Behavioral Health Integration
House Health Care & Wellness Committee
November 16, 2017

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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

- Legislation in Session
- Executive Directive Issued
- Governor's Proposed Budget Released
- Integration Date, July 1, 2018

2017
- Legal Planning
- Positions Analysis
- Systems Analysis

2018
- WAC Revisions and Development
- Systems Migration Planning
- Staff Onboarding and Training

2019
- Systems Migration and Data Conversion
- Space Planning
- Facility Move
- Business Process Analysis
- Business Process Integration

Ongoing Change Management and Communications
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

The Hub can help you:

- **Build Skills**
  - Understand and prepare for value-based payment
  - Attend regional learning events and webinars
  - Access tools and resources

- **Develop a Roadmap**
  - Assess readiness for integration
  - Help determine site priorities
  - Create an action plan

- **Leverage Community Connections**
  - Make sustainable, effective community partnerships
  - Connect to local practice transformation initiatives
  - Find community resources to support patients

- **Integrate Physical and Behavioral Health**
  - Screen and assess for priority conditions
  - Track improvement, adjust treatment
  - Team-based care planning
  - Care coordination

- **Practice Transformation Success**
  - Be ready for new value-based payment models
  - Integrate physical and behavioral health
  - Provide whole-person care

- **Manage Population Health**
  - Improve reporting capacity
  - Utilize registries to support empanelment
  - Maximize EMR efficiencies

- **Improve Outcomes**
  - Optimize workflow
  - Build quality improvement capacity
  - Implement evidence-based disease management protocols

**Get Started!**
- Contact the Hub Help Desk: (206) 288-2540 (800) 949-7536 ext. 2540
  or email 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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