

# Regional Service Areas

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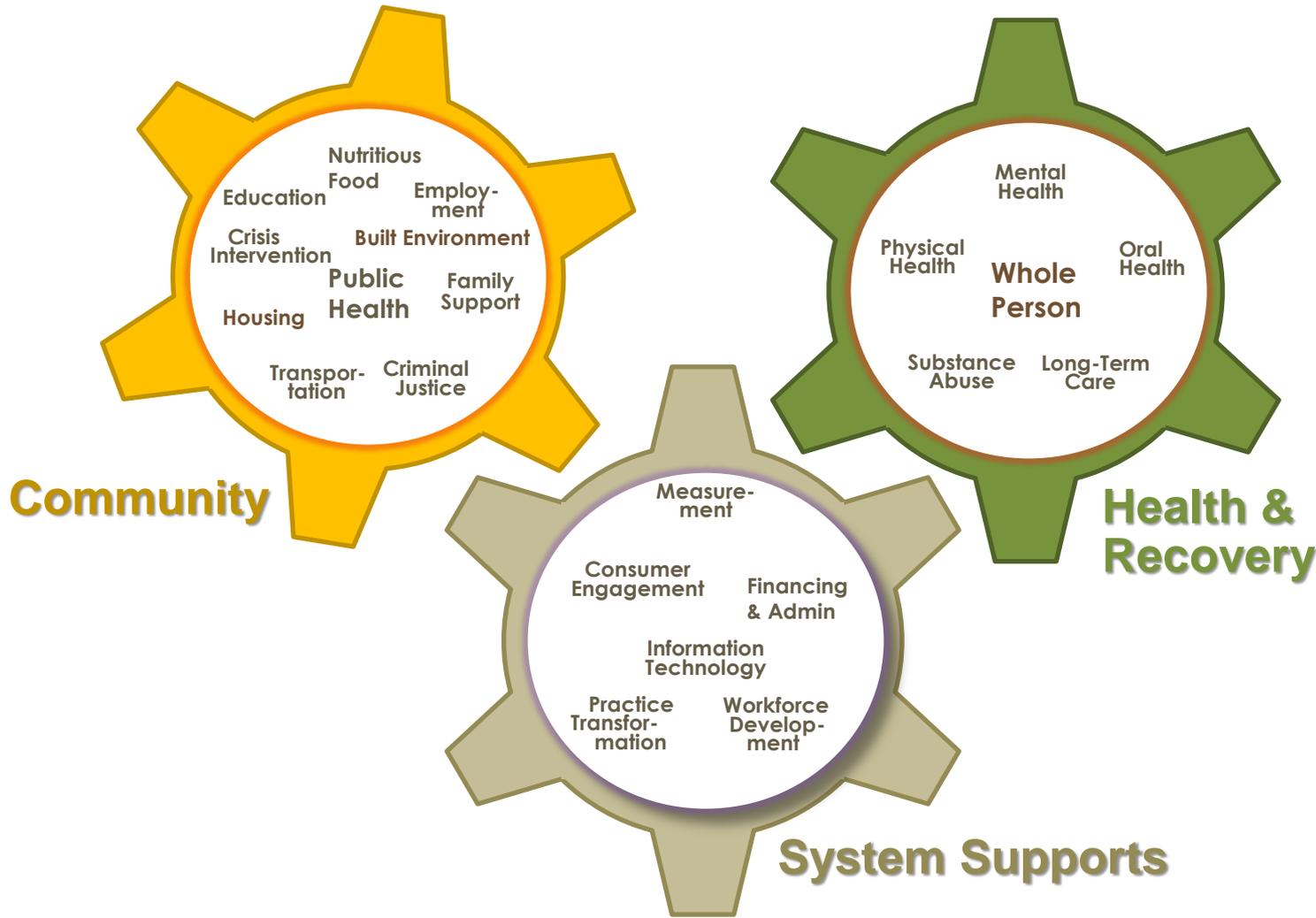
**Adult Behavioral Health Services Task Force-April 22, 2014**



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# Health care and community service alignment is essential for improving health, improving care and reducing costs



## Where is Washington headed?

### Integrated purchasing through managed care contracts

- **Behavioral health organizations begin April 1, 2016** – integrated mental health and chemical dependency
- **“Early innovator regions” begin January 1, 2016** - fully integrated physical and behavioral health
- **Financial incentives** for improved performance and integrated care
  - Withhold allowed to incent outcome-based performance, clinical integration of physical /behavioral health, improved coordination for people with complex care needs
  - 10% shared savings for “early innovators” with full integration effective January 1, 2016

## Why regional service areas?

- **Leverages public purchasing** to share accountability for performance results across delivery systems
- **Empowers “local” innovation** - payment models, performance measures, workforce development, health care coordination with community services & support and investments – and engages communities in local priorities
- **Enhances opportunities for cross agency efforts** around common populations (especially those with high-cost, multiple, health and social service system needs)
- **Builds on lessons from current regional endeavors** – health homes, RSNs, community-based organizations, service referral patterns, etc.

## Physical Health Conditions are the leading cause of death for people with serious mental illness

Medicaid enrollees with comorbid physical and mental health conditions have mortality rates nearly 4 times as high as those of the general population

Americans with SMI on average **DIE 25 YEARS EARLIER** than those without SMI



60% of premature deaths for people with SMI served in the public system are due to preventable chronic illness such as cardiovascular and pulmonary diseases

The two leading causes of death for Americans with SMI are heart disease and cancer

# Regional Service Areas

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## What will be needed?

- The capacity to provide comprehensive services across multiple service delivery systems.



