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Washington State  
Health Care Authority



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# Behavioral Health Integration

## House Health Care & Wellness Committee

### November 16, 2017

Mary Fliss, Deputy for Clinical Strategy & Operations, HCA

Chris Imhoff, Director, Behavioral Health & Recovery Division, DSHS

Alice Lind, Section Manager, Medicaid Program, HCA

David Mancuso, Director, Research & Data Analysis Division, DSHS

Jason McGill, Senior Policy Advisor, Governor's Office



# Overview of issues we'll discuss

1. Recap of behavioral health integration and discussion of related work—recent Directive that forms health sub-cabinet and readies HB 1388 to proceed
2. Detail of activities underway at the agencies and with the system and providers (Chris Imhoff and Alice Lind)
3. We have metrics for integration and early results from SW WA (Dr. Mancuso)
4. Update on SB 5779—review of billing codes for behavioral health in primary care settings (Mary Fliss)

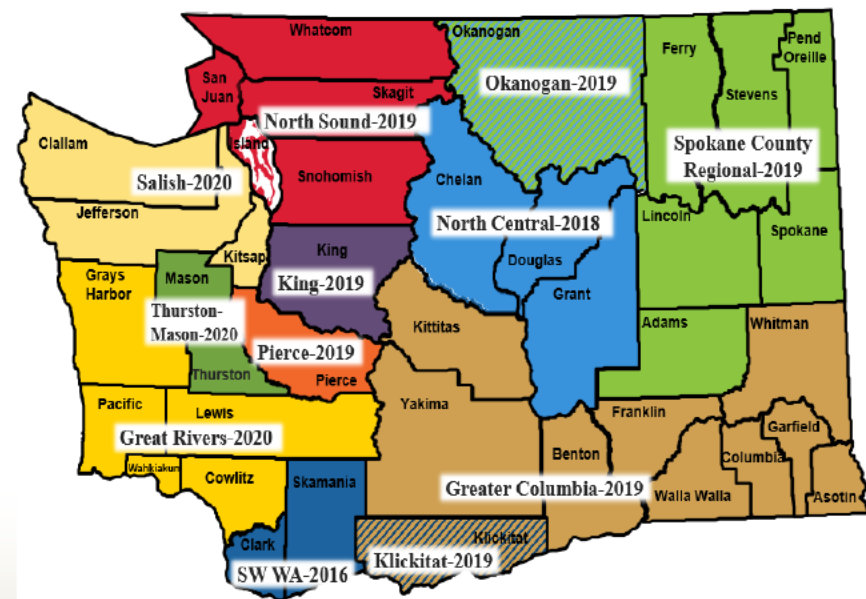
# Recap: behavioral health integration

- In 2014, Legislature set mandate to integrate physical and behavioral health (mental health and substance use) purchasing by 2020

- Counties may voluntarily adopt earlier

- **Success:** busy interim with hard work among agencies—and especially with county electeds and staff and providers—to ready regions for 2019 adoption; **see map: 5 regions agreed to 2019; 1 ready for 2018 integration**

- Now, we'll continue immense work to prepare, including on-going work with counties—especially for crisis services





# Executive Directive 17-11

- Establishes health sub-cabinet
  - Includes HCA, DSHS, DOH, and others as needed to develop strategic plan for:
    - Behavioral health integration;
    - Interrelated activities with regard to our state's community mental health and state psychiatric hospital system reforms; and
    - Our state's opioid use crisis response
  - Will work with community partners
- Focuses on behavioral health integration
  - Will advance bill to align state agency work (HB 1388)
  - Form inter-local leadership structure with counties, providers, Tribes, and other entities serving regional service area

