

A Tale of Two Associations

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Partnerships and Policy Priorities: A Tale of Two Associations

- Gain understanding of how state level transformation initiatives, member needs and association funding shape association policy priorities
- Build understanding about behavioral health and primary care funding with the goal of better understanding the underlying rationale for a PCA's or BHSA's policy priorities
- Build understanding about your partner association's policy priorities

The Delta Center Project

WASHINGTON STATE

Develop improved understanding of our respective systems . . . including commonalties, myths and misunderstandings; as well as new opportunities and pathways forward.

Our Common History: Sister Safety Net Systems

Public Law 94-63 94th Congress

July 29, 1975

An Act

To amend the Public Health Service Act and related health laws to revise and extend the health revenue sharing program, the family planning programs, the **community mental health centers program**, the **program for migrant health centers and community health centers**, the National Health Service Corps program, and the programs for assistance for nurse training, and for other purposes.

Our Common History: Sister Safety Net Systems

- 1963 Community Mental Health Center (CMHC) Construction Act
- 1965 CMHC Act Amendments – staffing grants; added substance use disorders
- 1975 CMHC Act Amendments – federal definition; access to all; community board
- 1981 Mental Health Systems Act repealed; loss of “federally qualified” status; CMHC funding block granted to states
- 1984 RCW 71.24 Community Mental Health Services Act - prioritized funding
- 1964 Economic Opportunity Act
- 1965 first Neighborhood Health Centers
- 1975 Public Health Service Act, Section 330, Community Health Center Program established

Divergent Pathways – CMHCs

- Narrowing
 - Target service population (Access to Care Standards)
 - Federal funding resources (loss of wrap-around funding and access to 340B drug pricing; became primarily a Medicaid funded system)
 - Funded services (narrowed scope, no more community outreach or consultation & education)

Divergent Pathways – FQHCs

- Broadening
 - Population – broad community access
 - Payer mix (maintain federal FQHC funding & Medicaid, mix of private insurance & Medicare)
 - New services funded over time (incorporate behavioral health and dental)

Association Background – WCBH

- Established 1979 as a statewide mental health association
- In 2015, became the Washington Council for Behavioral Health
- Our vision – *A world in which behavioral health is understood, and effective care is universally available*
- Our mission: support our members to be successful in carrying out their missions
- What we do
 - Public policy advocacy and analysis, legislative and administrative
 - Behavioral health education, TA, practice and system improvement
 - Connections and partnerships (members and system)

Association Background – WCBH

- 5 FTE's; \$1.5M budget
- 40 member agencies; governed by elected board of 13
- **Types of organizations**
- **People served in FY 2017**
 - **Mental health treatment: 225,000 adults, children and youth**
(98% served in community; 2% in state psychiatric hospitals)
 - **Substance use disorder treatment: 47,000**