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# Identifying Behavioral Health Treatment Needs

- **Mental Health Treatment Need**

- Receipt of inpatient or outpatient mental health services administered by DBHR, including services provided through the RSNs
- Receipt of mental health services administered by HCA, including outpatient mental health services provided through the Medicaid medical benefit
- Receipt of psychotropic medication through the HCA-administered Medicaid medical benefit

- **Alcohol/Drug Treatment Need**

- Receipt of inpatient or outpatient substance use disorder treatment or detox services administered by DBHR
- Diagnosis of substance use disorder in health service events
- Receipt of medication-assisted treatment for opiate addiction (e.g., buprenorphine) through the HCA medical benefit
- Arrests for substance-related offenses



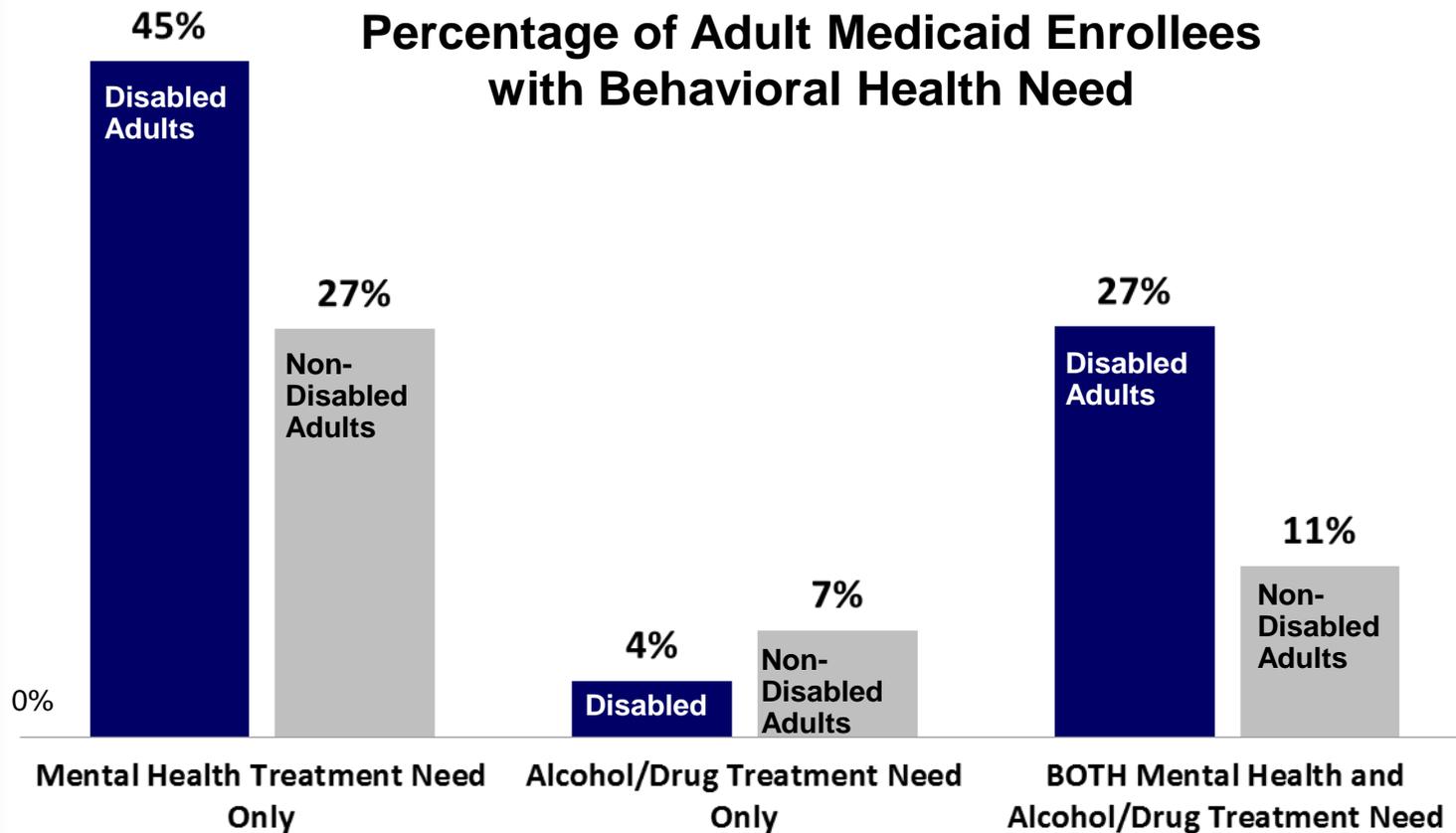
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# Behavioral health treatment needs are common among adult Medicaid enrollees

