Problem Statement

Untreated behavioral health disorders, including substance abuse, are debilitating and costly. Approximately 23% of Americans experience a major depressive episode in their lifetimes, however screening and comprehensive access to treatment happen infrequently.[1,2] Untreated depression and anxiety are associated with poor health outcomes, increased health care costs, and a shorter life.[3] Washington State has been ranked 48th on measures of need for mental health services compared to access.[4] The integration of behavioral health and primary care has been shown to increase access to behavioral health services through decreased reliance on specialty care and be more patient-centered, cost-saving, and result in healthier patients and healthier populations.[5]

Aim

To improve the integration of behavioral health services and primary care across the State of Washington starting with screening and increased access to treatment for depression.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Screening for depression
- Defining integrated approaches focused on enhancing behavioral health access and outcomes
- Referring to treatment for depression
- Best practices for overcoming barriers to patient-centered behavioral health care (e.g., information technology, 42 CFR)
- Measuring improvements and access to behavioral health care
- Identifying additional areas for recommendations

Duties & Functions

The Behavioral Health Integration workgroup will:

- Research evidence-based guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.

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[1] National Institutes of Mental Health. Major Depression Among Adults. Available: http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml. Accessed: August 2015.
[2] Harrison DL, Miller MJ, Schmitt MR, Touchet BK. Variations in the probability of depression screening at community-based physician practice visits. Prim Care Companion J Clin Psychiatry. 2010;12(5)
[3] National Institute of Mental Health. What is Depression? Available: http://www.nimh.nih.gov/health/publications/depression/index.shtml. Accessed: August 2015.
[4] Mental Health America. Parity or Disparity: The State of Mental Health in America 2015. www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%202015%20Report.pdf
[5] AIMS Center. Dollars and Sense. 2014. Available: http://aims.uw.edu/collaborative-care/dollars-sense. Accessed: August 2015.

- Recommend data-driven and practical implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals appointed by the chair of the Bree Collaborative or the workgroup chair and confirmed by Bree Collaborative members.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative project director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

Name	Title	Organization
Chair: Mary Kay O'Neill MD, MBA	Partner	Mercer
Brad Berry	Executive Director	Consumer Voices Are Born
Regina Bonnevie, MD	Medical Director	Peninsula Community Health Services
Mary Hodge-Moen, MSW, LMHC, CDP, CCM	Sr. Manager, Clinical Review	Premera
Rose Ness, MA, LMHC, CDP	Behavioral Health Expert	Sound Integration for Behavioral Healthcare
Joe Roszak	CEO	Kitsap Mental Health Services
Anna Ratzliff, MD, PhD/ Anne Shields, MHA, RN	Director of the UW Integrated Care Training Program, Associate Director for Education/Associate Director	AIMS Center, University of Washington
Brian Sandoval, PsyD	Behavioral Health Manager, Oregon and Washington Services	Yakima Valley Farmworkers Clinics
Lani Spencer, RN, MHA	Vice President	Health Care Management Services, Amerigroup –Washington
Emily Transue, MD, MHA	Senior Medical Director	Coordinated Care

Approved by the Bree Collaborative, May 11, 2016.