Position Paper: Behavioral Health Integration

The Legislature should invest $11.9 million to support the necessary infrastructure for King County to broaden its integrated behavioral health delivery system – a potential model for other regions.

Washington is currently moving towards full financial integration of behavioral health—comprised of mental health and chemical dependency services—by 2020. To help guide this transition, early adopting regions will be the first to adopt a purchasing model for delivering physical and behavioral health services through Medicaid managed care organizations in April 2016. Early adopters will be closely watched by other regions to see what is working, understand challenges and determine what needs to be proactively addressed before full integration happens in the remainder of the state.

To ensure success in early adopter regions, it will be critical to build upon effective and evidence based models of care that can break down the silos that currently exist between physical health, mental health and chemical dependency. Counties that adopt effective integration strategies early have an incentive of 10% shared savings with the state, which will be substantial if budgeted savings are achieved.

King County Proposes a Proven Delivery Model

As an early adopter region, King County plans to adopt a proven collaborative care model utilized by community health centers for the small complex Medical Care Services population, formerly Disability Lifeline. The *Mental Health Integration Program (MHIP)* allows primary care providers to receive critical support to meet a patient's needs where they are and help them get the most appropriate care. This program includes care coordinators in the primary care setting to provide brief mental health interventions, as well as consulting psychiatrists and shared care plans that serve as critical resources to support providers and to improve health outcomes.

The MHIP model relies on a stepped care approach to ensure that patients with more intense needs are referred to the most appropriate care setting. MHIP also includes the Screening, Brief Intervention and Referral to Treatment (SBIRT) program, an evidence-based integrated and comprehensive treatment program for substance abuse disorders. This program has reduced medical costs in Washington's emergency rooms.

The MHIP model is an evidence-based program with demonstrated positive outcomes. After implementing MHIP statewide for the small Disability Lifeline population, $11.3 million in hospital savings were achieved in the initial 14-month period. Key evaluation results include:

- Reduced inpatient medical admissions;
- Smaller increase in inpatient psychiatric costs;
- A decrease in the number of arrests; and
- Smaller increases in the proportion of clients living in homeless shelters or outdoors.[1]

Funding Needed to Support Critical Infrastructure

Critical infrastructure support is needed to bring the MHIP model to scale in King County. This includes funding to support:

- Care coordinators in primary care clinics who would serve a certain threshold of Medicaid patients;
- Consulting psychiatrists from the University of Washington who review charts and consult with the primary care team in light of scarce psychiatric resources;
- Education and training for primary care providers, care coordinators, and others involved in meeting the needs of Medicaid patients; and
- A shared care plan with a single data entry solution to simplify the sharing of health information with all providers involved in a patient's care.

Integrating these components in the King County delivery system is expected to achieve savings, as it has for a subset of the newly insured Medicaid population.

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[1] Joesch, J. Et Al. "Evaluation of the General Assistance Managed Care Pilot in King and Pierce Counties for the Period January 2008 Through September 2009." Brief report, revised February 16, 2011. Available at: http://chammp.org/LinkClick.aspx?fileticket=OEhbk5L4JGg%3D&tabid=197.