Increasing Access to Mental Health and Substance Use Care

Presented to

Arkansas Behavioral Health Integration Network

October 9, 2025

BOWMAN FAMILY FOUNDATION

Presenters

Matthias Bowman, MBA, The Bowman Family Foundation (BFF)

Formerly: Vice Chairman of Investment Banking at Merrill Lynch and Chief Executive Officer of Merrill Lynch Ventures and other private equity funds; Board of Directors of the Brain & Behavior Research Foundation, the American Cancer Society Foundation and One Mind.

Graduated summa cum laude from Williams College with a degree in economics, and as a Baker Scholar from Harvard Business School. Subsequently, studied molecular biology, neuroscience and biostatistics.

Michael Yuhas, MA, Advisor, BFF

Formerly: Founder of Integra ServiceConnect, a company engaging high-need individuals; CEO of Health Integrated,; executive at Magellan Health Services.

Advisor to numerous organizations focused on improving MHSUD care access and quality.

Master's degree in Clinical/Community Psychology from Temple University, with graduate training in Psychiatric Epidemiology at The Johns Hopkins Bloomberg School of Public Health.

Kristen Pendergrass, MSW, Vice President, State Policy, Shatterproof

Formerly: Pew Charitable Trusts,; Oregon House Majority Office; Chief of Staff for Representative Tobias Read; Massachusetts House of Representatives.

Master's degree in social welfare policy from the Boston University School of Social Work.

BOWMAN FAMILY FOUNDATION

Shatterproof
Stronger than addiction

Collaboration, Commitment

BFF's mission: improve the lives of people with mental health and substance use disorders ("MHSUD")

Shatterproof's mission: increase access to recovery, prevention, and substance use disorder (SUD) resources by focusing on:

- Access to quality SUD treatment
- Ending addiction stigma
- Educating and empowering the community
- Advocating for evidence-based approaches to prevent overdose deaths

BFF and Shatterproof collaborate on initiatives relating to

- Improving the lives of people with MHSUDs
- Increasing access to evidence-based MHSUD resources
- Supporting national and local strategies regarding
  - Increasing access to INN MHSUD specialists
  - Facilitating adoption of evidence-based MHSUD care, including the **Psychiatric Collaborative Care Model** (CoCM) and **Measurement-based Care** (MBC) in primary care settings

BOWMAN FAMILY FOUNDATION

Shatterproof
Stronger than addiction

Strategies to Improve Access to In-Network (INN) MHSUD Specialists

- **Quantify gaps in MHSUD care access** and the **importance of primary care** in helping close these gaps
  - **NORC Survey Report** – patient access to care
  - **RTI Study** – Differences in reimbursement, Out-of-Network use
  - **2019 Updated and Expanded Milliman Disparity Study** - gaps in MHSUD network use, reimbursement
  - **Limitations of Treatment As Usual in Primary care**
  - **2023 Voice of the Purchaser** – Survey of 220 employers by the National Alliance of Healthcare Purchaser Coalitions and the HR Policy Association

- **Develop tools to quantify MHSUD network adequacy** and facilitate compliance with Mental Health Parity
  - **Model Data Request Form (MDRF)**

Bowman Family Foundation

Shatterproof
Stronger than addiction

Equitable Access to Mental Health and Substance Use Care: An Urgent Need

Patient-experience survey shows stark access barriers for mental health versus physical health

BOWMAN FAMILY FOUNDATION

BEHAVIORAL HEALTH PARITY – PERVASIVE DISPARITIES IN ACCESS TO IN-NETWORK CARE CONTINUE

Tami L. Mark, PhD, MBA

William Parish, PhD

April 17, 2024

RTI International is a trade name of Research Triangle Institute.
RTI and the RTI logo are U.S. registered trademarks of Research Triangle Institute.

MILLIMAN RESEARCH REPORT

Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement

A deeper analytical dive and updated results through 2017 for 37 million employees and dependents

Commissioned by Mental Health Treatment and Research Institute LLC, a not-for-profit subsidiary of

