

Early Adopter/Full Integration Work Group

Executive Summary

The Early Adopter/Full Integration Work Group was formed to assist the Adult Behavioral Health Task Force meet their charge of “providing recommendations for full integration of behavioral health and medical services by 2020, or by 2016 in “early adopter” regions.”

Desired Outcome: Ensure the design of an integrated service delivery model that provides for 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 (www.integration.samhsa.gov).

Top Priorities: To date the team has identified 6 key topics for immediate review. Of the 6 key topics, the top 3 priorities are:

- Payment reform to support integrated care models including benefit development and rate design
- Alignment of regulations across CD/MH/primary care to reduce administrative burdens and create consistencies that support integrated care and;
- DSHS and HCA are requested to share procurement documents and draft contracts with the team for comment before such documents are released.

The Work Group requests that the state agencies and legislative task force pay special attention to the timelines for moving to full integration to ensure that they are realistic, reflect the differing states of readiness across the state, and recognize the interconnectedness of the components of integration such that key elements are in place (i.e., data systems in place, rules are aligned) prior to the start date.

Progress to Date: The Work Group met 5 times between July and September. The group approached the project with a diverse team of individuals representing a range of interests and sectors including: direct service providers (chemical dependency, mental health, and primary care), NAMI, County, RSN, public health, agency staff (DSHS, HCA) and legislative staff. The team worked cooperatively to identify an extensive range of topics related to the development and financing of a fully integrated system of care. The topics identified included a range of items that were sorted into the following categories: clinical, finance, programmatic, performance monitoring, regulatory, and process orientated. The team has been systematically reviewing each item, discussing the issues, concerns and opportunities, and making recommendations related to potential solutions including assigning needed actions where appropriate.

Next Steps: The team will continue to convene over the next several months and work through each of the remaining 26 topics, plus any new topics that emerge, using the established methodology. A number of very critical topics remain outstanding which include, but are not limited to, integration with other specialty programs such as PACT, E&T, detox, residential, and supportive employment; management of client/provider complaints; transitory clients and service availability; 42 CFR Part 2 barriers; workforce development specific to the provision of integrative services; consolidation and/or standardization of WACs for MH, CD and Medical; Health Information Exchange; issues of cultural and linguistic competence and payment reform. The work groups hopes to provide detailed analysis of the remaining topics along with specific recommendations to the Task Force when it is reconvened in 2015.

Coordination with Task Force: The Work Group recognizes that time is of the essence and we wish to support the legislative task force in the best way possible. We are open to feedback on our work to date as well as any direction or redirection of our efforts that the task force deems necessary to achieve its goals.