



1. The State should promote enhanced Integrated Managed Care (IMC) by encouraging local networks that incorporate locally-funded systems of social determinants of health.

People's experience of physical and behavioral health is integrated – their healthcare should be too. We should not isolate the benefits of state-directed integration solely to the Medicaid-funded portions of our system of care. **Washington should integrate IMC with regional approaches to state crisis services and locally-funded systems of social determinants of health to achieve whole person care.**

Some low-income Washingtonians are ineligible for Medicaid, and some forms of effective care or intervention are not Medicaid reimbursable due to federal restrictions. Similarly, critical supports and systems like housing, crisis response systems, justice system reentry, homelessness services, employment, and financial stability services—while not healthcare themselves—are critical to making healthcare accessible, effective and sustainable.

King County, in partnership with over 45 community behavioral health providers, formed the King County Integrated Care Network (KCICN) to enhance local implementation of IMC as an integrated system of care. The KCICN blends Medicaid funds, state crisis funds, and over \$180 million per year in local health and human services funds to provide whole person care and secure and protect services for the county's lowest income residents. The public-private partnership delivers administrative simplification, value-based purchasing and clinical integration for patients, providers and managed care organization partners.

The KCICN enhances the advantages of 5 MCOs varied approaches to managing care, ensuring there is a unified perspective that can recognize and call attention to trends that impact the whole region. In its first year, the KCICN achieved:

- Supporting and enabling centralized and publicly-funded data systems to create and maintain system-wide awareness of data trends, program effectiveness, and opportunities for improvement.
- Identifying higher inpatient hospitalization utilization rates upon implementation of the transition and continuing to work with the state and other partners to build system-wide awareness and strategies to support consistent access to care.

To realize the full promise of integrated behavioral and physical healthcare, we need approaches like the KCICN that integrate Medicaid-funded care with locally funded, regional networks of care and services that promote social determinants of health.

For additional information, please contact

Celia Jackson, Office of King County Executive
cjackson@kingcounty.gov / 206-263-4195

Mac Nicholson, Metropolitan King County Council
mac.nicholson@kingcounty.gov / 206-477-7908

2. Establish robust accountability and transparency of Medicaid funding.

As Washington moves to a blended premium for Medicaid physical and behavioral health services, managed care entities will gain the flexibility to invest the entire premium rate in the most efficient, high quality and effective services across the full continuum of physical and behavioral health. Without strong transparency and accountability mechanisms, savings could come at the cost of reduced provider payments and lower quality care, or a shift of investment from critical behavioral health services in favor of medical services.

Some areas of the state are already experiencing delayed treatment authorizations and provider payment, which are creating substantial uncertainty and risk for client wellness and provider sustainability. When mental health and substance use disorder services are not available for the populations that need it, county government and residents bear the burden of isolated health services for low-income residents in jails, in courts, experiencing homelessness and receiving involuntary treatment.

Washington should establish clear transparency in rate-setting to assure that Medicaid funding for community behavioral health care is clearly identified and enhanced, or maintained, in the integrated financing approach. The Health Care Authority, in partnership with counties, should also establish measures to monitor and mitigate for potential increases in crisis services. At a minimum, a maintenance-of-effort (MOE) funding level should be maintained and formally monitored for behavioral health care.

3. Increase access to care by addressing workforce challenges and expanding community-based behavioral treatment capacity with housing and supports.

King County supports investments in safe and appropriate treatment options for care close to home. Community placements with integrated services and supports are essential to the stability of individuals with behavioral health conditions discharging from state and local hospitals.

In order to expand access to these services, Washington should:

- **Continue investing in expanded community-based behavioral health treatment facilities**, including housing and supports, to offer the right treatment, in the right location, at the right time. This includes providing councilmanic authority for the existing behavioral health and housing sales tax.
- **Align the implementation** of the state hospital transformation plan with the launch of new community beds to facilitate discharge from state and local hospitals.
- **Invest in adequate core rates** and other targeted supports to strengthen the community behavioral health workforce.

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