Adult Medicaid enrollees age 21-64 • SFY 2012

*Excluding dual eligibles and persons with third-party coverage*

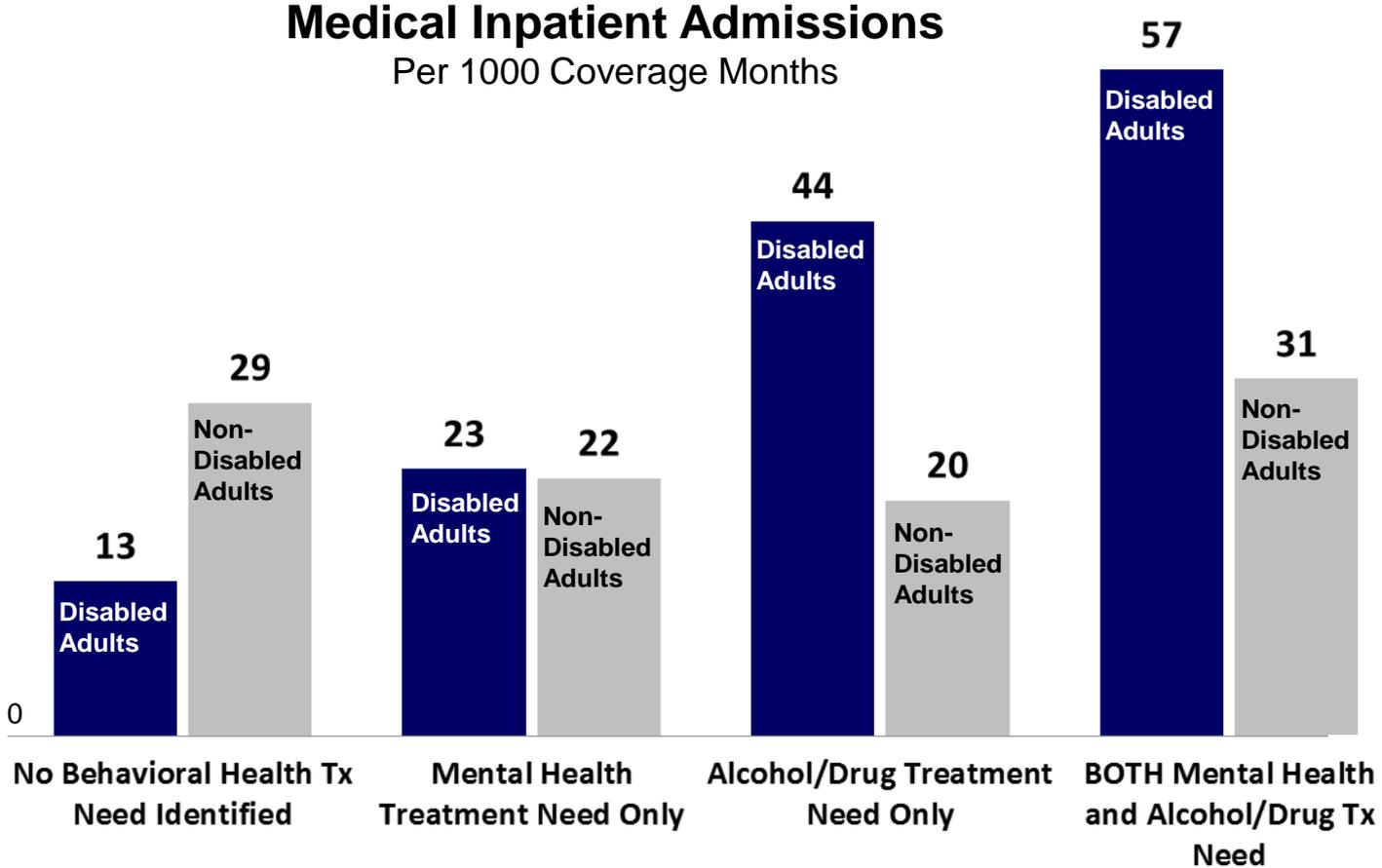


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# Medical inpatient admission rates are highest for adults with co-occurring disorders

Adult Medicaid enrollees age 21-64 • SFY 2012  
*Excluding dual eligibles and persons with third-party coverage*



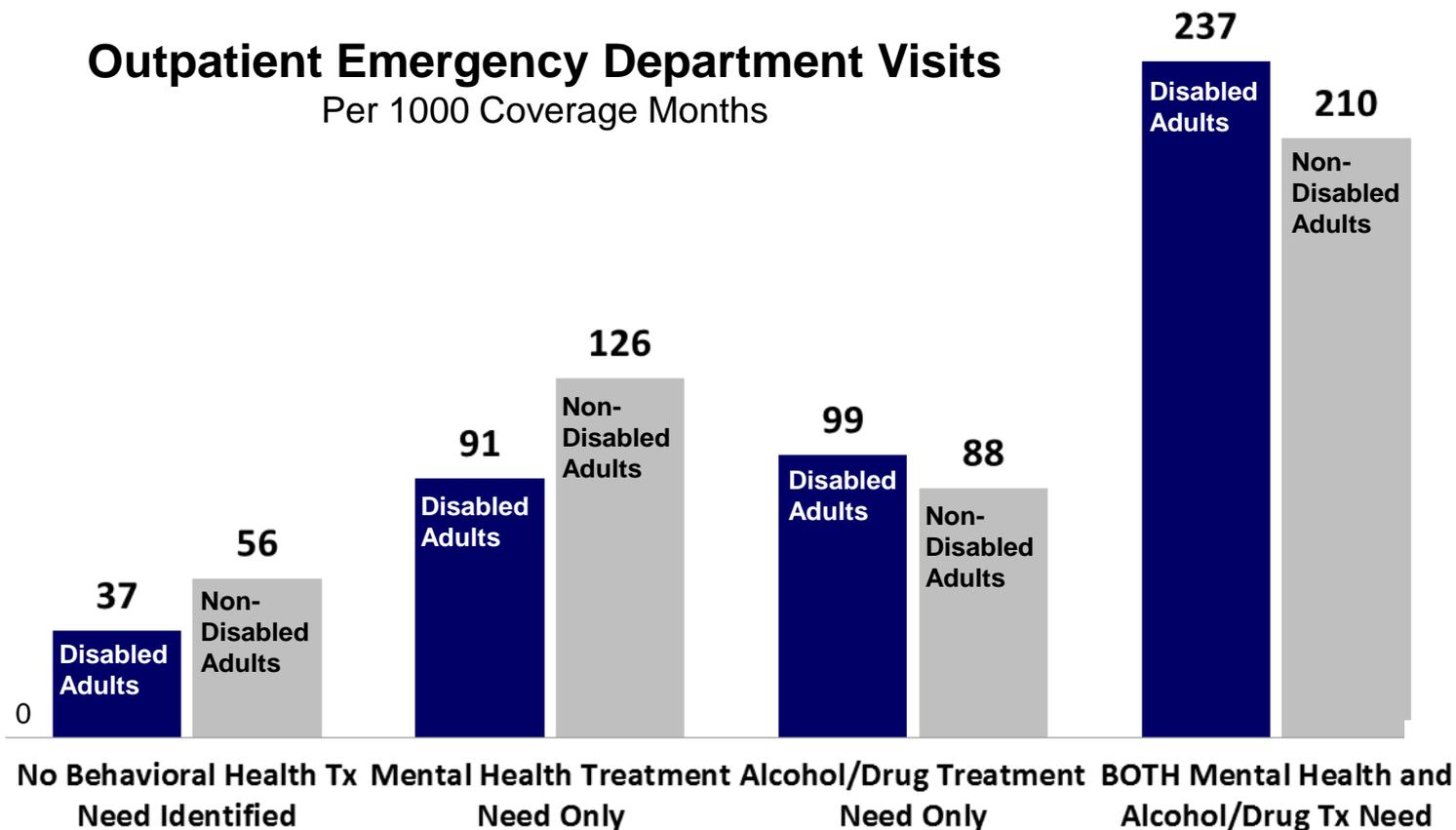
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# Outpatient ED visit rates are highest for adults with co-occurring disorders

