# An Innovative Model of Mental Health and Primary Care Services Integration

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## SUMMARY

This case study describes a grantee initiative to provide community clinics with program management, staff training, and financial reimbursement to care for uninsured individuals with serious mental illness through the *Mental Health and Primary Care Services Integration Project*. The Council of Community Clinics (CCC) administers Mental Health Services Act (MHSA) funds to nine participating clinic organizations to provide mental health services. In addition to increasing access to care and improving mental health outcomes, the Integration Project demonstrated the ability of a clinic consortium to successfully administer MHSA funds to member clinics. This project led to:

- An increased number of new patients with serious mental health issues being served, most of whom would have otherwise gone untreated;
- A reduction in the perceived stigma that prevents some people from seeking and/or accepting services; and
- Improved mental health outcomes of patients served, including reduced depression scores.

## INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18 grantees were refunded for three years to undertake or continue a similar set of activities. To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Strengthen the local or regional health care delivery system; and
- Target policies that strengthen California's safety net.

The CCC provides centralized support services to 16 member community clinic and health center organizations operating over 100 sites in San Diego, Imperial, and Riverside Counties. The mission of the CCC is to represent and support community clinics and health centers in their efforts to provide access to quality health care and related services for the diverse communities they serve with an emphasis on low-income and uninsured populations.

## METHODS

In 2009, UCSF staff reviewed background documents, conducted open-ended interviews with CCC staff, member clinics, decision makers, and partner organizations. Informants described their involvement, challenges encountered, and benefits to clinic populations.

## FINDINGS

### THE ISSUE: NEED TO EXPAND ACCESS

Most individuals served through the County of San Diego's Behavioral Health Services often receive their first County-provided mental health services through the Emergency Psychiatric Unit (30%) or Jail Mental Health Care Services (29%) rather than through more cost-efficient outpatient clinics[1]. Some clients with mental health problems do not know where or how to access care, and may also be resistant to seeking care because of the perceived stigma.

Because of their accessibility and culturally appropriate care, community health clinics can play a vital role in helping to ensure that the first service usage of clients is provided on an outpatient basis. Many of the CCC member clinics have mental health professionals on site, including psychiatrists, psychologists, MFTs, and LCSWs. Mental health services differ among the clinics from highly developed and integrated systems of care, to co-located services onsite, to referrals to outside providers.

## PROMISING SOLUTION: INTEGRATED CARE

The integration of mental and primary care services strives to provide services in a coordinated fashion to more fully address client needs. This practice is gaining widespread popularity as it improves access to mental health services to underserved populations, and improves clinical outcomes for both mental health and physical health issues. Both the CCC Board of Directors and the County of San Diego Health and Human Services Agency (HHSA) identified the integration of primary care and mental health services as a strategic priority.

When California voters enacted Proposition 63 (the Mental Health Services Act or MHSA) in November 2004, the CCC decided to serve as the central contact point for advocating that San Diego MHSA funds be directed to community clinics for the integration of mental health and primary care services. The MHSA imposed a one percent surtax on incomes over $1 million and was projected to raise approximately $600 to $800 million per year statewide. The potential to improve mental health services and outcomes for San Diego's community clinic population was tremendous.

## MAJOR MILESTONES

Throughout this process, the CCC facilitated meetings with clinic members to develop collaborative mental health strategies. The CCC also created fact sheets, surveyed clinics, and shared the findings with the County Behavioral Health Services to educate them about the unique role that community clinics play in mental health service delivery.

As a result of these efforts, the CCC signed a contract with the County Behavioral Health Services in December 2006 to implement the *Mental Health and Primary Care Services Integration Project*, funded through the Community Services and Supports category of the MHSA. The CCC is the sole source contractor to administer $1.8 million per year for three years (January 2007 through June 2009), with four additional one-year options. The project is currently in its first option years through June 2010.

Through this Integration Project, the nine participating clinic organizations provide short-term therapy and medication management services for clients who are unfunded for mental health services and have a social security number. Services are provided through two treatment models:

- **Specialty Pool Services** are provided to youth with severe emotional disturbances and adults and older adults with serious mental illness. Services include meeting with a behavioral health clinician for individual therapy, medications, and medication management services from a psychiatrist. The number of sessions is limited and medications are available for up to 90 days.

- **IMPACT**[2] is an evidence-based practice for the treatment of depression provided by a Depression Care Manager (DCM), combined with medication management by a Primary Care Provider (PCP). IMPACT services are provided to adults and older adults with depression. Funding includes medication for up to one year.

In addition to the two treatment models listed above, the project also funds the **Senior Peer Promotora Program, which** provides culturally and age-sensitive outreach, education, and social service referrals to older adults needing mental health services.

***Partnerships:*** The Integration Project relied heavily on the CCC's strong positive alliances with other local mental health agencies and providers. The CCC worked closely with the California Primary Care Association Mental Health Task Force the Integrated Behavioral Health Project, and the local chapter of Mental Health America.

> ***Partner Perspective***: The CCC's ability to disseminate statewide the lessons learned has been critical to the development of trust and confidence in the primary care and mental health communities, in addition to providing a viable model to other counties trying to forge a new relationship with primary care clinics. The CCC serves as a "mentor" with organizations that are just starting up in the field of integrated behavioral health services. *Project Director, Integrated Behavioral Healthcare Project*

***Overcoming challenges:*** There was initially some hesitancy among some of the leadership of County Behavioral Health Services about granting this funding to the community clinics through the CCC, and some tension surrounding the complexity and newness of the program. However, all stakeholders are now excited about integration – "the whole concept has a big buzz, which is very different than when they first started." In 2008, the CCC invited the county to conduct clinic site visits so that they could gain a better sense of the completeness and complexity of the care provided by the clinics. County staff reported being impressed by the interest in and knowledge of integrated behavioral healthcare shown by the clinic administrators and their providers, the breadth and depth of the clinic organizations as a whole, and the clinic's abilities to meet the unique needs of their communities.