The Bowman Family Foundation

November 19, 2019

Steve Melek, FSA, MAAA
Stoddard Davenport, MPH
T.J. Gray, FSA, MAAA

Milliman

MDRF Core Quantitative Measures

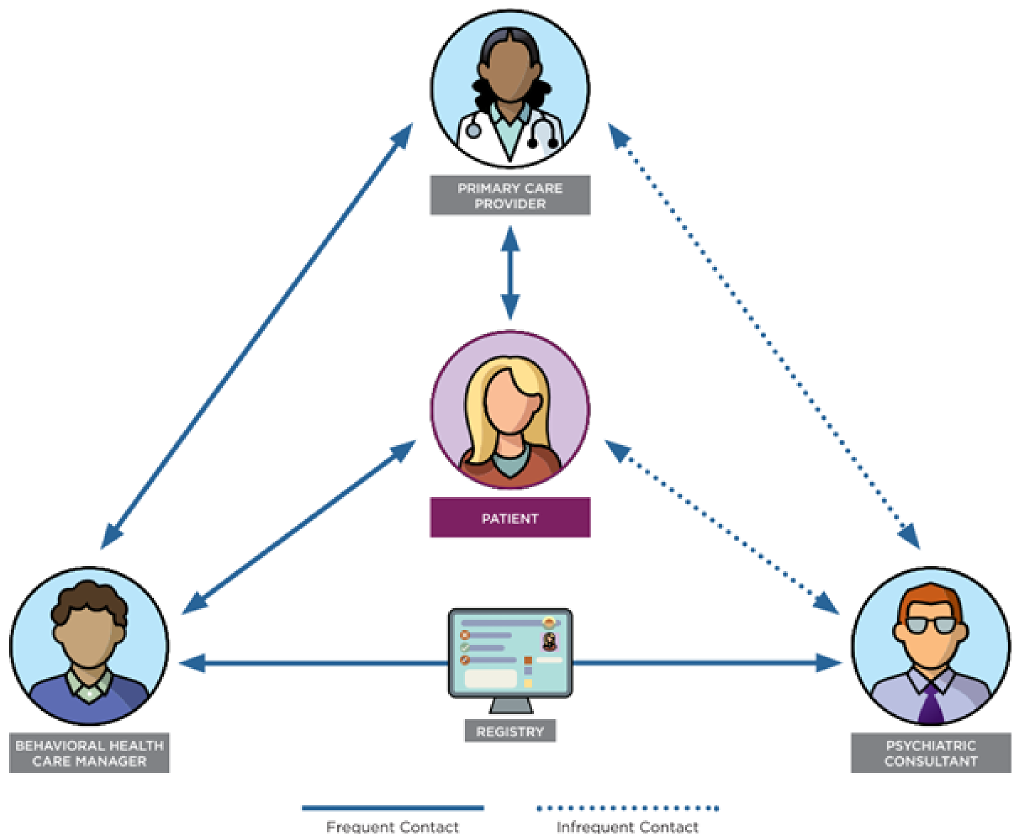
1. **Out-of-Network Use of MH/SUD services** versus medical/surgical (M/S) services
2. **In-Network Reimbursement Rates** for Office Visits for MH/SUD versus M/S providers
3. **In-Network Provider Actual Participation** for Psychiatrists and other MH/SUD professionals
4. **Denial Rates** for MH/SUD services versus M/S services
5. **Utilization Review** Frequency/Proportion Comparison for MH/SUD versus M/S
    - **Endorsed by the National Alliance of Healthcare Purchaser Coalitions (Employers)**
    - **Used by state regulators**
    - **Licensed by NCQA**

Shatterproof

Prevention, Access to Quality SUD Treatment

Advocacy:

- **Preventing substance use disorder**
- **Ensuring access to quality care for all**



BOWMAN FAMILY FOUNDATION

Shatterproof
Stronger than addiction

Ensuring Access: Adoption of CoCM in Medicaid

States with Medicaid Reimbursement of CoCM As of 2025

Created with mapchart.net

BOWMAN FAMILY FOUNDATION

Shatterproof
Stronger than addiction

Strategies to Accelerate Adoption of Evidence-based MHSUD Care

- Generate/promote data underscoring the importance of evidence-based MHSUD care
  - **Measurement-based Care/Measurement Informed Care**
    - By **ALL** providers caring for patients with MHSUD
  - **Behavioral Health Integration**
    - Need vs. supply of MHSUD specialists
    - Most MHSUDs are treated in primary care
    - **Psychiatric Collaborative Care Model (CoCM)**
      - Impact on **Total Healthcare Costs**
      - Impact on **Suicide risk/rates**
      - Importance of Medicaid coverage and **Adequate reimbursement**
- Support/promote organizations specializing in helping providers and health systems **operationalize MBC and CoCM**
- Create/share **resources to facilitate adoption of MBC and CoCM in primary care -** Directory of CoCM Service Organizations
- Offer **policy recommendations** to regulators, payers, employers and providers regarding evidence-based MHSUD care