Adult Medicaid enrollees age 21-64 • SFY 2012  
Excluding dual eligibles and persons with third-party coverage

## Outpatient Emergency Department Visits Per 1000 Coverage Months



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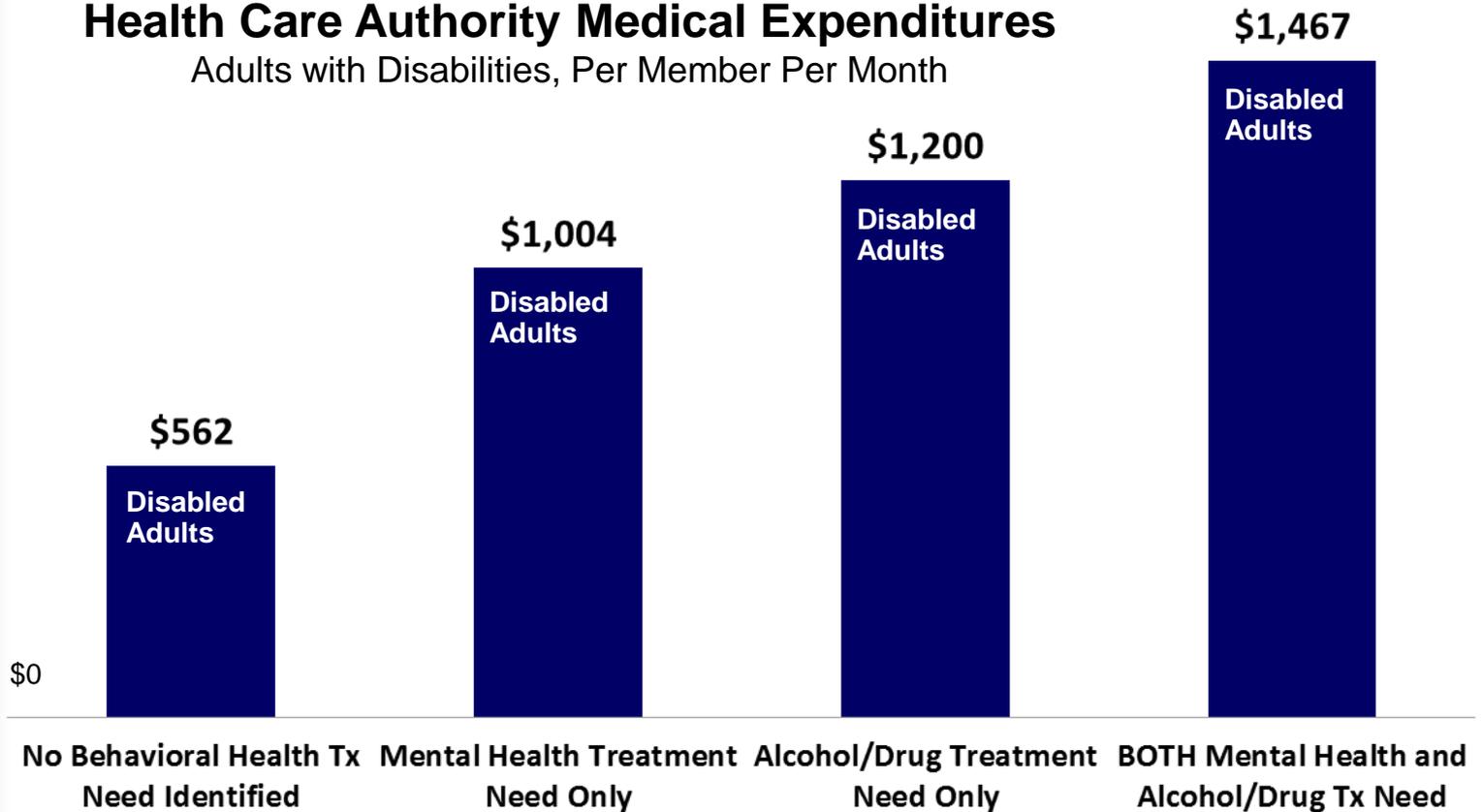
# Behavioral health needs drive medical expenditures for adults with disabilities

Disabled Adult Medicaid enrollees age 21-64 • SFY 2012

*Excluding dual eligibles and persons with third-party coverage*

## Health Care Authority Medical Expenditures

Adults with Disabilities, Per Member Per Month



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# Legislature Passed Common Performance Measures in 5732/1519

- **5732/1519 Outcomes**
  - Improved health status including recovery/resilience
  - Increased participation in meaningful activities like employment and education
  - Reduction in ER, hospital, and crisis
  - Reduced involvement in criminal justice system
  - Enhanced safety and access to treatment for forensic patients



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# Legislature Passed Common Performance Measures in 5732/1519

- **5732/1519 Outcomes (cont.)**
  - Increased housing stability
  - Improved quality of life, including recovery/resilience
  - Reductions in population –level health disparities
  - Outcomes apply to the medical, mental health, chemical dependency and long-term service support systems.



