



Community Behavioral Health: Advocacy & Policy in Washington State

Washington State Virtual Integrated Care Conference

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Who We Are

The Council is the professional association of licensed community behavioral health agencies (BHAs) across WA, representing community behavioral health since 1979.

- *Our Vision: A world in which behavioral health is understood and effective care is universally available.*
- Three Pillars:
 - Advocacy – a strong, credible, and unified voice and source for statewide expertise in community BH services.
 - Policy analysis, translation, and education – analysis of key issues, trends, and policies that impact community behavioral health and healthcare system reform.
 - Connections – connecting behavioral health to total health through connections with state agencies, legislators, and our member agencies.

Community Served

- Member agencies serve over 100,000 very low-income individuals in WA annually, primarily adults with SMI and/or SUD, children/youth with severe emotional disturbances, and their families.
- BHAs comprise the safety-net public behavioral health system, providing crisis services to all residents of Washington State regardless of income or health insurance.

The Council's Advocacy

Legislative Session

- Participate in state legislative process by monitoring healthcare and behavioral health legislation, prepare and provide educational information, and testify at legislative hearings.
- Develop legislative toolkits and talking points for the Council's annual advocacy days in Olympia.
- Ensure community BHAs are present and connected with key decision-makers at the appropriate legislative and policy-making opportunities.

Rulemaking & Stakeholder Workgroups

- Monitor, participate in, and provide feedback for legislative implementation and rulemaking processes, such as Department of Health and Health Care Authority.
- Participate in and provide active voice for community BHAs in stakeholder workgroups statewide, including CYBHWG, 988 CRIS Committee, BHWAC, and others.

Policymaker Engagement

- Engage with policymakers, including legislative interim meetings and site visits, to share impact of investments and policy changes at the local, municipal, state, and federal levels.

Advocacy Successes of the 2022 Legislative Session

✓ 7% Medicaid Rate Increase

- Effective January 1, 2023, Medicaid rates paid to all behavioral health inpatient, residential, and outpatient providers contracted through the MCOs will increase by 7%

✓ Provider Relief/Workforce Stabilization

- \$100M directly distributed to nonhospital-community behavioral health treatment providers to address workforce retention and recruitment

✓ CCBHC Payment Model Study

- \$600K to explore development & implementation of a sustainable, alternative payment model for community behavioral health services, including the CCBHC model

✓ CCBHC Bridge Funding

- \$5M in grants to BHAs receiving federal expansion grant funding to sustain operations during the planning process for a statewide adoption of the CCBHC model

✓ Non-Medicaid Funding Increase

- \$20M to fund a 7% rate increase for non-Medicaid services and other regional behavioral health service needs that cannot be paid for with Medicaid funds

Integrating Primary Care into Community Behavioral Health Settings

Bidirectional Integration: Both/And

- Much progress has been made integrating behavioral health into primary care settings, but clinical care can and should be integrated regardless of treatment setting.
- The population served in community behavioral health often faces challenges to having their physical needs met in traditional primary care settings.
- Integrating primary care into BHAs offers an opportunity to meet higher-needs clients in a setting well-suited to delivering their care.
 - This is a health disparity population with a significantly reduced life expectancy due to preventable medical conditions such as high blood pressure, high cholesterol, diabetes, and heart disease.
- Shared long-term goals: reduce avoidable use of intensive services and hospitalizations, improve population health, and focus on prevention.
 - People with co-existing behavioral health disorders make up a disproportionate share of the 5/50 Medicaid population, the 5% of the population who account for approximately 50–60% of expenditures.

Integrating Primary Care into Community Behavioral Health Settings

The CCBHC Model

- The model offers a comprehensive range of mental health and SUD services to vulnerable individuals – the population served by our community behavioral health safety-net system.
- CCBHCs must provide nine types of services, including mobile crisis teams, immediate screening & risk assessment, primary care screening, expanded care coordination, and peer support.
- Already at work throughout the country:
 - 10 states established the model as part of the federal demonstration project.
 - 11 states are currently implementing (or plan to) the CCBHC model.
 - 22 states are discussing the CCBHC model as a future policy option.
- In WA, HCA has been funded to explore development & implementation of CCBHCs as a sustainable, alternative payment model for community behavioral health services.

Questions?

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