BOWMAN FAMILY FOUNDATION

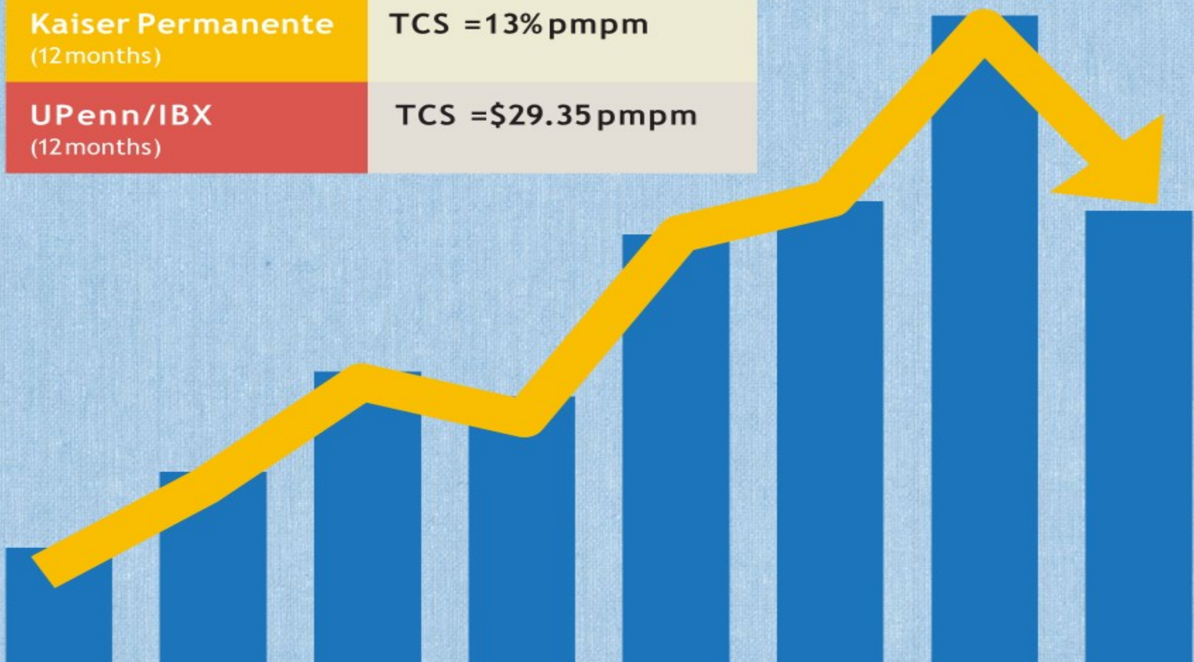
Shatterproof
Stronger than addiction

FIRST EDITION
MAY 2024

Mounting Evidence That Use of the Collaborative Care Model Reduces Total Healthcare Costs

Total Cost Savings (TCS)

Study	Total Cost Savings
IMPACT Study (48 months)	TCS = 6x cost of CoCM
Kaiser Permanente (12 months)	TCS = 13% pmpm
UPenn/IBX (12 months)	TCS = $29.35 pmpm



BOWMAN FAMILY
FOUNDATION

BOWMAN FAMILY
FOUNDATION

Reducing Suicide through Evidence-based MHSUD Care

First Edition
July 2024

Addressing Suicide Risk:

A Study of Dose Response in Collaborative Care

Written by

Virna Little, PsyD, LCSWr
Co-Founder, Concert Health

Carol Hardy, MS
Researcher, JG Research & Evaluation

Brandn Green, PhD
Principal, JG Research & Evaluation

Steven Fuller, MDiv
Researcher, JG Research & Evaluation

BOWMAN FAMILY FOUNDATION

Commissioned by the Mental Health Treatment and Research Institute LLC
a Tax-exempt Subsidiary of
The Bowman Family Foundation

Khazanov *et al. BMC Primary Care* (2024) 25:241
https://doi.org/10.1186/s12875-024-02494-2

BMC Primary Care

RESEARCH Open Access

Change in suicidal ideation, depression, and anxiety following collaborative care in the community

Gabriela Kattan Khazanov[1,2,3*], Courtney Benjamin Wolk[1,3], Emily Lorenc[1], Molly Candon[1,3], Matteo F. Pieri[1,4], David W. Oslin[1,5], Matthew J. Press[1,3], Eleanor Anderson[1], Emilie Famiglio[1] and Shari Jager-Hyman[1]

Abstract

Background The Collaborative Care Model (CoCM) increases access to mental health treatment and improves outcomes among patients with mild to moderate psychopathology; however, it is unclear how effective CoCM is for patients with elevated suicide risk.