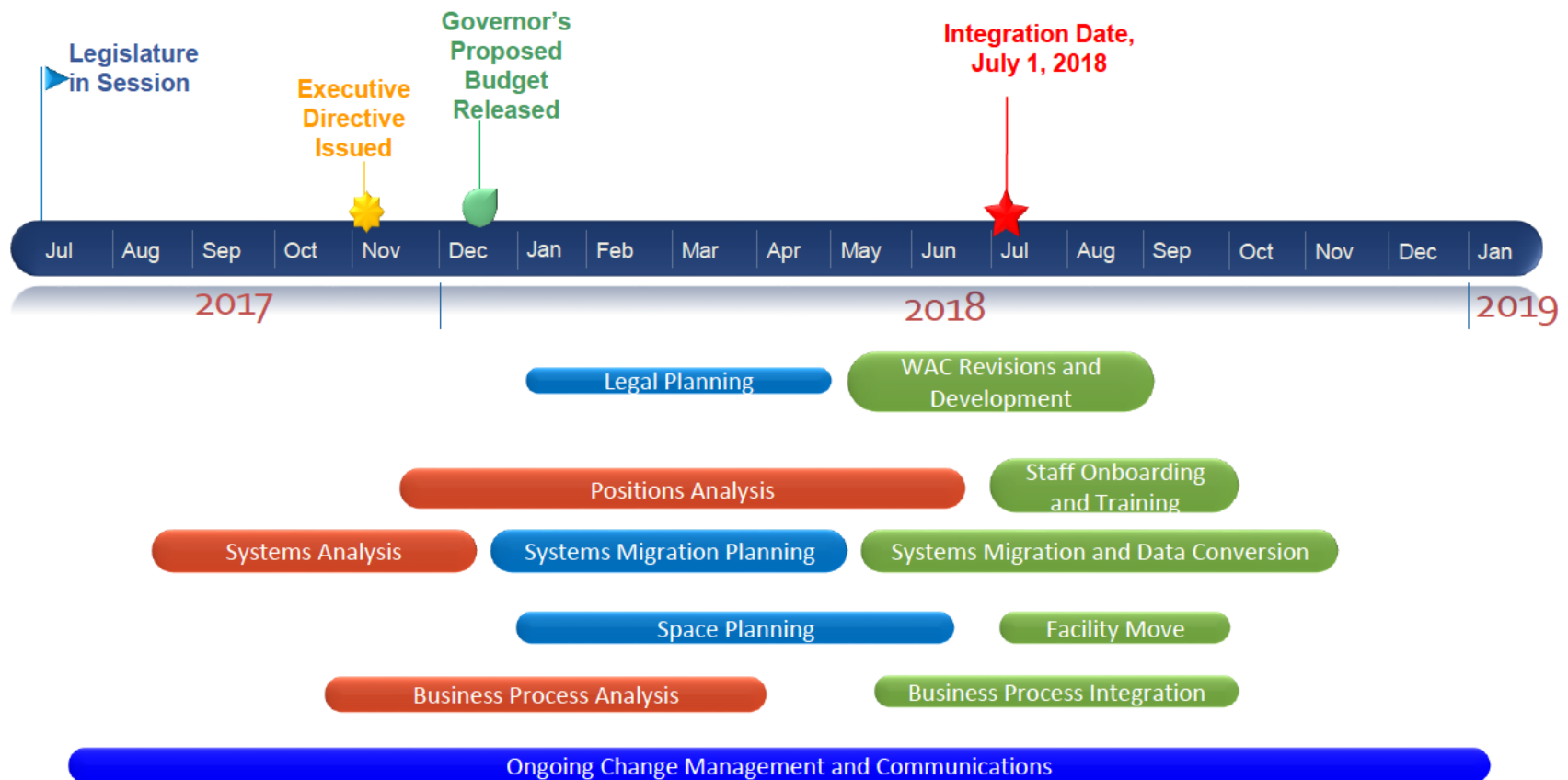
See more at <http://governor.wa.gov/sites/default/files/directive/17-11HealthSubCabinet.pdf>



# HB 1388: behavioral health state agency alignment

- No policy change except aligning state programs:
  - DSHS behavioral health staff moves:
    - ~100 staff to HCA to align with physical health purchasing
    - ~30 staff to DOH to align with profession and program licensure and certification
  - HCA becomes the behavioral health authority on July 2018 (proposed amendment to change date and make other minor technical changes)