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# Criteria for Regional Service Areas

- Include full counties that are contiguous with one another
- Reflect natural medical and behavioral health service patterns
- Include a sufficient number of Medicaid lives to support full financial risk managed care contracting



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# Goal for Regional Service Areas

- **Align interests** around a common population especially individuals who have complex, high cost, multi-system service use and needs
- **Bring partners together** for shared accountability and to meet the legislature passed outcome measures of 5732 and 1519
- **Generate sufficient predictable revenue** to reinvest in innovation



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# No Matter What

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Regardless of what we purchase,  
where the boundaries of regions are drawn, or the  
outcomes we seek  
– **it's all about people.**



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# Appendix: Prevalence of behavioral health needs by demographic characteristics

## Adult Medicaid enrollees age 21-64 • SFY 2012

*Excluding dual eligibles and persons with third-party coverage*

### Behavioral Health Needs

	No Behavioral Health Treatment Need Identified	Mental Health Treatment Need Only	Alcohol/Drug Treatment Need Only	BOTH Mental Health and Alcohol/Drug Tx Need Identified
<b>Gender</b>				
Female	66%	72%	37%	53%
Male	34%	28%	63%	47%
<b>Race/Ethnicity (duplicated)</b>				
African American	11%	10%	12%	13%
American Indian or Alaska Native	6%	8%	15%	14%
Asian	9%	6%	5%	5%
Hispanic	14%	10%	11%	7%
White	71%	84%	80%	87%
<b>Age</b>				
21-24	19%	11%	17%	9%
25-34	40%	31%	38%	30%
35-44	21%	22%	20%	23%
45-54	12%	20%	16%	25%
55-64	8%	16%	9%	13%



# Appendix: Behavioral health drives need for housing and employment assistance, as well as involvement with other service systems

## Adult Medicaid enrollees age 21-64 • SFY 2012

*Includes dual eligibles and persons with third-party coverage*

### Behavioral Health Needs

<i>At some time in SFY 2012 . . .</i>	No Behavioral Health Treatment Need Identified	Mental Health Treatment Need Only	Alcohol/Drug Treatment Need Only	BOTH Mental Health and Alcohol/Drug Tx Need Identified
<b>Disabled Adults</b>				
Unstably housed	15%	20%	36%	44%
Arrested	3%	5%	26%	24%
Employed	14%	9%	13%	9%
Used long-term services and supports	5%	14%	4%	11%
Used services for persons with Developmental Disabilities	10%	7%	1%	1%
<b>Non-Disabled Adults</b>				
Unstably housed	16%	23%	48%	54%
Arrested	4%	6%	44%	35%
Employed	55%	48%	47%	37%
Children's Administration involvement	7%	12%	14%	21%
On TANF cash assistance	29%	38%	27%	36%



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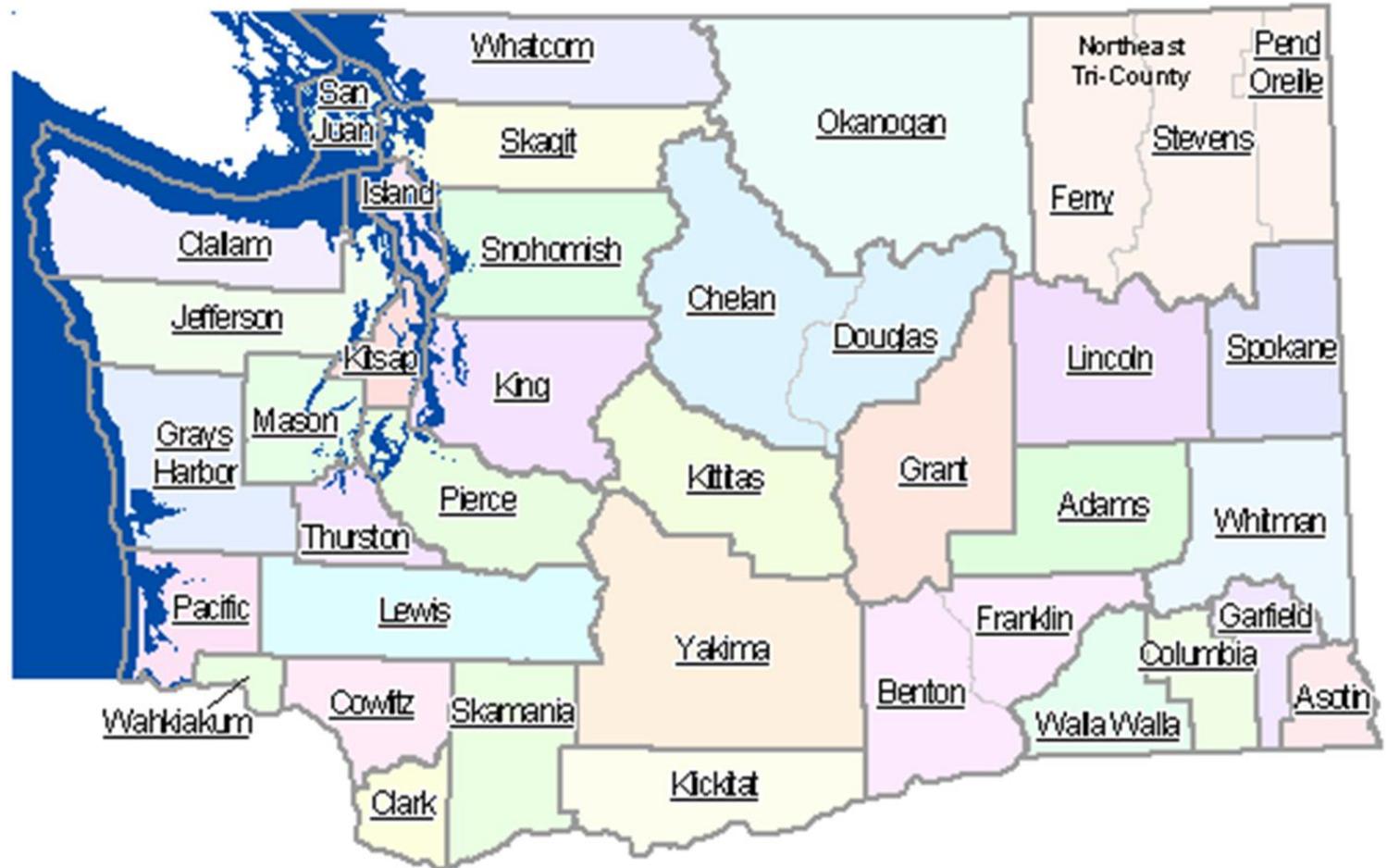
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# Appendix

