



Mental Health and Chemical Dependency Services Integration

Clark County BOCC Work Session

—

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AGENDA

SWBH Overview

Funding Flows

E2SSB 6312 Overview

- Common Regional Service Area (RSA)
- Eligible Entities for Behavioral Health Organization (BHO)
Detailed Plan Submission
- Contractual Standards for BHO

SWBH's Perspective: *Why BHO as the First Step Towards Service Integration?*

Behavioral Health Services Integration Experts' Insights

Summary

Qs & As

SWBH Overview

SWBH, one of 11 Regional Support Networks (RSN), serves children & adults with:

- acute mental illness
- chronic mental illness
- severe emotional disturbed condition (children)
- serious mentally disturbed condition
- complex behavioral health and physical health conditions (e.g. homeless and re-offenders)

SWBH serves Medicaid and non-Medicaid populations (24-hour emergency/crisis intervention)

SWBH Total Covered Lives = 124,719 (as of May 1, 2014)

Cowlitz = 28,266

Clark = 94,572

Skamania = 1,881

SWBH Provider Network

SWBH subcontracts with a variety of community-based organizations for a full range of mental health outpatient and inpatient services. Provider types included:

- Mental Health Outpatient
- Residential Services
- Crisis Service
- Support Services



Current Funding Flow

MENTAL HEALTH

DSHS/Division of Behavioral Health & Recovery



Regional Support Networks
(Contract Oversight & Bear the Risk)



Mental Health Providers
(Responsible for Provision of Outpatient & Inpatient Services - Community Mental Health Agencies, Hospitals, FQHCs, Consumer-run Organizations, Tribes)

Payment: Capitation

CHEMICAL DEPENDENCY

DSHS/Division of Behavioral Health & Recovery



Counties
(Contract Oversight & No Risk Bearing Responsibility)



Chemical Dependency Providers
(Responsible for Provision of Outpatient Services. State Contracts Directly with Providers for Inpatient Services)

Payment: Fee-For-Service

Mental Health and Chemical Dependency Integration

(via E2SSB 6312 by April 2016)

DSHS/Division of Behavioral Health & Recovery
Issues Single Contract for Mental Health (MH) & Chemical Dependency (CD) Funds



Behavioral Health Organizations (BHO)
Contract Oversight, Manage MH & CD Funds, Bear the Risk

**Regional
BHOs via
Creation of
Regional
Service
Areas**



Mental Health & Chemical Dependency Providers
(Responsible for Provision of Outpatient & Inpatient Services)

E2SSB 6312: As Passed Legislature 3/12/14

Description: Pertains to “An act relating to state purchasing of mental health and chemical dependency treatment services.”

- Term ***Regional Support Network*** changed to ***Behavioral Health Organization (BHO)*** by April 2016
- Creation of ***Adult Behavioral Health System Taskforce***
- Taskforce to provide recommendations on key areas but not limited to:
 - a) **Regional Service Areas**
 - b) Key issues in **moving fee-for-service chemical dependency system into mental health capitated system**
 - c) Performance measures and system outcomes
 - d) **Criteria for Detail Plans** for BHO and requests for early adoption of full integration
- BHO to submit **Detailed Plan** for mental health and chemical dependency services integration

Regional Services Areas (RSAs)

Creation of common RSAs is required prior to creation of Behavioral Health Organizations (BHOs) and/or Early Adopters of physical and behavioral health services integration.

Criteria for Creation of Common RSAs:

- Include sufficient number of Medicaid covered lives to support full financial risk managed care contracting for services.
- Include all counties that are contiguous with one another.
- Reflect natural physical and behavioral health service referral patterns.
- Once identified, common RSAs must be used for purchasing of behavioral health and physical health services either by 2016 and/or 2020.

Eligible Entities for BHO Detailed Plan Submission

- A county in a single county RSA that currently serves as the RSN for that area.
- In the event that a county has made a decision prior to 01/01/14, not to contract as an RSN, any private entity that services as the RSN for that area (i.e. Optum Health Pierce RSN).
- All counties within a RSA that includes more than one county formed through an interlocal agreement.
- If an entity is unable to substantially meet the requirements of the request for a detailed plan, the State will release an Request For Proposal (RFP) to select an entity to serve as a BHO in that RSA.



