



Behavioral Health Integration: An Update

November, 2019

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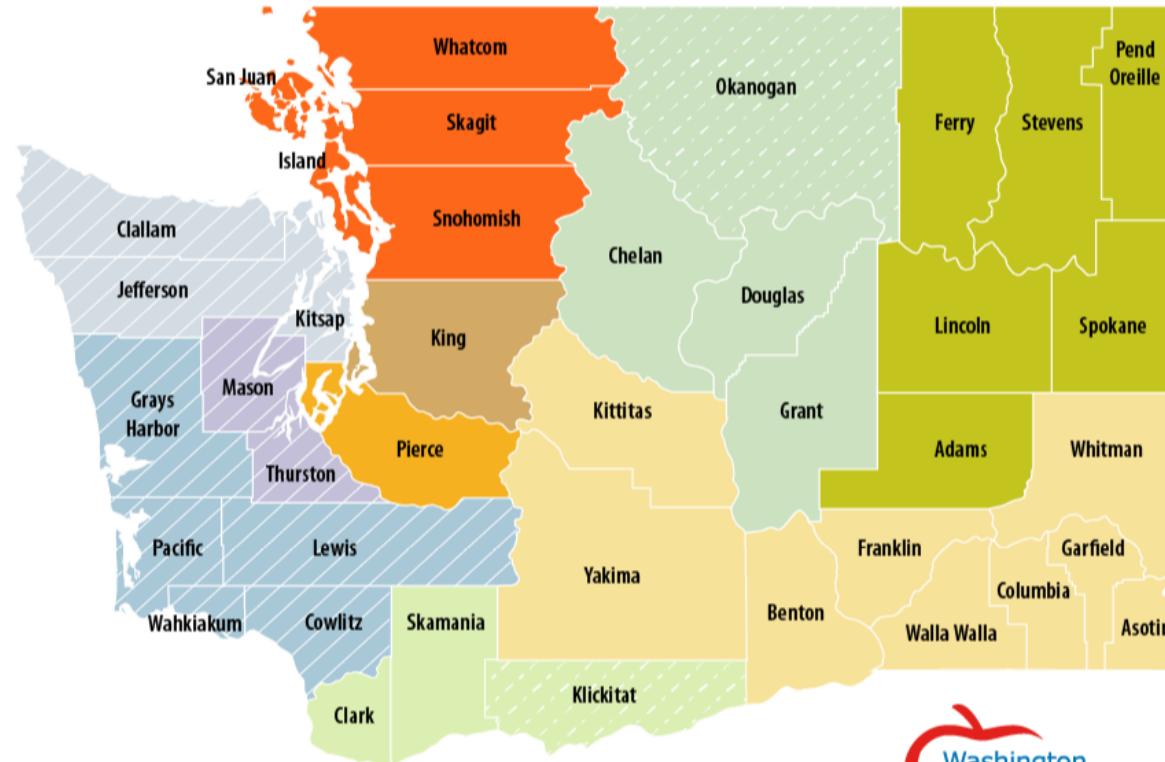
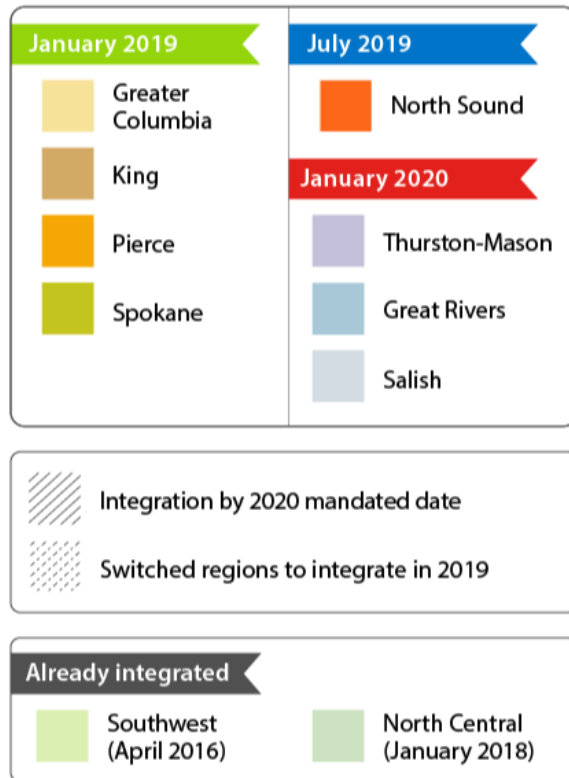
Washington State
Health Care Authority

