

MIDD 2 Initiative PRI-11: Community Behavioral Health Treatment

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of “improve health and wellness of individuals living with behavioral health conditions.”

The current community need for behavioral health treatment is significant. There is a large unserved population of people who are not on Medicaid, or do not qualify for Medicaid, whose behavioral health needs are only addressed when their need reaches crisis proportions – either in hospital emergency departments, in-patient care or jails. Over half of the individuals with mental illness who are admitted to psychiatric hospitals do not have Medicaid coverage. Eleven percent of people in King County over the age of 18 suffer from frequent mental distress; most are living in poverty and many live in South King County.⁵² Twenty-seven percent of school-aged youth are experiencing depression, many of which are minorities living in south King County, while 29 percent of in-school youth in King County report having used some type of illicit drug within the past 30 days.⁵³ These treatment services decrease disparities across King County so that all residents have the opportunity to achieve their full potential.

1. Program Description

◇ A. Service Components/Design (Brief)

This initiative provides mental health (MH) and substance use disorder (SUD) services to those who are not served by Medicaid, including undocumented individuals, incarcerated individuals, people on Medicare, people who are under 220 percent of the federal poverty level and have extremely high co-pays and deductibles in order to access service, people on Medicaid spend down (meaning they have to pay a certain amount of out-of-pocket expense every six months before Medicaid reimbursement kicks in), and people who are pending Medicaid coverage. In addition, this initiative provides essential services that are part of the treatment continuum not covered by Medicaid such as outreach, transportation and SUD peer support.

◇ B. Goals

The goals of the strategy are to increase access to and provide services for individuals who are currently ineligible for Medicaid, decrease the number of people with behavioral health issues who are re-incarcerated or re-hospitalized, reduce jail and inpatient utilization, and homelessness.

⁵² Behavioral Risk Factor Surveillance System. Public Health – Seattle & King County, Assessment, Policy Development and Evaluation Unit. December 2014.

⁵³ Healthy Youth Survey. Public Health – Seattle & King County, Assessment, Policy Development and Evaluation Unit. December 2014.

◇ C. Preliminary Performance Measures (based on MIDD 2 Framework)⁵⁴

1. How much? Service Capacity Measures

This initiative serves at least 3,500 unduplicated individuals annually.

2. How well? Service Quality Measures

- Increased use of prevention (outpatient) services

3. Is anyone better off? Individual Outcome Measures

- Reduced substance use
- Reduced behavioral health risk factors
- Improved wellness and social relationships
- Reduced unnecessary incarceration, hospital, and emergency department use
- Reduction of crisis events

◇ D. Provided by: Contractors

2. Spending Plan

Year	Activity	Amount
2017	Continued behavioral health services for people who are not served by Medicaid, and essential services in the care continuum that are not covered by Medicaid	\$11,890,000
2017 Annual Expenditure		\$11,890,000
2018	Continued behavioral health services for people who are not served by Medicaid, and essential services in the care continuum that are not covered by Medicaid	\$12,199,140
2018 Annual Expenditure		\$12,199,140
Biennial Expenditure		\$24,089,140

⁵⁴ Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◇ A. Procurement and Contracting of Services

The behavioral health providers currently under contract with BHRD are providing the services. No RFP is needed.

◇ B. Services Start date (s)

Services continued on January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes but is not limited to discussions with the outpatient treatment provider community through established regular meetings.