Methods We examined data from the Penn Integrated Care program, a CoCM program including an intake and referral management center plus traditional CoCM services implemented in primary care clinics within a large, diverse academic medical system. In this community setting, we examined: (1) characteristics of patients with and without suicidal ideation who initiated CoCM, (2) changes in suicidal ideation (Patient Health Questionnaire-9 [PHQ-9] item 9), depression (PHQ-9 total scores), and anxiety (Generalized Anxiety Disorder Scale-7 scores) from the first to last CoCM visit overall and across demographic subgroups, and (3) the relationship between amount of CoCM services provided and degree of symptom reduction.

Results From 2018 to 2022, 3,487 patients were referred to CoCM, initiated treatment for at least 15 days, and had completed symptom measures at the first and last visit. Patients were 74% female, 45% Black/African American, and 45% White. The percentage of patients reporting suicidal ideation declined 11%-7% from the first to last visit. Suicidal ideation severity typically improved, and very rarely worsened, during CoCM. Depression and anxiety declined significantly among patients with and without suicidal ideation and across demographic subgroups; however, the magnitude of these declines differed across race, ethnicity, and age. Patients with suicidal ideation at the start of CoCM had higher depression scores than patients without suicidal ideation at the start and end of treatment. Longer CoCM episodes were associated with greater reductions in depression severity.

Conclusions Suicidal ideation, depression, and anxiety declined following CoCM among individuals with suicidal ideation in a community setting. Findings are consistent with emerging evidence from clinical trials suggesting CoCM's potential for increasing access to mental healthcare and improving outcomes among patients at risk for suicide.

Keywords Collaborative care, Suicide, Suicidal ideation, Primary care, Integrated care, Community care, Depression

*Correspondence:
Gabriela Kattan Khazanov
gabriela.khazanov@va.gov

Full list of author information is available at the end of the article

This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply 2024. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

APRIL 2025

Large Reductions in Suicide Risk, Attempts and Deaths

Demonstrated by Three "Real World" Studies in Primary Care

Motivation for the studies

A large majority of patients who die by suicide have visited a primary care provider in the prior year, with almost half having done so in the prior month. **Clearly, primary care providers are positioned to play a pivotal role in reducing suicide rates—but they must be properly supported in order to identify and address suicide risk.**

Providers in these studies used the Collaborative Care Model (CoCM) or key elements of it:

Concert Health	University of Pennsylvania Health System	Kaiser Permanente
3,809 "at risk" patients	**368** "at risk" patients	**228,255** patients in treatment group
56% achieved reduced risk	**52%** achieved reduced risk	**25%** reduction in suicide attempts and death (combined)

Conclusion

Implementing CoCM in primary care can substantially reduce nationwide suicide rates.

Reducing Suicide through Evidence-based MHSUD Care

For the first time, the American Foundation for Suicide Prevention and The Jed Foundation are urging implementation of CoCM. The following quotes are excerpted from the Press Release accompanying the Suicide Issue Brief:

AFSP: *"These studies confirm the value of the Collaborative Care Model for saving lives and helping people at risk for suicide…**It's time to embrace this model of care**…"*

The Jed Foundation: *"These compelling studies on the **Collaborative Care Model validate…that integrated, accessible mental health care saves lives.** By implementing the CoCM in primary care and family practices, we create more opportunities to identify and support those at risk, especially young people who might not otherwise seek specialized help."*

Shatterproof: *"**We must do everything in our power to accelerate implementation of this model** in primary care – the most ubiquitous existing care setting to help save lives."*

[bold highlights added]

Strategies to Accelerate Adoption of Evidence-based MHSUD Care

- Generate/promote data underscoring the importance of Medicaid coverage and adequate reimbursement for CoCM
  - Concert Health 10-State Medicaid Study
  - National/State-by-State Commercial Claims Study (in progress)
  - BFF state reimbursement analysis

BOWMAN FAMILY FOUNDATION

Shatterproof
Stronger than addiction

Strategies to Accelerate Adoption of Evidence-based MHSUD Care

July 2024

Collaborative Care (CoCM) –
Adequate Medicaid Reimbursement is
Critical for Broadscale Implementation

