

# Initial Summary of the Full Integration/Early Adopter Work Group

Adult Behavioral Health Task Force  
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Presented by:  
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# Membership

- ▶ Mental Health Treatment Providers
- ▶ Substance Abuse Treatment Providers
- ▶ Community Health Clinics
- ▶ NAMI
- ▶ County Representatives
- ▶ Regional Support Networks
- ▶ Local Public Health
- ▶ Health Plan Representatives
- ▶ Agency (DSHS/HCA) staff
- ▶ Legislative Staff

# Process

- ▶ Five meetings since July
- ▶ Identified key issues and concerns related to integration
  - Clinical
  - Finance
  - Programmatic
  - Performance Monitoring
  - Regulatory
  - Process Oriented
- ▶ Making recommendations based on each issue/concern

# Defining Integration

Integrated care is “the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.”

# Key Principles of Integrated Care

- ▶ Person-centered
- ▶ Flexible models of care
- ▶ Recovery, resiliency, and wellness oriented
- ▶ Adequate/sustainable networks and access
- ▶ Outcomes and accountability

# Benefits and Rates

- ▶ Support a full continuum of care
- ▶ Benefit structures & coverage policies that support integration
- ▶ Outreach and engagement is compensable
- ▶ Rates support integrated and team based care models
- ▶ Mechanisms in place to allow for reimbursement of integrated PC/MH/CD care
- ▶ Operationalize value-based purchasing and test pilot models

# Work Force Development

## ▶ Current Workforce

- Integrated care
- Care coordination
- Health/wellness support

## ▶ “New” Workforce

- Integrated care will bring the need for new types of positions – CHW; peer support; care managers; dual certified

## ▶ Future Workforce

- Partnering with technical and trade schools, colleges, universities and other educational and non-traditional training programs to ensure a future workforce

# Core Elements of an Integrated System

- ▶ Interoperable data system/decision support tool that allows for real-time sharing of data
- ▶ Leveled care coordination based on client need
- ▶ Multi-disciplinary care team approach
- ▶ Universal screening in all sectors – no wrong door
- ▶ Psychiatric consultation
- ▶ Telemedicine, including telepsychiatry
- ▶ Extension services – collaborative quality improvement, best practice training & dissemination, support for standardized practice



# Specific Recommendations

- ▶ **Aligning WACs**
  - Administrative activities
  - Intake/assessment
  - Treatment plan
  - Crisis/ITA
- ▶ **Develop a data system/data sharing plan**
  - Real time data sharing and mechanism for funding
- ▶ **Review Full Integration RFP before it goes out**

# Other Key Considerations

- ▶ **Timeline**
  - Every region is in a different place – allow for flexible timelines and the possibility of phasing into a fully integrated system
- ▶ Early adopter regions are pilots not the model for all regions
- ▶ Create mechanisms to ensure continuity of care
- ▶ Ensuring the right mix of providers – essential community provider network
- ▶ Medicaid Waiver