WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING
AS THE
HEALTH BOARD

10:30 a.m. Tuesday, February 4, 2014
Council Chambers, 311 Grand Avenue

A G E N D A

Meeting Topics                      Pages     Time

1. Public Session                   no ppr     10:30-10:40
2. Public Health Advisory Board Update no ppr     10:40-10:50
3. Chemical Dependency Treatment and its Future  1-12       10:50-noon
AGENDA ITEM:  Chemical Dependency Treatment and its Future

PRESENTER:  Jackie Mitchell, Behavioral Health Program Specialist, Licensed Mental Health Counselor, Chemical Dependency Professional.

BOARD ACTION:  ✓ Discussion and Action

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:
The Health Department will present information about the local chemical dependency treatment infrastructure and its viability for the future. State and local dollars provide 2.2 million dollars per year for local substance use treatment services. Despite multiple proven benefits of providing treatment, the rates paid to providers are too low to sustain our local treatment system. Yet the demand for services is growing. Two major factors are responsible for the increased treatment demand.

1) The Parity Act (2008) and the Affordable Care Act (2009), both passed by congress are expected to ensure more services to more people.
2) More people are seeking medication-assisted treatment for opiate addiction because of its effectiveness.

These factors also highlight the significant cross-over between the medical establishment and substance use disorder treatment. The current treatment system, designed as a stand-alone service, is not well-integrated with other community health services. The treatment system is underfunded and the low rates drive an underpaid and inexperienced workforce. The workforce is unprepared for integrated work with the medical community which requires understanding physical health disorders impacts on behavioral health.

Management of complicated medical and behavioral health cases is essential for good client outcomes. The County “shoulders” the costs of poor outcomes through expensive criminal justice services. The jail is overflowing with inmates with untreated behavioral health who could be treated in the community. The County must ensure quality, robust behavioral health services for its most vulnerable citizens.

BOARD ROLE / ACTION REQUESTED:
Discuss and provide guidance on the following policy statements:
  1) Communicate with local legislators about adequate funding for substance use disorder treatment.
  2) Communicate with local legislators about maintaining a county role in the governance and oversight of behavioral health services.

ATTACHMENTS:  Power Point Presentation
Chemical Dependency (CD) Treatment System

Chemical Dependency Treatment: An Outdated and Broken Infrastructure

- High Need- Low Capacity
- Financial Insolvency
- Inadequate Workforce
Save Money- Invest in CD Treatment

Conservative estimates:

- CD treatment reduces crime, criminal justice costs at a $4 and $7 return on money invested. (NIDA, WSIPP)

- Healthcare savings can exceed costs by a ratio of 12 to 1. (NIDA, WSIPP)

- Medicaid Disabled Adults decrease Medical services use when access to substance use disorder treatment is expanded. (RDA, July 2004 and April 2013)

- Emergency Room costs are decreased. (Woolard, et. al. 2012, Center for Health and Justice, 2005, WA state RDA 2004)

Health Reform Changes to Treatment Delivery

Impacts of ACA and Parity means increased demand for treatment and providers face challenges in the new system.

- Expanded Medicaid population.

- Integration into mainstream healthcare. (Health Homes, primary care.)

- Value over volume.

(adapted from Health Affairs)
Data – Need and Penetration

Prevalence - Need for Alcohol or Illicit Drug Treatment (2011)

<table>
<thead>
<tr>
<th></th>
<th>Youth (Ages 12-17)</th>
<th>Adults (Ages 18+)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevalence Rate</td>
<td>Prevalence Rate</td>
</tr>
<tr>
<td>State Total</td>
<td>8.7%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Whatcom</td>
<td>9.7%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

Penetration - Population Receiving Outpatient Treatment (2011)

<table>
<thead>
<tr>
<th></th>
<th>Youth</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penetration Rate</td>
<td>Penetration Rate</td>
</tr>
<tr>
<td>State Total</td>
<td>41%</td>
<td>25%</td>
</tr>
<tr>
<td>Whatcom</td>
<td>80%</td>
<td>25%</td>
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County- Funded Chemical Dependency Treatment Admissions