2014: Initial Legislative Direction

Substitute Senate Bill (SSB) 6312 passed in 2014

- Changed how the State purchases mental health and substance use disorder services in the Medicaid program
- Directed the State to fully integrate the financing and delivery of physical health, mental health and substance use disorder services in the Medicaid program via managed care by 2020
- Directed the State to integrate mental health and substance use disorder services through Behavioral Health Organizations (BHOS) as an interim step to 2020
- Created a pathway for regions to fully integrate early, starting in April 2016

Update on implementation dates



Managed Care Organizations per region

Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
As of January 2019					
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central	●		●	●	
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest	●	●		●	
As of July 2019					
North Sound	●	●	●	●	●
Coming January 2020					
Thurston-Mason	●			●	●
Great Rivers	●			●	●
Salish	●			●	●

MCO Mental health services

- ▶ Intake evaluation
- ▶ Individual treatment services
- ▶ Medication management
- ▶ Medication monitoring
- ▶ Crisis services
- ▶ Group treatment services
- ▶ Peer support
- ▶ Brief intervention and treatment
- ▶ Family treatment
- ▶ High-intensity treatment
- ▶ Therapeutic psychoeducation
- ▶ Day support
- ▶ Evaluation and treatment/community hospitalization
- ▶ Stabilization services
- ▶ Rehabilitation case management
- ▶ Residential services
- ▶ Evaluations for special populations
- ▶ Psychological assessment

MCO Substance use disorder services

- ▶ Assessment
- ▶ Brief intervention and referral to treatment
- ▶ Withdrawal management (detoxification)
- ▶ Outpatient treatment
- ▶ Intensive outpatient treatment
- ▶ Residential treatment
- ▶ Opiate substitution treatment services
- ▶ Case management

BH-ASO Population-based services

- ▶ Provide crisis services to all individuals, regardless of insurance
 - ▶ Crisis line
 - ▶ Face-to-face crisis intervention services
- ▶ Administer Involuntary Treatment Act (ITA)
 - ▶ Conduct ITA investigations
 - ▶ Write ITA petitions and detain individuals when indicated
 - ▶ Monitor compliance with less restrictive treatment services
 - ▶ Coordinate necessary services include due process

Behavioral health services for AI/AN

- ▶ American Indians and Alaska Natives may choose their coverage for behavioral health services
 - ▶ Fee-for-service
 - ▶ Integrated managed care (in regions that have integrated physical and behavioral health care for Apple Health clients)
 - ▶ See website
 - ▶ <https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/american-indians-and-alaska-natives>

Monitoring IMC in Real Time

▶ Rapid response calls

- ▶ Daily check-ins with each region as it implements IMC
- ▶ Includes providers, MCOs, BH-ASO

▶ Early warning system

- ▶ Begins one month after implementation
- ▶ Statewide indicators used to detect signs of implementation challenges
- ▶ Providers, MCOs, and BH-ASOs provide rapid problem-solving
- ▶ Will continue for six months

Measuring impact of integrated managed care

- The legislative intent (RCW 71.24.015)
 - Behavioral Health programs should focus on resilience and recovery; practices should be evidence-based, research-based, or promising practices;
 - People with lived experience should be at the center of design and implementation of behavioral health services;
 - Accountability should rely on outcome and performance measures;
 - Services should be coordinated across the system.
 - Other principles in the law: early identification of mental illness; least restrictive alternatives to institutional care; administrative simplification; integrated service provision.

Early Adopter Region Successes

- ▶ Research and Data Analysis compared findings in SWWA to the rest of the state from implementation of IMC through CY 2017
 - ▶ Eleven indicators show favorable change at the 95% confidence level, e.g.:
 - ▶ Substance Use Disorder Treatment Penetration
 - ▶ Mental Health Treatment Penetration - Broad Definition
 - ▶ Follow-up after ED Visit for AOD Dependence-Within 7 and 30 Days
 - ▶ Follow-up after ED Visit for Mental Illness - Within 7 and 30 Days
 - ▶ Inpatient Utilization per 1000 Coverage Months – Combined Medical and Psychiatric
 - ▶ Percent Employed
 - ▶ Two indicators show favorable change at the 90% confidence level:
 - ▶ Plan All-Cause 30-Day Readmission
 - ▶ Percent Arrested
 - ▶ Only two indicators show unfavorable change (95% confidence level)

Resources:

- Contact the team at HCA MC Programs:
 - hcamcprograms@hca.wa.gov
- New postings on Regional Resources page for IMC at
 - <https://www.hca.wa.gov/about-hca/healthier-washington/regional-resources>



Questions?

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