Initial Summary of the Full Integration/Early Adopter Work Group

Adult Behavioral Health Task Force

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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.”

http://www.integration.samhsa.gov/

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
- Outreach and engagement is compensable
- Benefit structures & coverage policies that support integration
- 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 laws and regulations
  - 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