# BHI administrative integration high-level timeline





# BHI integration updates

- Continued multi-agency partnership and collaboration in planning administrative integration
- Verbal staff notifications occurred November 1
- Business process analysis and integration planning underway
- Contracts, grants, and legal impacts under review and planning
- Technology impacts, analysis, and migration planning in development
- Continued communications and change management activities coordinated to help ensure preparation for a smooth transition

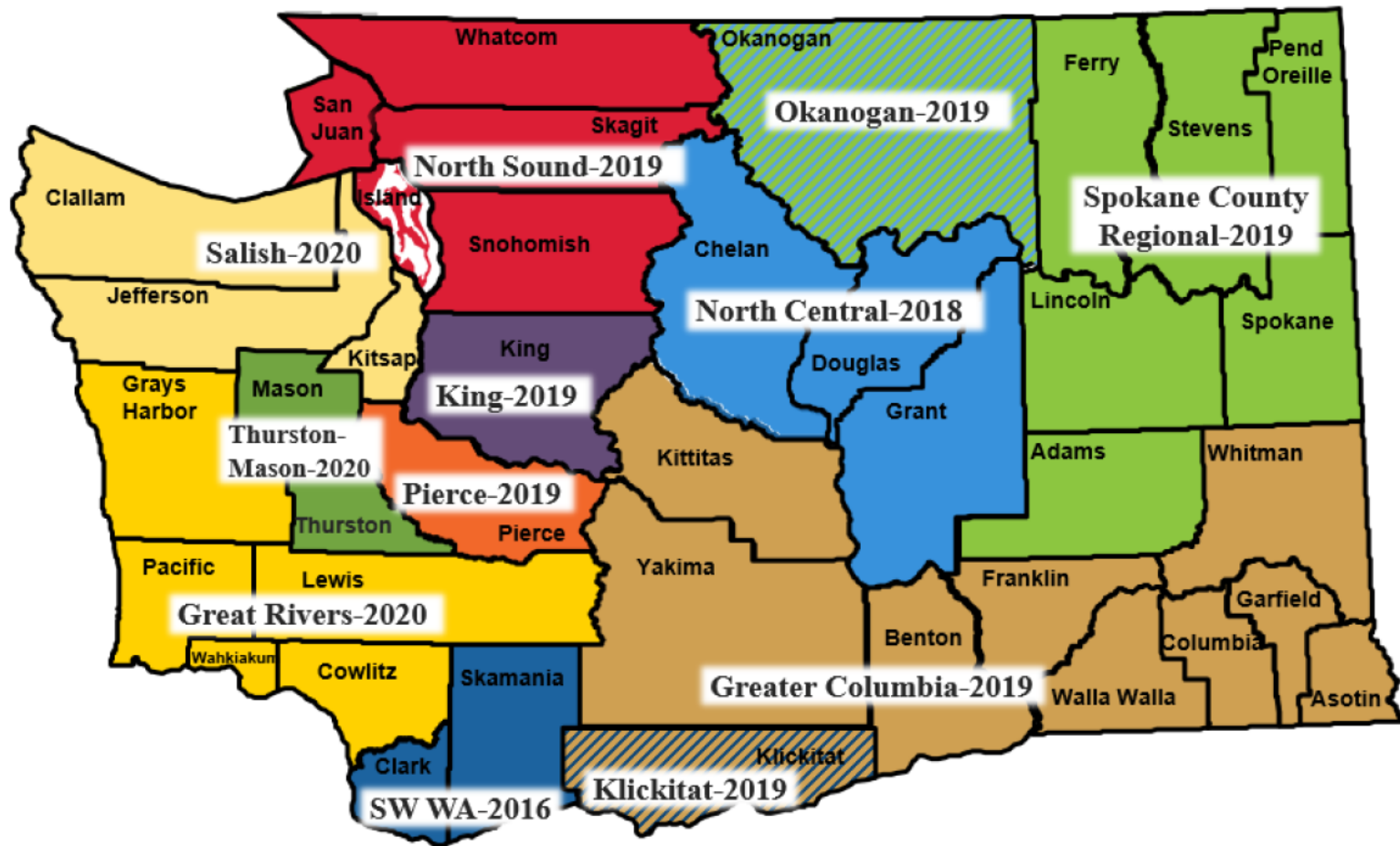


# HCA implementation of integrated managed care

- Goals:
  - Eliminate behavioral health/physical health silos
  - Promote holistic administration of a benefit package
  - Provide platform for greater clinical integration