Heroin and other opiate admissions have increased over the years.
Whatcom Outpatient Capacity
(November 1 - December 31, 2013)

<table>
<thead>
<tr>
<th>Days waiting for treatment after first contact</th>
<th>Whatcom County-funded</th>
<th>County Tribal Services</th>
<th>Statewide (County Funded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7 days</td>
<td>39%</td>
<td>80%</td>
<td>53%</td>
</tr>
<tr>
<td>8-14 days</td>
<td>17%</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>15 or more days</td>
<td>44%</td>
<td>17%</td>
<td>35%</td>
</tr>
</tbody>
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TARGET Data, 2013

Chemical Dependency Professional (CDP) Workforce

SAMHSA Report to Congress (Jan. 2013)
Affordable Care Act - More individuals will enter into Substance Use Disorder Treatment, yet there is a growing workforce crisis...

- Inexperienced Trainees
- Frequent Turnover
- Low Pay
- Costly Training
Workforce Median Salary

<table>
<thead>
<tr>
<th>Bureau of Labor Statistics</th>
<th>Nationally (mean)</th>
<th>Washington State (mean)</th>
<th>Bellingham (mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse and Behavioral Disorder Counselors (Certified/BA)</td>
<td>$40,902</td>
<td>$41,850</td>
<td>$35,480</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area name</th>
<th>Hourly mean wage</th>
<th>Annual mean wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingham, WA</td>
<td>$17.06</td>
<td>$35,480</td>
</tr>
<tr>
<td>Kennewick-Pasco-Richland WA</td>
<td>$19.88</td>
<td>$41,340</td>
</tr>
<tr>
<td>Seattle-Bellevue-Everett WA Metropolitan Division</td>
<td>$21.31</td>
<td>$44,320</td>
</tr>
<tr>
<td>Spokane WA</td>
<td>$18.47</td>
<td>$38,420</td>
</tr>
</tbody>
</table>

Skagit Valley Community College
CDP Training Costs

<table>
<thead>
<tr>
<th>Degree</th>
<th>Length of Program</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast Track – for person with professional degree (BA or MA)</td>
<td>1 year program</td>
<td>Cost = $5,365</td>
</tr>
<tr>
<td>Associate Technical Art, Chemical Dependency</td>
<td>2 Year Program</td>
<td>Cost = $11,950</td>
</tr>
</tbody>
</table>

Cost of CDP Certificate
- Exam, Application, and Certificate = $425
- Certificate Renewal (2 years) = $230
- Continuing Education (per year) = up to $1,500
What are we doing?

• Strategize with local providers to generate cost savings and improve efficiencies.

• Fund services which fall into gaps.

• Work with ACHS, a WSAC entity, to secure higher Medicaid rates and expanded Medicaid funding.

• Launch a countywide task force to address the delivery of addiction treatment services, especially opiate addiction.

What next?

• Governor Inslee encourages treatment integration for Mental Illness and Chemical Dependency

• Regionalization of Behavioral Health purchasing

• County’s role as “arm of the State” may change

• Private Health Insurance Companies may assume an expanded role in service delivery

• Current infrastructure must be maintained during transformation
Behavioral Health is Essential to Health

Prevention Works

Treatment is Effective

People Recover

Jackie Mitchell, MA, CDP, LMHC
Behavioral Health Program Specialist
676-6724, #32017

Anne Deacon, MSW, LICSW
Human Services Manager
676-6724, #50877
The Next Phase of Health Care Reform: Better Health, Better Care and Lower Costs

Providing affordable health insurance is an important component of health care reform, yet we have more to do. Governor Jay Inslee aims to improve people’s health, make sure their care is well-coordinated and lower the overall cost of health care.

This session we are asking legislators to pass the Governor’s health care purchasing bill. The measure:

» Supports a competitive health care market through more price information and common performance measures so purchasers can compare price and quality.

» Integrates mental health and substance abuse treatment in primary medical care, treating the whole person to improve health and lower costs.

» Empowers local communities to set their own customized goals for better health and offers flexibility in the state-financed Medicaid program to give communities the ability to design their own health care programs.