## Examples of current Health or Human Service Regions

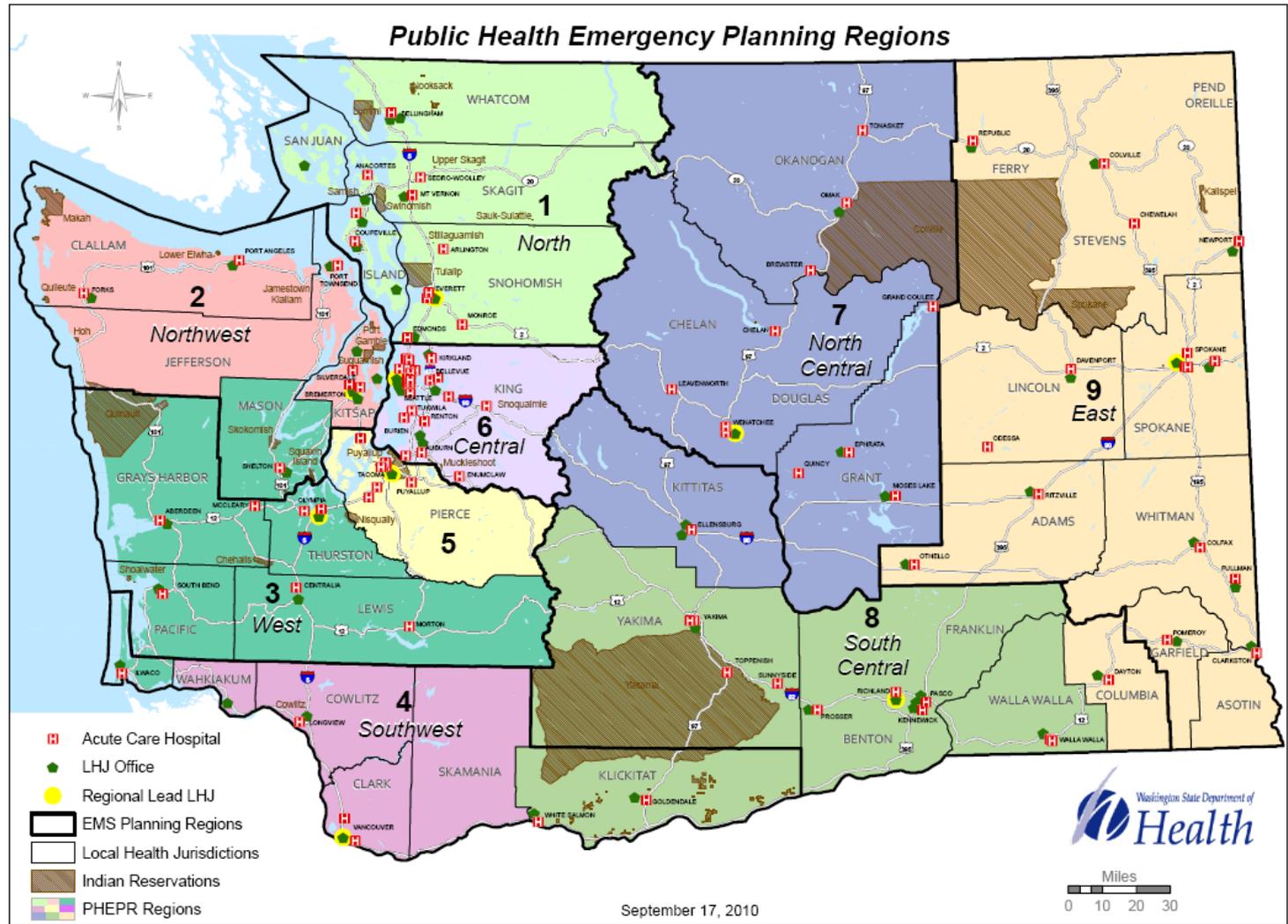


# Appendix: Local Health Jurisdictions



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# Appendix: Public Health Emergency Planning Regions