Association Background – WACMHC

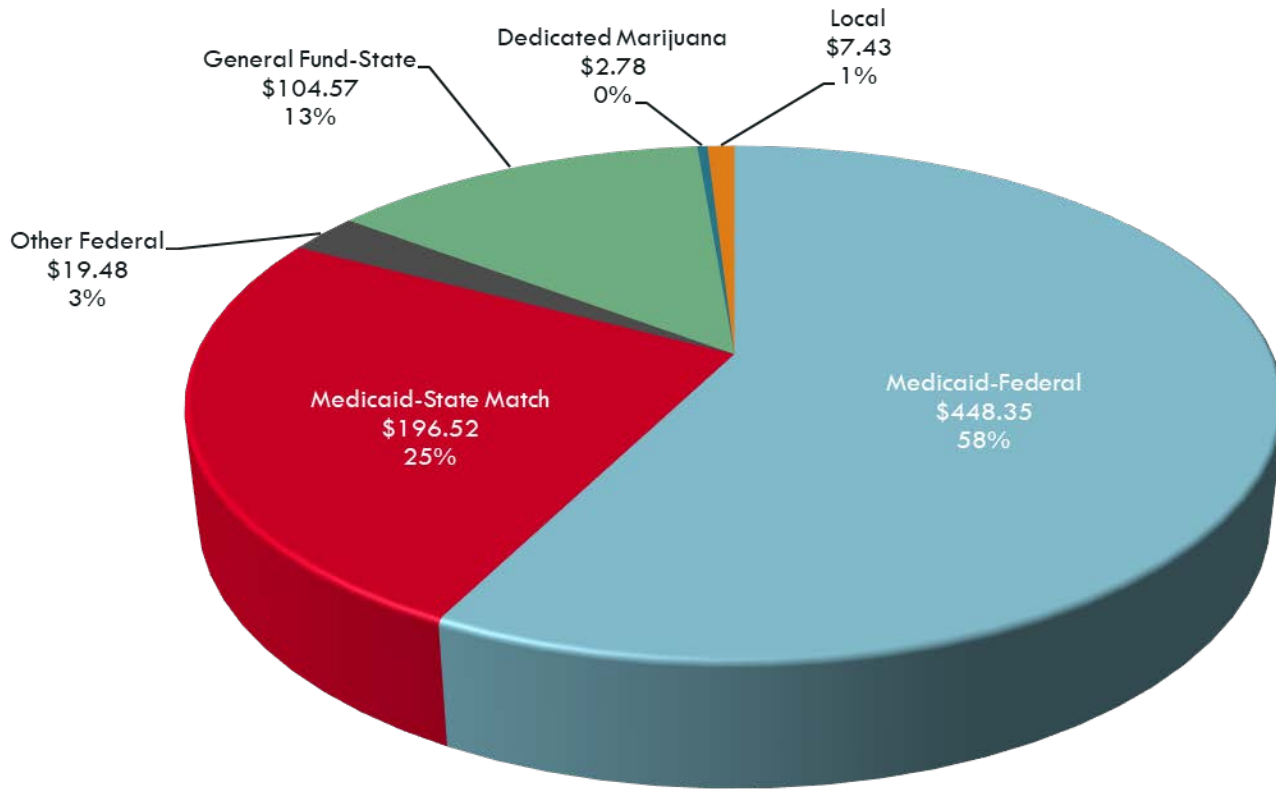
- At the Washington Association of Community & Migrant Health Centers, we bring FQHCs together to collaborate and expand access to high quality healthcare statewide. We help CHCs navigate state policy, provide evidence-based healthcare, and problem solve as a group.
- Our range of services includes workforce development resources, best practice trainings, and advocacy around state policy.

Association Background – WACMHC

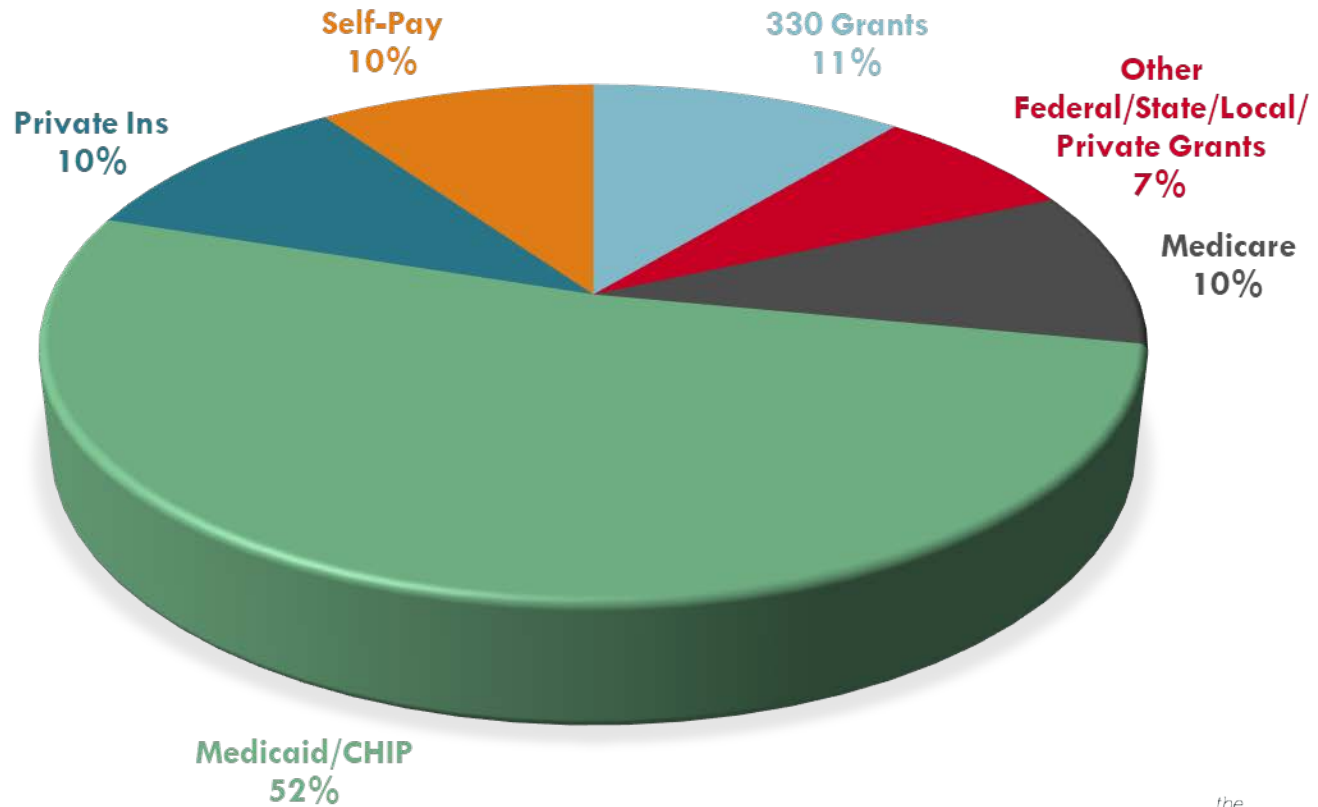
- Collectively operate over 300 PCMH-designated service delivery sites in 31 of 39 counties and serve over 1,000,000 patients per year – 1 in 7 Washingtonians.
- Washington's CHCs served as primary care health homes to 628,450 Washington Apple Health (WAH) enrollees in 2016, approximately 32% of the total Medicaid-enrolled population.

