

Fact Sheet

Statewide GA-U Integration Program

January 2010

The General Assistance-Unemployable (GA-U) medical program is a state-only funded program that provides limited medical care to tens of thousands low-income persons who are physically or mentally disabled and unable to work for more than 90 days. The program serves people with complex needs who generally follow two tracks: recovery and return to work or permanent disability. An all-cuts budget proposes eliminating this program, leaving thousands of vulnerable people uninsured and without needed access to primary, specialty and mental health care.

Over the last five years, Community Health Plan and its community and mental health center partners piloted managed care and integrated medical and mental health care models for the GA-U program. The pilots linked patients to a health care home and reduced inappropriate emergency room use and pharmaceutical costs. The model yielded savings to the state of *\$3.5 million over the first three years.*¹

In November 2009, Community Health Plan launched the GA-U Mental Health Integration Program (MHIP) statewide, making it available for over 13,800 GA-U clients. This model is expected to save the state money by:

Providing patients a health care home and evidence-based model of care. Each client receives care through a collaborative care model that is based on 30 years of research and dozens of clinical trials:

- Primary care clinics offer clients a health care home—integrated onsite primary medical and dental care, mental health and pharmacy services.
- Clinic-based care coordinators provide brief mental health treatment, assess patient needs, and facilitate patient access to additional services like psychiatry, chemical dependency treatment, vocational rehabilitation and other specialty medical care.
- Consulting psychiatrists from the University of Washington help track the progress of and adjust treatment for more complex patients. This partnership also supports primary care providers in learning to manage psychotropic medications and more complex cases in a primary care setting.

Making effective use of scarce state dollars. The model is designed to deliver care in the least expensive settings by:

- Providing a primary care health care home and access to timely and necessary treatment reducing specialty and hospital spending.
- Maximizing the use of generics and ensuring appropriate drug regimens to cut pharmaceutical costs.

The first three-year savings are only the beginning—similar programs have generated substantial cost savings; for example, a demonstration project across multiple states resulted in savings of over \$3,000 per client over four years.² Community Health Plan has also garnered over \$800,000 in matching funds or in-kind contributions from county governments and other partners to help defray the costs of providing this integrated model.

Speeding the transition to federally funded programs—General Assistance-Expedited Medicaid (GA-X) and Supplemental Security Income (SSI) with Medicaid. Care coordinators and Community Health Plan staff facilitate the transition to GA-X and SSI by shepherding patients through the complex process and compiling the required documentation.

Harnessing information technology to ensure collaboration and improve outcomes.

A web-based client registry called the Mental Health Integrated Tracking System (MHITS) allows a care team spanning primary care, community mental health and the University of Washington to collaboratively manage care, measure outcomes and drive interventions to improve clinical quality.

¹ Milliman Letter, "GAU Savings Calculation - Revised," May 9, 2007. Milliman Letter, "GAU Savings Calculation - Extension," November 1, 2007. Milliman Letter, "GAU Inpatient & Outpatient Hospital Savings Calculation – 9/2006 through 12/2007," July 10, 2009.

² Unutzer, J, Katon, W, Ming-yu, F, et al. Long-term Cost Effects of Collaborative Care for Late-life Depression. *American Journal of Managed Care*. 2008; 14(2): 95-100.