part of the solution and promote regulations, policies and financing strategies take into account the needs of persons with MH/SU disorders and the organizations that serve them?*

The toolkit might contain self-assessment checklists, Council developed papers, web references, recorded webinars, consulting resources, blog postings and more – all organized by topic. Although many of these tools exist, we think there’s a need to organize the effort in a more concentrated manner to support a deep drill down into many of the competencies identified in Paper 2. We anticipate that the National Council blog, <http://mentalhealthcarereform.org/> is the perfect vehicle for organizing and disseminating the toolkit.

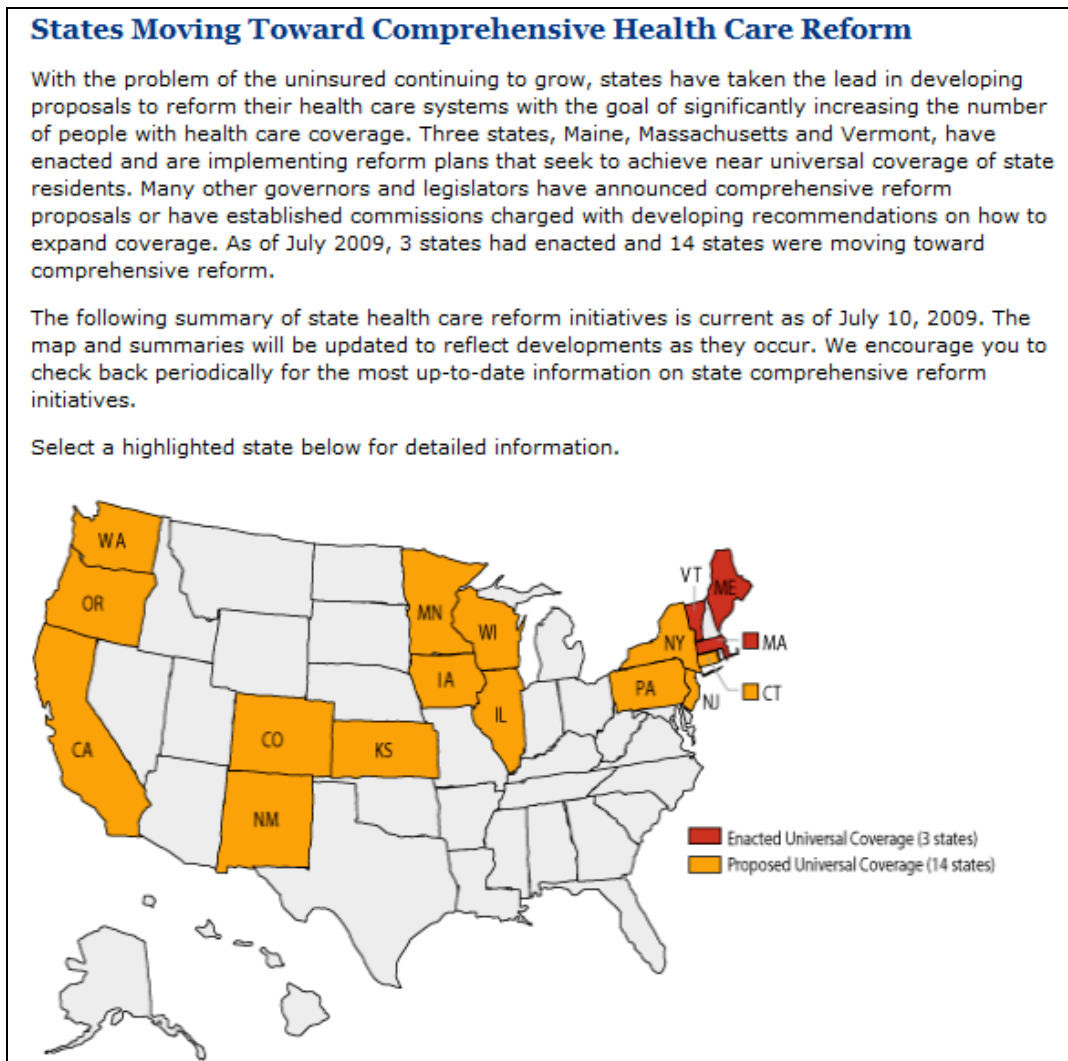
Idea 5: Member’s Blog Participation – Contributing to the Public Space

Members would volunteer to write one blog entry per month to be posted to the National Council’s blog, <http://mentalhealthcarereform.org/>. They would also agree to send their post to colleagues and stakeholders in their community, asking for them to weigh in online and respond to the blog posting in order to enrich the discussion and add to the public space.

Idea 6: Healthcare Reform Implementation Resource Center

Create a Healthcare Reform Implementation Resource Center that compiles strategies and efforts that are underway around the country related to behavioral health reform efforts. This information would be organized by topic area in a searchable format and updated on a regular basis, highlighting the *gems* in each area. This initiative would be a complement to the Toolkit and differ in that it compiles important efforts underway at the federal and state levels.

Similar to Kaiser Commission on Medicaid and the Uninsured's *Summary of State Health Care Reform Initiatives*, the Council's Resource Center would map and summarize behavioral health developments as they occur. The graphic below is from the Kaiser website.



Idea 7: Center for Behavioral Health Payment Reform

Very few people are thinking about payment reform for behavioral health. The Council would develop a project called the *Center for Behavioral Health Payment Reform* with the goal of being seen as the go-to group for designing and deploying behavioral health payment reform methods that integrate and align with general healthcare payment reform. The work would include convening experts to build the conceptual base, policy papers, articles in peer reviewed journals, Center for Medicare and Medicaid Innovation (CMI) payment pilots, SAMHSA funded pilots, toolkits, and more.

Although this could be rolled into Idea 1, it may benefit the Council and Membership to *brand* this idea separately and gain traction for ideas critical to supporting service delivery redesign in the behavioral health community.

Idea 8: Educate the Healthcare Consultants

The National Council would organize and convene one or more briefings of the large healthcare consulting firms to facilitate a deep and content rich discussion on HC reform for persons with MH/SU conditions so they can do a better job consulting with Medicaid Authorities and budding Exchanges. Timing is everything; we should organize it relatively soon, but leave enough time to plan a great event. There are several ways we can pitch this, all of which will raise the stature of the Council. This may be the single best strategy to prevent these firms from providing advice to states that results in driving the safety net behavioral healthcare system off a cliff.

Idea 9: Making Parity a Reality Toolkit

There will be many road bumps on the road to parity implementation including efforts by health plans that are already unfolding to apply the most restrictive definition to the parity regulations or ignore them completely. Council members have an important role to play as the eyes and ears on the ground of how the regulations are being sidestepped or violated. This project involves organizing a Parity Toolkit that members can use to actively monitor and report parity violations and educate consumers, advocates, community groups, health plans, state officials and others about how to comply with the private health plan and Medicaid parity regulations and the importance of these regulations to improving quality and managing costs.

Idea 10: Enrollment Strategy Toolkit for Uninsured Consumers

There will also be many road bumps on the road to Medicaid Expansion and Insurance Exchange implementation as states have difficulties bringing these initiatives online. The result will likely be that many individuals eligible for Medicaid coverage or Exchange subsidies will not be able to obtain those benefits. Council members have an important role to play identifying that identifies persons eligible for coverage and subsidies and assisting with the enrollment process and advocating for the removal of structural barriers that they state may construct. This project involves organizing an Enrollment Toolkit to support members in advocating for their consumers.