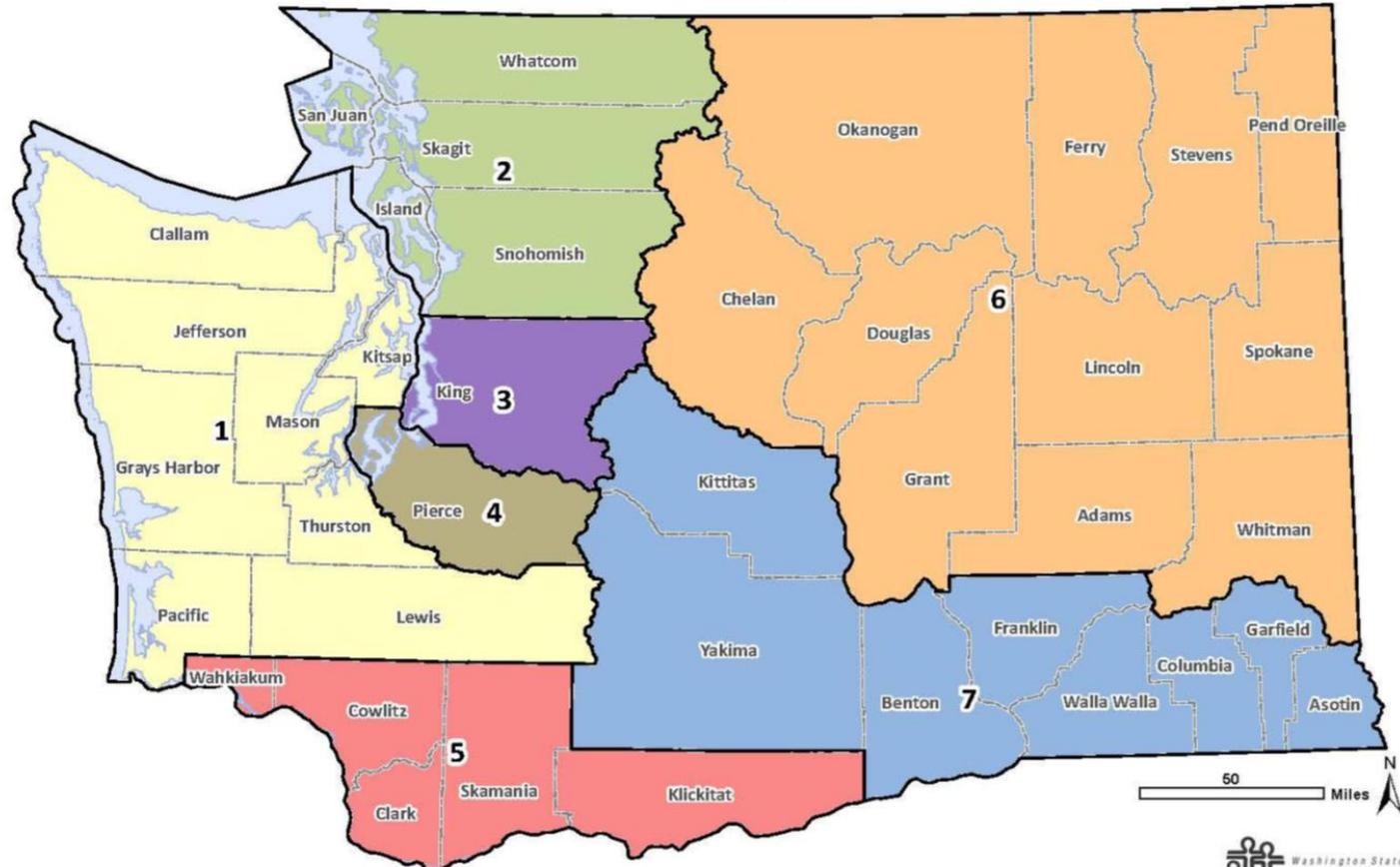
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# Appendix: Health Home Network Coverage Areas



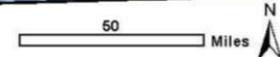
Effective October 8, 2012



Health Home Network Coverage Areas

1 2 3 4 5 6 7 County boundary

Sources: Health Home Network Coverage Areas: Health Care Authority, DSHS Aging and Disability Services Administration. Counties: 2010 TIGER/Line shapefile.



RDA Research & Data Analysis Division

Map Created: October 11, 2012



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# Appendix: Hospital Service Areas & Hospital Referral Regions



Hospital Service Area:



Collfax

*Hospital Service Areas represent local markets for community-based inpatient care. HSAs were defined by the Dartmouth Atlas Project based on the utilization patterns of local hospitals by Medicare patients at the zip code level.*

Hospital Referral Region:



Spokane

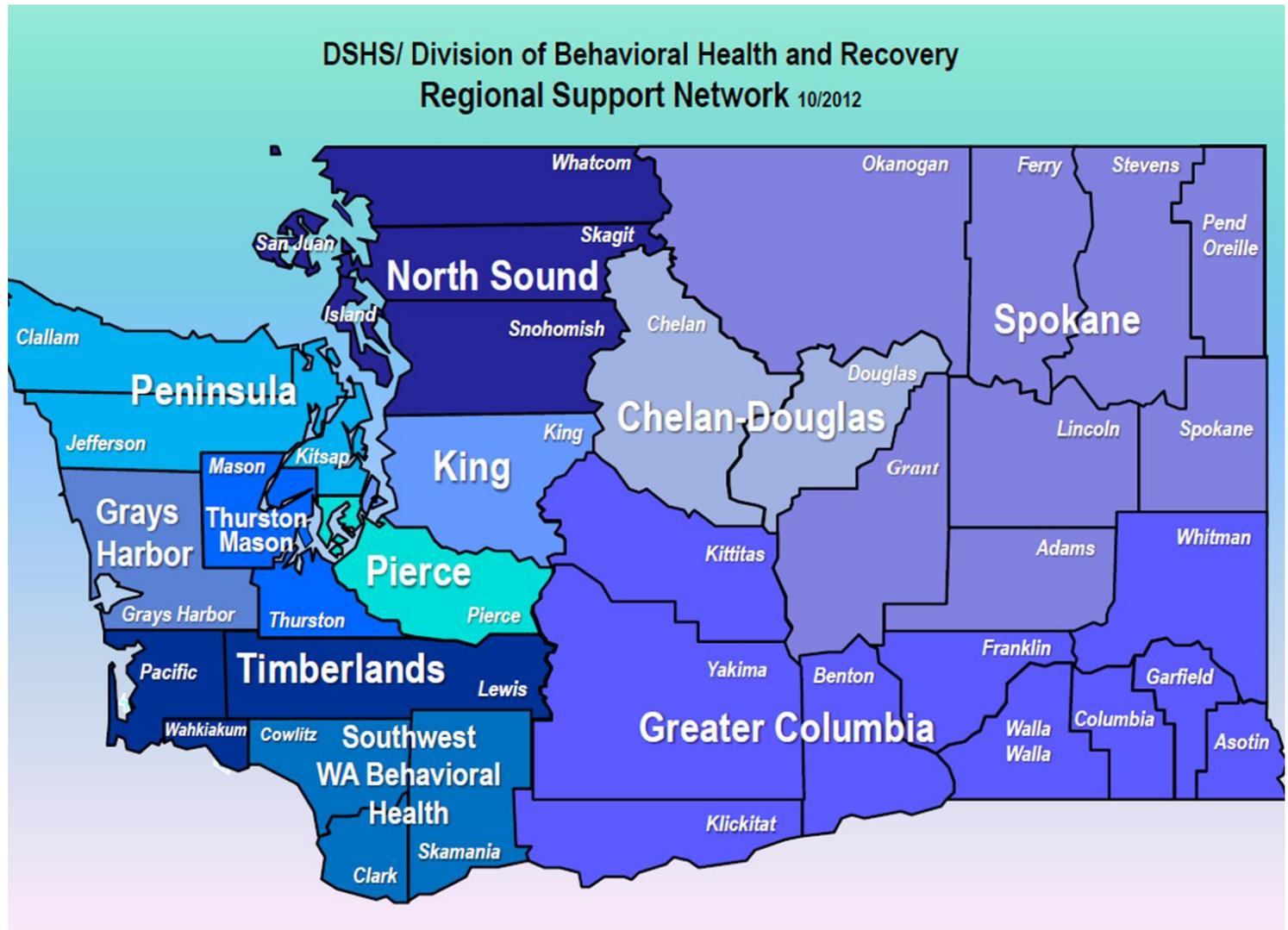
*Hospital Referral Regions represent larger tertiary care markets, and are aggregations of HSAs. HRRs have at least one HSA where major cardiovascular and neurosurgical procedures are performed and have populations of at least 120,000.*



