

ACA mental-health plan's growing pains



The idea centers on a 'health home' for the mentally ill. | AP Photo

By [KATHRYN SMITH](#) | 2/20/13 4:42 AM EST

The Newtown, Conn., killings brought plenty of calls from policymakers to beef up public mental health programs. The Affordable Care Act is trying to do just that — so far, with modest success.

Aided by the health care law, some states have already put in place a model that creates a dramatically different way of caring for Medicaid mental health patients. But if the slow state uptake of the program is any indication, the patterns of spotty care for most low-income people with big mental health problems won't change quickly.

The idea is a “health home” for the mentally ill, a way of integrating behavioral health and primary care. Health homes aren't actual physical places. They're care systems that provide an individual with a chronic condition — such as a mental

illness — with a team of caregivers who can coordinate and communicate. Funded by the health law, the goal is to provide comprehensive treatment, known as “whole person” care.

These patients need this kind of integrated care because people with behavioral health conditions frequently have other chronic, costly, but preventable — or at least manageable — health problems. A 2006 [study](#) from the National Association of State Mental Health Program Directors finds that individuals with severe mental illness die an average of 25 years earlier than those in the general population. Those with mental illnesses were much more likely to die from conditions like heart disease, diabetes or respiratory ailments.

Plenty of states have shown interest in adapting the medical home for mental illness. But while funding through the health law has been available for about two years, just [10 states](#) have health home initiatives approved by the Centers for Medicare & Medicaid Services, according to CMS spokesman Alper Ozinal.

And just six — Missouri, Rhode Island, New York, Oregon, Ohio and Idaho — target those with serious and persistent mental illnesses or substance abuse disorders, Ozinal said.

Getting the health homes up and running is a complicated, labor-intensive process, mental health advocates say. It requires knitting together a fabric of local health care stakeholders, gaining their trust and pushing them to communicate and share health data.

Chuck Ingoglia, vice president of public policy for the National Council for Community Behavioral Healthcare, said few states have enrolled so far because they’re struggling with smaller budgets and inundated with other big Affordable Care Act tasks, like Medicaid expansion and streamlined enrollment.

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