



Mental health funding

Investments to Make Behavioral Health Integration a Reality

Our state is well positioned to integrate physical and behavioral health care in ways that help patients identify and treat problems more effectively and efficiently. Without some strategic investments over the next few years, this goal may not be achieved. Some key steps our state can make include: paying for a new integration model in primary care, incentivizing regular screenings for depression, providing adequate reimbursement for hospitals caring for patients in crisis, and building up the work force.

Integrated model in primary care

Integrating behavioral health into primary care helps patients and controls costs, but payment systems have not kept up with changes. Medicaid should follow Medicare's lead in paying for care using a clinical care manager and a psychiatric specialist to deliver services. The integration model, known as the University of Washington's Mental Health Integration Project, has been nationally and internationally recognized as a better way to deliver mental health in primary care. A major barrier to statewide adoption is lack of reimbursement.

Targeted depression screening

Currently, Medicaid does not reimburse for screening for psychiatric conditions. Medicaid should pay for depression screening for adolescents ages 11-18, as well as mothers who are post-partum. Identifying mental health problems earlier will help people get the care they need.

Increasing the work force using psychiatric advanced registered nurse practitioners (ARNPs)

Psychiatric ARNPs have a history of working with safety net populations and continuing to practice in settings where they are trained. WSHA has identified two choke points that are a barrier to educating and training more psychiatric ARNPs. The first is that there are not enough faculty to teach more students. The second difficulty is placing psychiatric ARNPs in preceptorships for the 500 clinical hours needed for licensure. In addition, there is no standard for the clinical



Funding key mental health strategies will speed up behavioral health integration and improve care.

training. To address these barriers, a competitive pool should be funded for faculty positions and preceptorship placement, including dollars to appropriately train preceptors. A pool of funds would allow universities to apply for and receive a grant for a two- to three-year cycle to increase the numbers of educated and trained psychiatric ARNPs. This proposal will result in an additional 60 psychiatric ARNPs being educated and clinically trained over the next two to three years.

Appropriately fund hospitals that are opening new psychiatric services and update the rate for the psychiatric inpatient care

Hospitals are increasing capacity to serve patients who have been committed under the Involuntary Treatment Act, but the Medicaid payment rates fail to cover the cost of care. WSHA supports paying new providers of inpatient psychiatric services under the same methodology as existing providers, while also reviewing and updating the psychiatric payment rates for each facility.

WSHA position

WSHA supports Medicaid funding for the integrated mental health model, depression screening for targeted populations, adequate reimbursement for hospitals caring for patients in crisis, and investments to educate and train more psychiatric ARNPs.