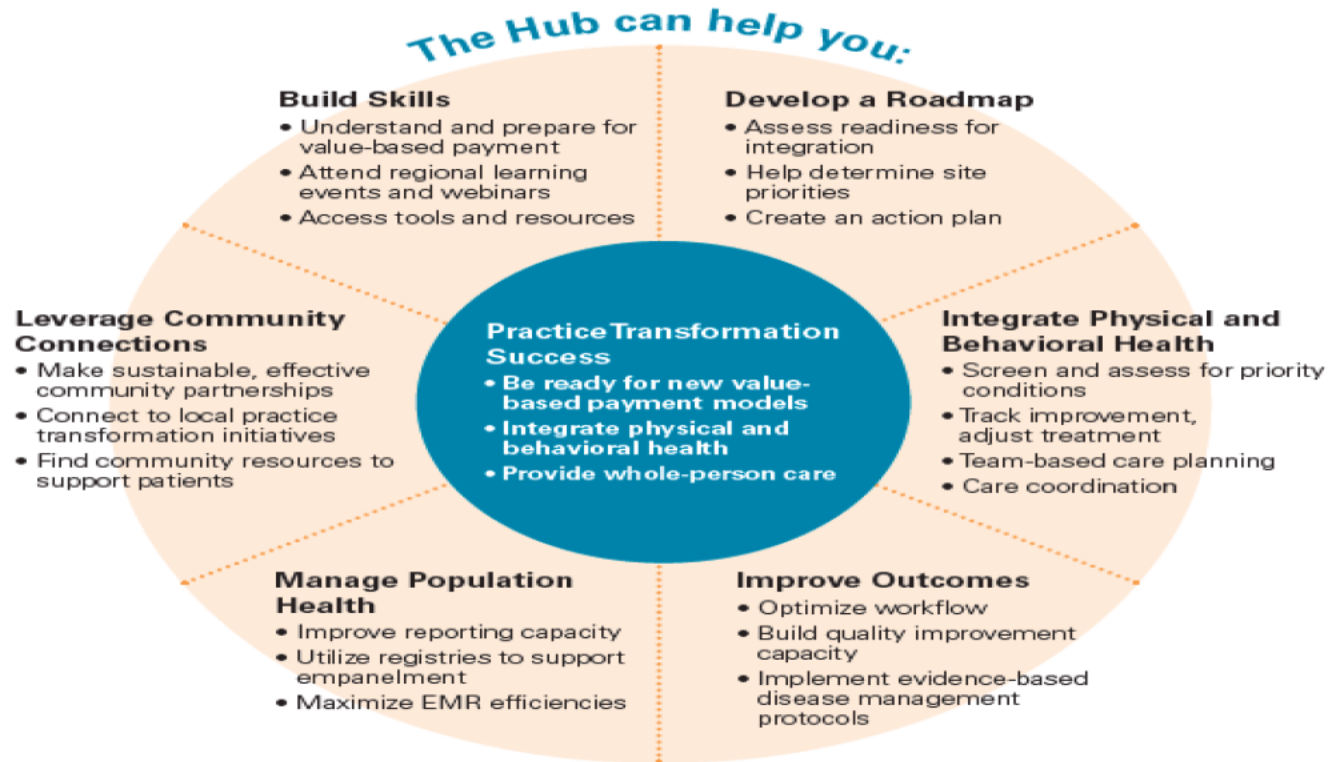


# Update on integration status



Note: North Sound, King, and Greater Columbia are 2019 *with transition*

# Healthier WA practice transformation support



## Get Started!

- Contact the Hub Help Desk: (206) 288-2540 (800) 949-7536 ext. 2540 or email [HubHelpDesk@qualishealth.org](mailto:HubHelpDesk@qualishealth.org)