WA Community Mental Health Funding Mix

FY2016 Community Expenditures by Fund Source
Dollars in Millions



WA Health Center Payor Mix



Where We are Now as a State

- Healthier Washington
- 1115 Medicaid Transformation Demonstration
- Washington state's Health Care Authority currently purchases insurance for 26% of the population (Medicaid/CHIP, public employee and school employee benefits)

Current Behavioral Health System Issues

- Transition from behavioral health carve-out to integrated managed care purchasing: hopes and fears
 - Relief from Access to Care Standards
 - realizing the potential of bi-directional integration
 - health disparities and SMI/SUD population
 - resources and specialized services get lost
- VBP and behavioral health
 - history/challenges/barriers
 - experience with alternative payment methodologies
 - the Council's approach to readiness
- Our other reality – overlap with criminal justice system
 - Involuntary Treatment, *Trueblood lawsuit*, Western State Hospital, Governor's plan for transforming state hospitals
 - Risk of lopsided attention and investment in this aspect of the behavioral health system

Behavioral Health Association Policy Priorities

- Medicaid rates & workforce
- Balanced state investments
 - Community treatment and inpatient/corrections
 - capital funds paired with operating (service) funds
- Early intervention for psychosis
- Meaningful licensing and regulatory framework for behavioral health agencies and clinicians

Current Community Health System Issues

- High volumes of low-income, underserved populations while keeping a population health focus
 - Homelessness
 - Justice Involvement
 - Housing/Employment Instability
 - Food Insecurity
- Volume, velocity, and value of data
- Healthcare workforce recruitment and retention, especially in rural areas
- Substance Use Disorder, Co-occurring disorders, and primary care

Potential Shared Policy Priorities

1. Access to Data

- provider access to comprehensive health data for purposes of care coordination and population health management
- provider access to cost data in order to demonstrate impact of provider interventions on overall health status and cost

Potential Shared Policy Priorities

2. Full implementation of SB 5779

Sec. 1. Health transformation in Washington state requires a multifaceted approach to implement sustainable solutions for the integration of behavioral and physical health. Effective integration requires a holistic approach and cannot be limited to one strategy or model. Bidirectional integration of primary care and behavioral health is a foundational strategy to reduce health disparities and provide better care coordination for patients regardless of where they choose to receive care.

Potential Shared Policy Priorities

3. Meaningful metrics and implementation of VBP arrangements related to behavioral health

- The state of the art of performance measures for behavioral health is different from physical health
- Need to include clinically relevant outcome and process measures
- Must develop mechanisms for linking behavioral health interventions with impact on total health status and cost

Questions?

Thank you!

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