**North Sound Behavioral Health Advisory Board**

**Recommendations for a Vision for a Fully Integrated Physical and Behavioral Health System**

**Vision:**

*The integration of physical and behavioral health care for people on Medicaid in the North Sound region should incorporate the following principles*:

* No wrong door for either physical health care or behavioral health care
* Minimal wait time for services
* “Person-friendly” treatment and recovery services.
* Reduction in stigma among all professionals serving people with both physical and behavioral health problems

***Implementing this vision should include the following strategies:***

**Access to Services**

* Improve access to services for people with behavioral health issues by reducing stigma among professionals and frontline staff.
* Encourage training for all primary care clinic staff and emergency department staff (at all levels) in how to recognize and understand behavioral health disorders.
* Train all professionals who come into contact with people exhibiting behavioral health problems on how to interact with them in a non-judgmental way using “person-first” language, e.g. “people” rather than “clients,” “patients,” or “consumers.”
* Ensure that there is an adequate number of trained behavioral health professionals located within primary care clinics, hospitals, and other community settings, such as schools, law enforcement, and jails. The behavioral health professionals should be team members, rather than isolated care providers.
* Embed physical health care professionals within behavioral health agencies as team members, rather than as isolated care providers.

Train all behavioral health agency staff (at all levels) how to appropriately interact with people with physical (dis)abilities and chronic physical conditions.

**Administrative Structure**

* Contract with a minimal number of MCOs in this region to reduce complexity for both providers and people seeking services.
* Standardize MCO contract, billing, authorization, and reporting requirements (including the elimination of pre-authorizations) to reduce the impact on both providers and on people receiving services.
* Create an electronic health record system that links a health record to the person, rather than to a provider or payer, to eliminate all redundancies for the person seeking services.
* Create continuity and consistency (and clear communication) regarding patient privacy and access to relevant health records, or voluntary/involuntary commitment, allowing access to appropriate healthcare providers associated with law enforcement and corrections agencies to eliminate wasteful resource allocation.
[E.g., local resident missing, requiring law enforcement to search for person, but person was involuntarily being treated in hospital for SMI and hospital would not disclose presence of resident in hospital due to confidentiality concerns. Law enforcement officers used tens of person-hours and vehicle-miles searching in vain.]

**System of Care**

* Actively engage and coordinate with other community systems, such as hospitals, schools, law enforcement, first responders, public health officers, and social service agencies.
* Attach funding to the “system of care” and not to treatment silos.