Written by
Virna Little and Chase Walker

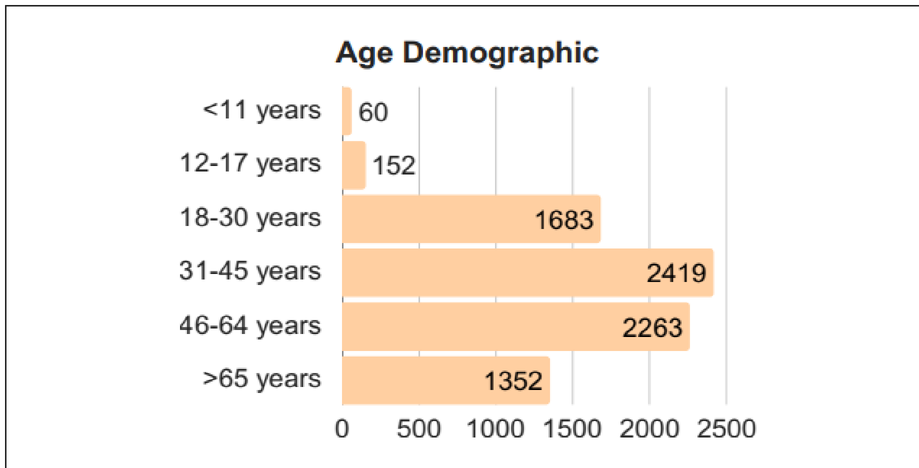
BOWMAN FAMILY
FOUNDATION

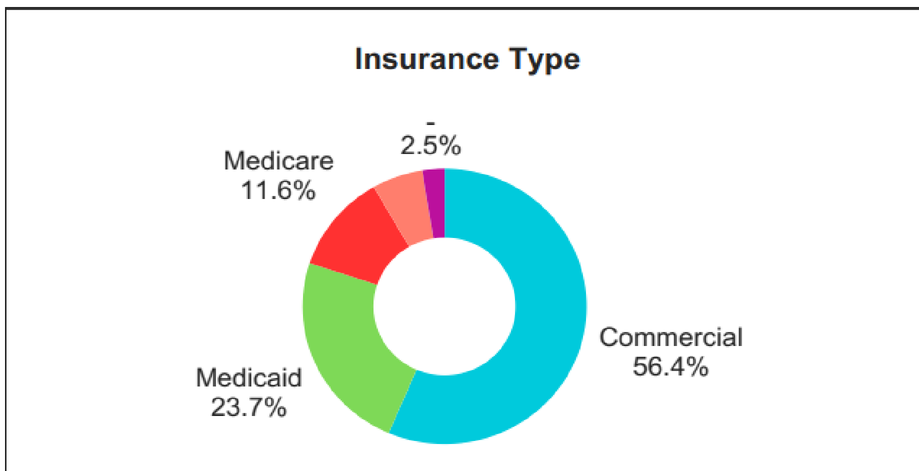
Commissioned by the
Mental Health Treatment and Research Institute LLC,
a tax-exempt subsidiary of
The Bowman Family Foundation

BOWMAN FAMILY
FOUNDATION

Since October 2023, Concert Health has served **7,929 CoCM patients** at Mass General Brigham (MGB), with 1,434 currently receiving care. A total of **162 MGB providers** (including primary care physicians, physician assistants, and others) referred patients to Concert Health's CoCM program in September 2025.

The following data present the outcomes and demographics of Concert Health's total patient population within MGB.





FFS Medicaid reimbursement for CoCM: varies by state

OCTOBER 5
2025

SUMMARY ANALYSIS

CoCM Codes: Medicaid Fee-for-Service Reimbursement

CPT codes 99492 and 99493 are the primary and most frequently used CoCM codes. Therefore, states are grouped below based on the reimbursement levels of 99492 and 99493. States are also color-coded based on the reimbursement levels of 99492, 99493 and two other CoCM codes—99494 and G2214.

Green text indicates states that pay **at least 100%** of the Medicare rate for at least **99492** and **99493**.

Blue text indicates states that pay **at least 100%** of the Medicare rate for at least **one CoCM code**.

The current version of this document can be found here.

