



Treating the Whole Person

Integrating Mental Health with Chemical Dependency Treatment and Physical Health Care

Major mental health and chemical dependency disorders cost the state millions in lost earnings and higher health care costs as well as pose serious risks to public safety. People living with a mental illness or chemical dependency are more likely to be in poor physical health and become reliant on long-term disability programs. And sadly, they are more likely to die young.



Together, Washingtonians must acknowledge, identify and de-stigmatize mental illness and design a behavioral health system to provide early intervention and high-quality, integrated care for the whole person when and where people need it.

Governor Jay Inslee has articulated a vision of full integration of mental health, chemical dependency and physical health care to improve health, advance care quality and control costs.

During the 2014 legislative session, Governor Inslee requested and the Legislature passed Senate Bill 6312 that integrates how the state purchases mental health and chemical dependency services for people with severe mental illness via managed care. This complements the innovative Medicaid purchasing measure, House Bill 2572. It mandates that primary care services be available in mental health and chemical dependency treatment facilities and vice versa. It also creates financial incentives for local governments to “opt in” to full integration of behavioral health with physical health care. And it requires that our new behavioral health system provide access to recovery support services, such as housing, supported employment and connections to peers.

The legislation also calls for the creation of a bipartisan task force to make recommendations on how statewide integration of behavioral and physical health will take place. Those recommendations must move the state to full integration by 2020. The task force is also charged with recommending common service regions so state contracting for behavioral health (through the Department of Social and Health Services) and physical health (through the Health Care Authority) can take place along the same time frames and in the same geographical areas.

Lastly, this legislation allows certified chemical dependency professionals and trainees who also hold a license that allows them to practice another affiliated health care profession to treat patients in settings such as doctors’ offices and mental health treatment centers.

The Governor intends that these changes simplify the way people who experience mental health issues and chemical dependency get access to care. Our aim is whole-person health, and this legislation — and the work of the task force — are an important first step to achieving that goal.