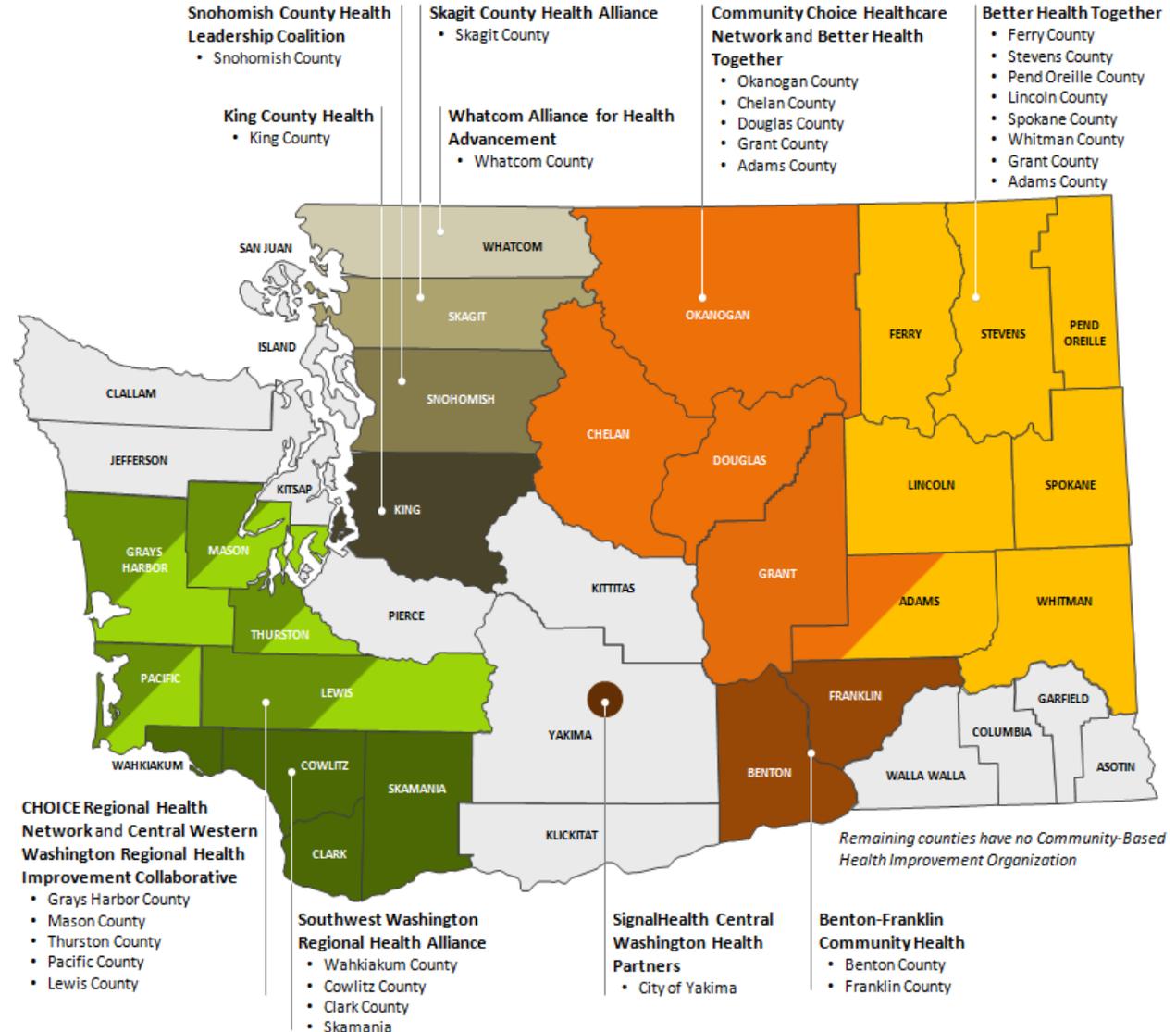
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# Appendix: Regional Support Network (RSNs)



# Appendix: Community-Based Organizations



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**Adult Behavioral Health Services Task Force-April 22, 2014**



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