Contractual Standards for BHO

Basic contractual requirements of BHO included but not limited to:

- Increase usage of evidence-based, research-based and promising practices.
- Accountability for outcomes and performance measures (Legislative Bills 5732/1519).
- Ensure adequate networks of providers.
- Ensure medically necessary chemical dependency (ASAM) and mental health (Access to Care Standards) treatment services to all individuals.
- Development of provider reimbursement methods that incentivized improved performance; integration of behavioral health and primary care, and improved coordination for individuals with complex needs.
- Development of financial integrity standards.
- Development of mechanisms for monitoring performance.

Contractual Standards for BHO (continue)

- Demonstrated commitment and experience in but not limited to:
 - a) serving low-income populations;
 - b) serving individuals with mental illness, chemical dependency, or co-occurring disorders; and
 - c) partnerships with county and municipal criminal justice systems, housing services and other support services to achieve outcomes.
- Past and current performance and participation in other state or federal behavioral health programs as a contractor.
- BHO shall integrate planning, administration, and service delivery duties to consolidate administration, reduce administrative layering, and reduce administrative costs.
- BHO shall submit an overall six-year operating and capital plan, timeline, budget, progress reports, and updated two-year plan biennially.
- Upon request, BHO shall allow for tribal inclusion of the tribal authority to be represented as a party to the BHO.

Why BHO as the First Step Towards Service Integration?

- County/counties **maintain** their “**Right of First Refusal**” for oversight of behavioral health services unlike the early adopter option which may require open procurement and the selection of at least two entities and no direct county oversight.
- Mental Health (MH) and Chemical Dependency (CD) systems would evolve into Regional BHOs without going through an open procurement process.
- MH and CD systems & providers would have time to adapt to behavioral health integration.
- County/counties have flexibility in leveraging their resource and expertise that are currently under their oversight for financial and clinical behavioral health services integration.



Why BHO as the First Step Towards Services Integration? (continue)

- Work with the state to first address policies related to organizational structure, financing, regulations, and licensing that militate against the functional integration of MH & CD services.
- Take advantage of timeframe between now and 2019 to:
 - a) pilot behavioral health and physical health services integration prior to full integration by 2020.
 - b) build sufficient network capacity to better prepare for Medicaid expansion.
 - c) prepare the workforce to deliver behavioral health services.
 - d) provide opportunity for both behavioral health and physical health systems to learn about each other operations prior to full integration.

Behavioral Health Services Integration

Experts' Insights

Experts:

- **Kenneth Minkoff, M.D.** (Clinical Professor of Psychiatry, Harvard Medical School)
- **Robert E. Drake, M.D.** (New Hampshire-Dartmouth Psychiatric Research Center)
- **Robin E. Clark, Ph.D.** (New Hampshire-Dartmouth Psychiatric Research Center)
- **Lawrence Rickards, Ph.D.** (Center for Mental Health Services in Rockville, Maryland)

Insights:

- Co-occurrence is common; about 50 percent of individuals with severe mental disorders are affected by substance abuse.
- Dual diagnosis is associated with a variety of negative outcomes including higher rates of relapse, hospitalization, violence, incarceration, homelessness, and serious infections such as HIV and hepatitis.

Behavioral Health Services Integration

Experts' Insights (continue)

Insights:

- The parallel but separate mental health and substance abuse treatment systems so common in the United States deliver fragmented and ineffective care.
- Integration involves not only combining appropriate treatments for both disorders but also modifying traditional interventions.
- Effective integration of behavioral health services involves:
 - a) organizational and financing changes at the policy level;
 - b) clarity of program mission with structural changes to support dual diagnosis services;



Behavioral Health Services Integration

Experts' Insights (continue)

- c) training and supervision for clinicians focusing on a shift of thinking about the work they do and how they do it;
- d) moving from two completely separate treatments to having one treatment plan with different staff carrying out different parts of the plan;
- e) dissemination of accurate information to consumers and families to support understanding, demand, and advocacy;
and
- f) development of information system that would coordinate financial and clinical outcome data to enable successful contracting, utilization management, and clinical programming.

Summary

Successful integration of mental health and chemical dependency services will depend on changes at several levels: clear policy directives with consistent organizational and financing supports, program changes to incorporate the mission of addressing co-occurring disorders, supports for the acquisition of expertise at the clinical level, and availability of accurate information to consumers and family members.

All of these efforts take time for planning and implementation.



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