Issues

Cost – A monthly health care premium can cost a family of four as much as a monthly house payment. Health care costs are higher than they should be due to insufficient preventive care, fragmentation (having to visit multiple providers for the same issue) and wasteful care delivery (health information collected multiple times by different providers). Health outcomes could be improved, too, if doctors have the best evidence on which treatments and procedures are the most effective.

Data – The price of procedures and other health care services often isn’t made available to providers, consumers and purchasers of health care — and in ways that are easily understood. It is hard for individuals and purchasers such as businesses to find the best care for the best price without such basic information.

Coordination – Coordination is poor for primary care, specialty practices, outpatient services, hospital care, mental health and substance abuse services. The result? People — and the health care system as a whole — waste time and money.
**Solutions**

**Improve how the state purchases health care**
Washington state itself is a major purchaser of health care, accounting for about one-quarter of purchasing due to Medicaid and Public Employees Benefits Board and other programs. As such, we have the opportunity to lead the way, getting the best available care at an affordable price. Governor Inslee proposes to:

» Create a set of cost and quality measures that the state, employers and providers can use to gauge success. These could include assessing diabetes control, appropriate treatment for depression and early prenatal care for pregnant women.

» Create a health and pricing database that is available to consumers, providers and the state. With price and health data that are accessible and accurate, patients can make choices based on cost and quality, providers can coordinate with patients to make the best treatment decisions, and the state and employers can make better purchasing decisions.

» Integrate mental health and substance abuse care with primary medical care in the Medicaid program. Treating the whole person leads to better outcomes and more cost-effective care.

**Support regional collaboration to solve local health problems**

What if Type 2 diabetes were the top threat to the health of a county’s next generation? Or if high rates of homelessness in a certain area are leading to thousands of premature deaths? These are the kinds of health problems that can be solved only if a broad range of community organizations — both public and private — work together at the community level to get at the root of a problem.

Washington can make a big impact on complex health problems by strengthening the informal collaborations that are already operating.

Accountable collaboratives of health will pull together key organizations — health care providers, public health departments, housing and social services providers, businesses, tribes, labor and more — to identify and address the most pressing needs in their communities. The state would provide seed grants and flexible Medicaid financing to foster these public-private organizations.

**Results**

Implementing the solutions contained in the health care purchasing bill are expected to result in:

» **Better health**, as will be evidenced by declines in chronic illness, mental illness and chemical dependency.

» **Lower costs**, resulting in a conservatively estimated $730 million return-on-investment in the next three years, with greater returns expected as the health of the population improves.
Opiate abuse has risen dramatically throughout the nation, the state, and within the county over the last several years. As of 2009, Whatcom County ranked 3rd in the state for overall negative impacts from heroin abuse and 6th in overall negative impacts from prescription opiates. Those impacts include: police seizures, Emergency Department admissions, deaths, treatment and detox admissions.
Opiate addiction is increasingly affecting Whatcom County’s young adults more than any other population. (Treatment Admissions)

<table>
<thead>
<tr>
<th>Heroin as Primary Substance 2001-2002</th>
<th>Heroin as Primary Substance 2012-2013</th>
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</thead>
<tbody>
<tr>
<td>N=41</td>
<td>N=310</td>
</tr>
<tr>
<td>By Age</td>
<td>By Age</td>
</tr>
<tr>
<td>Less than 18</td>
<td>Less than 18</td>
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<tr>
<td>18-29</td>
<td>18-29</td>
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<tr>
<td>30-44</td>
<td>30-44</td>
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<tr>
<td>45-54</td>
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<td>55-64</td>
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<td>49%</td>
<td>50%</td>
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<tr>
<td>9%</td>
<td>2%</td>
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As a result of the high demand for medication-assisted opiate treatment, Lummi tribe and one of our county-funded providers opened up treatment with Suboxone (a partial replacement medication for opiates). In spite of this, we still don’t have enough capacity to treat opiate addicted people.

Buprenorphine prescribing (mostly self-private pay) for Suboxone Treatment for addiction.

In Whatcom County, 44% of people asking for treatment wait 15 days or longer to begin treatment.

<table>
<thead>
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(Nov. – Dec 2013) Scope.wa