"An Alternative Pathway to Full Behavioral Health/Health Care Integration: Leveraging the capacity of Washington State’s Behavioral Health Organizations"

Proposal:
- Allow for an alternative pathway to Full Behavioral Health/Primary Health Care integration that builds on the strengths of the BHOs and Apple Health MCOs and achieves improved outcomes and reduced costs.
- Regions/Counties would be given the option to develop, in partnership with the Health Care Authority, an integrated model of physical and behavioral health that achieves the goals of the Triple Aim and meets the needs of the local communities.
- Encourages innovation towards 2020 procurement of Medicaid that provides for local regions to determine the best structure for integrated financing.

The Business Case for an Alternative Pathway:
1. The population of persons with Serious Mental Illness and Substance Use Disorders present complex challenges for treatment. Any model for the integration of behavioral health and physical health care needs to be designed specifically with their treatment needs in mind.
2. The institutional knowledge and expertise for treating persons in the community with Serious Mental Illness and/or Substance Use disorders resides primarily within the current BHO system and its contracted providers.
3. Care coordination to persons with Serious Mental Illness and/or Substance Use disorders is best provided by locally administered systems that rely primarily on face to face contact.
4. There has not yet been sufficient time to thoroughly evaluate the model for fully integrated financial integration currently being tested in Southwest Washington. Before expanding this model to other regions, there should be a thorough evaluation conducted by an independent organization. If the State is willing to allow an alternative model, then this too should be subject to a thorough evaluation.
5. Most states who are experimenting with models for full integration are using other approaches, many of which maintain a specialty network of services for the seriously mentally ill.
6. The publicly managed BHO structure is able to invest a greater share of its resources in provider and community capacity because BHOs are not required to provide a return to shareholders.
7. BHOs have developed extensive community networks to coordinate crisis services and treatment for persons with behavioral health disorders. These networks have been built up over years and include relationships with law enforcement agencies, jails, schools, hospitals, social service and housing agencies, and other local government organizations. Empowering the most critical components of this valuable local infrastructure should be a state priority.

An Alternate Pathway to Full Integration:
This alternate pathway would be made up of all organizations that share in the financial risk of health and behavioral health as well as providers and other community stakeholders, will:

An Alternative Pathway to Full Integration
1. Create an Interlocal governance structure in each Regional Services Area [RSA] with the BHO/County Authorities and the Apple Health MCOs serving that region. The structure will provide collective ownership of the integration model (clinical and financial) that places individuals at the center of focus;

2. The state’s current contracts with BHOs and MCOs would remain in place;

3. Include voting representatives from the elected county officials of each county in the RSA as well as a voting representative of each Apple Health MCO serving that region. Advisory seats on the Interlocal Governing Body would also be set aside for a representative of the Behavioral Health Advisory Board, the Accountable Community of Health, and the Tribal Nations in that RSA.

4. Be encouraged to invest resources into a common funding pool to support and provide financial incentives to primary care clinics, hospitals, and behavioral health agencies to support bi-directional care coordination.

5. Align contracting and standardize practices, where appropriate, across providers (primary care and behavioral health);

6. Include a system of data share agreements that would allow the tracking of persons across systems, identify high utilizers, and eventually measure shared performance outcomes.

7. Ensure outcomes are achieved through value-based purchasing and set benchmarks and milestones to move more contracting to value-based purchasing;

8. Blend funding as needed to ensure a full continuum of care (required to achieve outcomes and support system capacity and infrastructure);

9. Develop investment priorities that support the system; and

10. Make mutual investments toward shared priorities including shared savings arrangements where appropriate.