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FEDERAL POLICY BRIEFS

Cross-Agency Collaboration

Addressing Behavioral Health Requires Cross-Agency Approaches

People with behavioral health conditions may benefit from accessing a variety of services: behavioral health care, including psychiatrists, therapists, and peer support professionals; physical health care, including primary care; recovery supports, including supported employment; legal supports; and housing supports, including recovery housing and permanent supportive housing. Ideally, these services would be easily accessible (such that the patient does not have to go through separate and complicated processes to access each service) and well-coordinated (such that the patient's providers are working together to advance a common treatment plan).

These services, however, are funded through a variety of federal agencies, including the Centers for Medicaid and Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Justice (DOJ), the Department of Housing and Urban Development (HUD), the Department of Education (DOE), and the Administration for Children and Families (ACF). A patient may also receive services that are funded through their state or county. These different funding streams have different regulations and reporting requirements, which can make it difficult for states to "braid" these funds into comprehensive services that meet the variety of needs a patient may have.

Medicaid and CHIP's Role

Medicaid programs cover many behavioral health and physical health care services, core components of a patient's treatment plan. However, there are many services that Medicaid programs typically cannot cover, including housing, legal supports, and education. This means that State Medicaid Agencies must form partnerships with other state, federal, and local agencies to create a seamless continuum of care.

There are many factors that limit these cross-agency partnerships:

- **Complex federal regulations.** The federal rules governing the use of Medicaid funds and other behavioral funding, such as SAMHSA block grants, are complex and vary widely across programs. This can make it difficult for state agency staff to figure out how to "braid" different funding streams, while remaining in compliance with federal regulations and complex reporting requirements.
- **Misaligned strategic frameworks.** Federal and state agencies may have different strategic frameworks for addressing behavioral health conditions. This makes it hard to work towards a common goal.
- **Barriers to effective data sharing.** Data sharing across agencies and providers is crucial to ensuring that care is well-coordinated for the patient. Data sharing can be limited by a lack of IT infrastructure and by federal privacy regulations, including HIPAA and 42 CFR Part 2.

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Opportunities for Federal Action

- **Ensure cross-agency expertise.** CMS should have mental health and substance use experts on staff, and other federal agencies that work on behavioral health (including SAMHSA and ACF) should have Medicaid experts. This is important to ensuring that behavioral health initiatives (many of which are initially funded through grants) have pathways towards sustainability through Medicaid, and that CMS' initiatives are building upon existing best practices. Deliberate partnerships between ACF and CMS are also crucial for prevention and early intervention in childhood behavioral health issues, which may lead to more positive outcomes in adulthood.
- **Align strategic frameworks and guidance across funding streams.** HHS should work across agencies and with other departments to build towards one shared vision for mental health and substance use care. Aligning policy and guidance across agencies (for example, aligning definitions of mobile crisis teams) is important to ensuring that providers can deliver uninterrupted care, even if their funding stream changes. HHS could create these strategic frameworks by convening departments and agencies to align funding, technical assistance opportunities, guidance, and timely action on state requests. States report an urgent need for shared strategic frameworks around housing, supportive employment, and prevention.
- **Align reporting requirements across and within funding streams**. Many behavioral providers may receive funds from both Medicaid and SAMHSA block grants, for example. Reporting requirements are different across federal funding streams, which leads to increased administrative burden for states and providers. CMS, SAMHSA, and other federal agencies should work to find common metrics.
- **Address barriers to data sharing**. Sharing data across agencies is important for service coordination, but data sharing restrictions under 42 CFR Part 2 can present a barrier. Recent legislation included provisions to better align 42 CFR with HIPAA, but HHS is still developing the corresponding regulation. The federal government could provide clear guidance to states on best practices around data and systems issues, and ensure that changes to 42 CFR support cross-agency collaboration.

Supporting State Innovation

Many states have already launched cross-agency efforts. West Virginia implemented a single point of entry for children's wraparound behavioral health services, spanning their Medicaid, mental health, and child welfare agencies. All three agencies aligned their provider networks and services so that children can move across eligibility streams without experiencing disruptions to care. Massachusetts is implementing the Roadmap for Behavioral Health Reform, a multi-year blueprint aimed at increasing access to care. The Roadmap is jointly led by Massachusetts' Medicaid and behavioral health agencies.

You can read more about state actions to improve the behavioral healthcare system in NAMD's Medicaid Forward: Behavioral Health report.

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The National Association of Medicaid Directors has developed the Federal Policy Briefs series to highlight federal opportunities to improve the accessibility, affordability, and quality of health care services delivered through the Medicaid program