Details underlying this Analysis are available here.**

[Link to Document and additional Details]

Group 1 · 20 States

States that pay **90% or more** of the Medicare rate for 99492 **or** 99493:

Arizona	Iowa*	Missouri	North Carolina	Virginia
California	Kansas	Montana	Oklahoma	Washington
Connecticut	Kentucky	Nebraska	Tennessee	Wisconsin
Georgia	Maryland	New York	Texas	Wyoming

Group 2 · 8 States

States that pay **at least 70–89%** of the Medicare rate for 99492 **or** 99493 **but less than 90% for both**:

District of Columbia	Florida	Massachusetts	South Carolina	Vermont
	Hawaii	Nevada	Utah	

Group 3 · 6 States

States that pay **below 70%** of the Medicare rate for both 99492 **and** 99493:

Illinois	New Hampshire	Pennsylvania
Michigan	New Jersey	Rhode Island

Group 4 · 13 States

Reimbursement not present on Medicaid Fee Schedule for any CoCM code (i.e., 99492, 99493, 99494, or G2214):

Alabama	Indiana	Minnesota	Ohio	West Virginia
Alaska	Louisiana	Mississippi	Oregon	
Arkansas	Maine	North Dakota	South Dakota	

Group 5 · 4 States

Special Situations:

Colorado: Medicaid FFS is expected to soon provide reimbursement for CoCM codes.

Delaware: Almost all Medicaid members in Delaware have MCO plans.

Idaho: Reimburses only for G2214.

New Mexico: Reimburses only for G2214.

A. This Analysis does not address:
   i. Code G0512, use of which is still required by Medicaid FFS in many states for FQHCs, RHCs, and/or CCBHCs, even though CMS has proposed that Medicare eliminate use of G0512 (which is a restrictive code) so that these providers can instead use 99492, 99493, 99494, and G2214 for Medicare patients.
   ii. Reimbursement by Medicaid MCOs, which do not post their reimbursement amounts.
   iii. Information about Medicaid FFS restrictions in many states regarding use of certain CoCM codes. For example, some states do not allow or limit use of 99494 and/or G2214 by all providers, and at least one state does not permit FQHCs and RHCs to use any CoCM code.

B. Medicaid reimbursement is based on Fee Schedules posted on state websites.

C. Medicare reimbursement is based on the non-facility rates at this link: Search the Physician Fee Schedule - CMS

D. Medicaid and Medicare reimbursement amounts are adjusted from time to time—please contact admin@mhtari.org if any information in this document appears to be incorrect.

E. The DISCLAIMER regarding this Analysis is available here.**

** Clicking this link will download an Excel file to your computer.

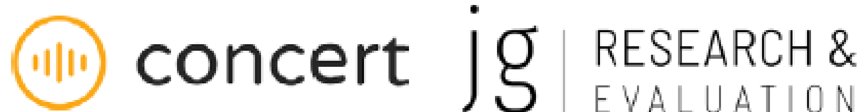
BOWMAN FAMILY FOUNDATION

February 2025

Collaborative Care – Adequate Medicaid Reimbursement Is Critical for Broadscale Implementation

Connecticut Update – A State with Adequate Reimbursement

Written by Virna Little and Chase Walker



BOWMAN FAMILY FOUNDATION

Commissioned by the Mental Health and Research Institute LLC, a tax-exempt subsidiary of The Bowman Family Foundation

Developing CoCM implementation resources

FIRST EDITION
October 2024
(Updates may be available here)

DIRECTORY

Collaborative Care Service Organizations (CSOs)

Providing CoCM Implementation Support and/or Staff to Health Systems and Primary Care Practices

MHTARI
Mental Health Treatment and Research Institute

FUNDED BY THE MENTAL HEALTH TREATMENT AND RESEARCH INSTITUTE LLC (MHTARI), A TAX-EXEMPT SUBSIDIARY OF THE

Bowman Family Foundation

Bowman Family Foundation

Shatterproof
Stronger than addiction

Examples of State Initiatives

BFF, through its tax-exempt subsidiary The Mental Health Treatment and Research Institute LLC, funds local non-profit organizations to promote evidence-based MHSUD care.

Massachusetts

Massachusetts Association for Mental Health (MAMH)

Maryland

Mental Health Association of Maryland, Brain Futures/MHA

BOWMAN FAMILY FOUNDATION

Shatterproof
Stronger than addiction

Policy Recommendations

- When assessing compliance with MH parity and network adequacy requirements, **allow INN CoCM services delivered in accordance with CMS billing requirements to be counted as INN MHSUD specialist services**
- **The Commission on Accreditation of Rehabilitation Facilities (CARF) has introduced in its Behavioral Health Standards Manual a new requirement for organizations to incorporate a procedure for MBC**
- **HEDIS now counts CoCM services toward Follow-Up After Hospitalization for Mental Illness**
- **More than 50 organizations** have supported recommendations proposed by BFF in issue briefs

Thank You

Questions/Comments?

Bowman Family Foundation

Shatterproof
Stronger than addiction