## For More Information:

- [www.QualisHealth.org/hub](http://www.QualisHealth.org/hub)
- [www.hca.wa.gov/hw](http://www.hca.wa.gov/hw)



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# Next steps: statewide procurement

- HCA will release statewide procurement in February 2018
  - Will determine the MCOs for the rest of the state
  - Two effective dates: January 2019 and January 2020
- 2019 regions will work with HCA to identify regional priorities
  - In North Sound, King, and Greater Columbia regions, the BHO becomes Administrative Services Organization (ASO)
  - Unspent BHO reserves must be returned to state, absent legislative appropriation



# **Monitoring behavioral health integration and evaluation of fully integrated managed care in SW Washington**

Preliminary first-year findings





# Evaluation and monitoring questions

- Does behavioral health integration:
  - Improve *access* to needed services including behavioral health treatment?
  - Improve *quality* of physical and behavioral health care?
  - Improve *coordination of care* for physical and behavioral health conditions?
  - Reduce potentially avoidable *utilization* of emergency department, medical and psychiatric inpatient, and crisis services?



# Evaluation and monitoring questions

- Does behavioral health integration:
  - Improve beneficiary level of functioning and quality of life, as indicated by **social outcomes** such as:
    - Improved labor market outcomes,
    - Increased housing stability, and
    - Reduced criminal justice involvement?
  - Reduce **disparities** in access, quality, health service utilization, and social outcomes between Medicaid beneficiaries with serious mental illness and/or substance use disorders, relative to other Medicaid beneficiaries?



# Preliminary findings: evaluation of fully integrated model in SW WA

- Comparison of experience in SW WA relative to balance of state across 19 performance measures
- Of 19 outcome measures analyzed:
  - 10 measures showed statistically significant relative improvement for Medicaid beneficiaries residing in the SW Washington region
  - 8 measures showed no significant relative change between the SW Washington region and balance of state
  - 1 measure showed statistically significant relative decline in the SW Washington region



# Overview: SSB 5779 (2017)

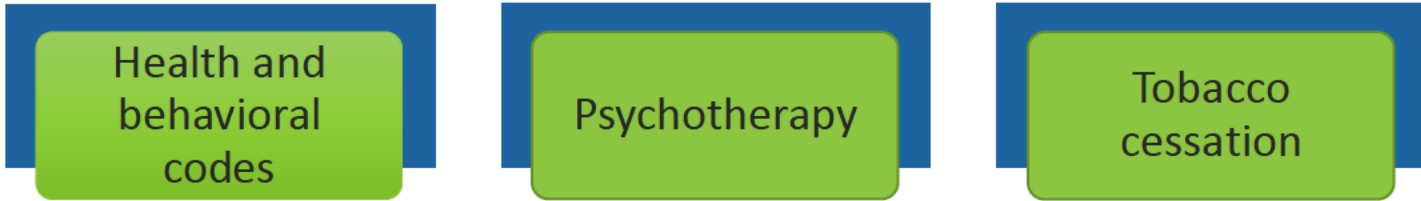
- Evaluating billing codes and making billing recommendations (matrix)
- Ensuring MCO and BHO access to care and service coordination
- Revising reporting on access to children's behavioral health care
- Tracking effective integration through performance measures





# Update on SSB 5779

- Code review completed (w/stakeholder input)
  - Focus on:



Health and  
behavioral  
codes

Psychotherapy

Tobacco  
cessation

- Final impact analysis in development



## Additional integration efforts (related to SSB 5779)

- Access to Children's Behavioral Health Care Report modifications (Section 6)
  - Report on schedule for December 1, 2017 release
- Performance measures-behavioral health integration (Section 8)
  - 6 behavioral health measures now part of Statewide Common Measure Set
  - Mental Health Service Penetration and Substance Use Disorder Service Penetration allow tracking of service use



## Additional integration efforts (not related to SSB 5779)

- Collaborative care model (to be published as Matrix 3)
  - Developed in UW AIMS Center
  - On track for January 1, 2018 implementation
- Maternal and youth depression screening tools underway (to be published as Matrix 4)

# Questions?

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