



Behavioral Health Task Force: Panel Presentation

Ken Stark, Director
Snohomish County Human Services
(425) 388-7236
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CD System - Positives

- Continuum of care with levels of acuity
- Specialty programs – pregnant parenting; Spanish-speaking, Deaf and Hard of Hearing; Youth treatment; therapeutic courts
- Extensive co-occurring services (as long as no serious cognitive impairment)
- Extensive research/evaluation that demonstrated effectiveness
- Quality data systems

CD System - Challenges

- Capped fee for service funding → inadequate capacity across the continuum
- Inadequate Medicaid rates hindered expansion and led to low CDP wages
- Inadequate funding for crisis and involuntary commitment services
- Biases toward medications, especially methadone, leading to low use of these options

CD System – Challenges (cont.)

- Lack of effective treatment strategies for persons with low cognitive functioning
- Inadequate outreach (used to have extensive outreach with CDP's in TANF and CPS offices as well as schools – much was cut after 2008)
- Inadequate Jail/Jail Transition Services

Managed Care - Positives

- Should increase access based on increased financing – parity
- Allows managed care entity to fund capacity up front
- Allows managed care entity more flexibility in services they fund
- Allows managed care entity to set provider rates

Managed Care - Concerns

- Are assumptions (actuary) correct on:
 - # who will use services
 - Cost of services
- Will managed care entity adequately fund capacity for crisis services, detox and continuum of treatment
- Will managed care entity adequately fund outreach
- Will managed care entity have adequate network of providers

Managed Care – Concerns (cont.)

- Will managed care entity establish arbitrary pre-authorization requirements – will their medical necessity criteria be reasonable and transparent
- Will managed care entity require national certifications and not accept Washington State certifications/licensure
- Will the state have the ability to monitor and hold managed care entity accountable