TRANSFORMATION PROJECT SUGGESTION

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Project Title	Primary and Behavioral Health Integration in Settings Accessible to Consumers with Behavioral Health Disorders

Rationale for the Project

Many chronically homeless and formerly homeless individuals with significant behavioral health disabilities have physical health needs that go unaddressed due to barriers experienced by consumers in accessing physical healthcare in conventional settings. Insufficient attention to physical health conditions can exacerbate behavioral health conditions, resulting in multidimensionally poor outcomes for consumers. Even current models for intensive outreach behavioral health care delivery (e.g., PACT) can be limited in effectiveness when the service recipient has physical health care needs.

Integration of primary and behavioral health care has been shown to ensure better care for people with mental illness and substance use disorders. Bringing this service integration to locations where Medicaid recipients don't normally receive physical healthcare services has been piloted by DESC and Harborview in Seattle locations including a DESC outpatient behavioral healthcare clinic and a DESC permanent supportive housing program. An evaluation by Harborview's Center for Healthcare Improvement for Addictions, Mental Illness, and Medically Vulnerable Populations (CHAMMP) found that integrating physical health services into the behavioral health clinic environment served at least two important functions important to the Medicaid program: it allowed significant health needs of Medicaid beneficiaries to be discovered, and it brought care to individuals who previously were not reliably receiving care for physical health needs. Evidence on the benefits of integrated care in supportive housing settings can be found in some of the published literature on the health and cost benefits of supportive housing, including substantial cost savings at DESC's 1811 Eastlake supportive housing program, which is a location where Harborview delivers physical health services in conjunction with the behavioral healthcare provided by DESC.

Project Description

Which Medicaid Transformation Goals[i] are supported by this project/intervention? Check box(es)

X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
Accelerate transition to value-based payment
Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

Health Systems Capacity Building
X Care Delivery Redesign
X Population Health Improvement – prevention activities

The project is to integrate primary health services in locations where high-needs individuals with serious and persistent mental illness and/or substance use disorders receive behavioral health services. Settings would include behavioral health clinic locations and supportive housing facilities with on-site behavioral health services. Pilot

programs at one of DESC's behavioral health offices and in selected DESC supportive housing sites for chronically homeless individuals bring Harborview primary care practitioners and nursing support to people who are unlikely to establish or access primary care services at conventional settings. The proposed concept moves beyond the traditional models of co-located primary and behavioral health to true integration of health services with a transdisciplinary approach that provides individuals with a whole person health care team.

Consumers of behavioral health care services have shown a strong interest in receiving physical health care services when those services are delivered in settings preferred by the consumer. In pilot programs operating in DESC behavioral health clinics and supportive housing facilities, people with behavioral health disabilities previously unengaged in primary care have established care in primary health services when their preferred care location is accommodated. Addressing physical health needs can improve consumer well-being and lead to stronger engagement in behavioral health treatment as well. In some cases, people with behavioral health disabilities who are not yet enrolled in behavioral health treatment may establish interest in behavioral health treatment after a good experience with primary health treatment. An example would include mental health outreach clients who will come to DESC's mental health drop-in center for food, computer access, or other non-treatment activities. Even though they haven't yet agreed to receive treatment for behavioral health needs, these clients may access the primary health services available at the drop-in location, enhancing their attachment to the program overall and increasing the likelihood they will develop interest in other assistance including behavioral health treatment. Another example would be a supportive housing tenant who received housing without having to first enroll in mental health services. Receiving physical healthcare in the housing facility can increase tenant interest in connecting to behavioral health services as well. Additionally, the evolution of the health care team to include both primary and psychiatric providers results in a more coordinated and effective experience for the individuals served.

Participants would be chronically homeless or formerly homeless adults in behavioral health and/or supportive housing programs who have not adequately accessed primary care services through conventional health clinics resulting in real or potential emergency response requirements. These individuals have serious and persistent mental illness and co-occurring substance use disorders along with other complicating factors, as well as high involvement with crisis services like homeless shelters and the criminal justice system, and can be high utilizers of emergency medical services. Additionally, by pro-actively intervening, the potential for lengthy inpatient admissions is substantially reduced (both psychiatric and medical admissions).

The main results of this program would be increased enrollment of behavioral health consumers into primary health services, better coordination of care between physical health and behavioral health practitioners, reductions in use of emergency department and inpatient care due to conditions being managed better, as well as improvements on certain individual health indicators, including hypertension and diabetes, which are increasingly common among the adult behavioral healthcare population.

For some people living with mental illness and substance use disorders, access to adequate healthcare is constrained by the usual design of both the behavioral healthcare and the primary healthcare delivery systems because such care is almost always delivered in a siloed manner. Primary care is generally only available in conventional clinic settings that may be uncomfortable or otherwise inaccessible to many consumers. Integrating physical healthcare services with the current behavioral health team will improve access and alignment to their needs as well as a more efficient use of resources. Individual well-being will be improved, and overall our system will reach more of its intended recipients with coordinated care.

The project concept is applicable statewide, but DESC and Harborview Medical Center are working toward implementation in King County for high-needs chronically homeless people with behavioral health disorders and

significant untreated physical health problems. The project also supports the success of Initiative 3 Supportive Housing in that DESC and Harborview are partnering to produce a new supportive housing facility (called Estelle) in which DESC will provide behavioral health services and Harborview will provide on-site integrated physical health services to all tenants. Integration of the physical health services will assist with housing retention and help tenants avoid the need to transfer to higher cost long-term care.

Core Investment Components

Cost estimates are not certain and highly influenced by what portion of the services can be reimbursed by Medicaid already. In the current funding methodology some of the primary healthcare services can be covered by Medicaid, however Medicaid reimbursement does not cover the total cost of care, even in traditional settings. Physicians and Advanced Practice Providers (e.g., ARNPs) cannot bill at all for services provided outside the clinic site. Other services provided outside of the traditional clinic setting, such as nursing and support staff also are not reimbursable in the current Medicaid funding structure. This robust integration model requires enhanced reimbursements in order to create a sustainable delivery model. Physical health providers may not be able to see as many patients in these integrated settings as are typically seen in conventional clinics due to the complexity of health problems and client behavioral issues. This will necessitate payment mechanisms that cover the real cost of delivering these services to people who will not get them otherwise. The project can be implemented quickly in select sites. For example, DESC's main behavioral health clinic site is already underway with a small integrated care pilot that could be expanded, and DESC's Estelle supportive housing development will open in September 2017.

Project Metrics

Key metrics will include process measures covering the timeframes in which the eligible population will be defined, services established, and consumers enrolled in primary care. Outcome measures will include health service utilization rates, particularly for clients not previously enrolled or receiving regular care, as well as health status indicators.