## ACCOMPLISHMENTS AND BENEFITS

Using The Endowment's grant Logic Model, the short and long-term outcomes of the Integration Project include:

***Expanded advocacy capacity:*** The CCC has been asked to conduct presentations throughout California about its model of integrating primary care and mental health services. It works closely with the California Primary Care Association Mental Health Taskforce and Integrated Behavioral Health Project to increase policy and advocacy efforts around mental health.

***Increased policymaker awareness:*** As a result of Integration Project accomplishments, County officials have

taken notice of CCC's successes with additional mental health initiatives as well as its expertise in other areas such as health information exchange. Leadership from County Behavioral Health Services is interested in improving data sharing between primary care providers in community healthy centers and mental health providers in County-contracted mental health agencies, and is currently in discussion with the CCC to build this capacity.

In addition, the clinic site tours that the CCC conducted as part of the Integration Project with County officials has led to increased visibility of community health centers and awareness among County leadership of the critical role that the clinics are playing towards improving coordination and integration between mental health and primary care for underserved populations.

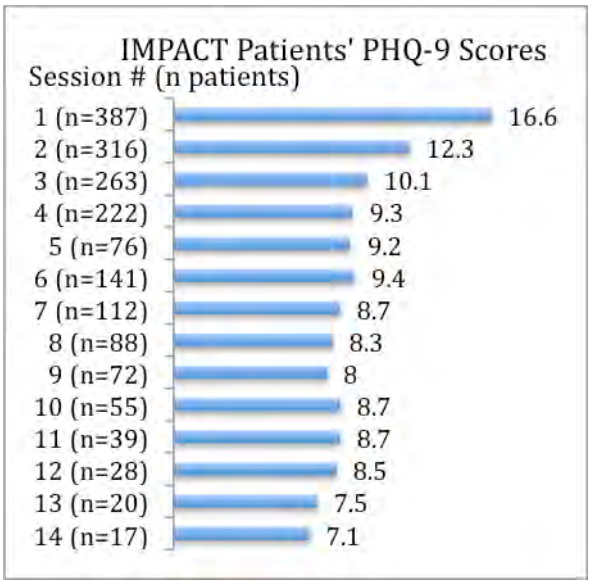
***Increased policymaker support of safety net and clinic policy issues*:** Being selected as the sole source contractor for the MHSA funds in San Diego County was a major sign of support from county policymakers for the CCC.

***Strengthened Clinic Operations:*** The Integration Project has given the CCC financial resources to provide expert training to clinic staff on integration strategies. In addition, the project supports clinic staff in providing mental health services, including Promotoras and Depression Care Managers.

***Increased services for the underserved and uninsured:***

- The number of patients approved for service has steadily increased over time since the inception of the program, from 675 in 2007 to 1,786 in 2008.
- 69% of clients that were approved for services by CCC between January 2007 and October 2008 had not been previously seen by County Behavioral Health Services.
- 71% of project clients that had recurrent depression in 2007 and 2008 had not received treatment previously through the County system. They may have continued to go untreated had services not been made available through the CCC network of community health centers.
- The project helped neutralize the stigma that reduces the willingness of some cultures (such as the Hispanic/Latino population) to seek and/or accept mental health care[3]. Project clients represent a significant over-representation of the Hispanic population. Now, they view seeking mental health services as "just having to see a doctor."
- As a result of the focus on IMPACT and training of the Promotoras, the CCC has seen an increase in the number of older adult patients served by the IMPACT program. A total of 27 older adults were treated in 2007, compared to 92 older adults in 2008, and over 100 in 2009.

***Improved health outcomes for targeted communities and populations:*** According to the Patient Health Questionnaire-9, the average depression score at enrollment of 387 patients treated by clinics utilizing the IMPACT model between January 2007 and December 2008 was 16.6, indicating a significant level of depression [10 indicates moderate level of depression]. By session four the average scores were below 10 and remained so through the remainder of treatment.




***Clinic Perspective:*** Paola Caraker, MFT is an IMPACT Depression Care Manager treating clients with depression at the CCC's North County Health Services. She provides short structured therapy sessions that help these patients better cope so that they can improve their diet and be more compliant with their medications. She explained that many types of patients are able to benefit from the integrated care model. For example, there are "huge behavior management issues with diabetes. They look for magic pills but the reality is that they need to deal with the stress in their lives to better manage their illness."

## FACTORS FOR SUCCESS

Many factors contributed to the success of this project. First, the CCC began discussing and planning for integration strategies well before the MHSA funds were available. This early work set the stage for its success. The CCC devoted significant efforts to developing countywide partnerships and educating stakeholders about the important role clinics can play in meeting the mental health needs of low income and uninsured patient populations. Second, the CCC has been able to efficiently serve as the administrator of the MHSA funds for integrated care because of its existing capacity and relationships with both county stakeholders and member clinics. The CCC was responsible for the planning, project management and relationship building components of the process. Significant staffing and resources were required to work with the many stakeholders and manage the project. The CCC had approximately 2.3 FTE staff that were in charge of the overall planning and technical issues.

Third, the CCC has proven to be a responsive and innovative organization in administering these funds. For example, after meeting with clinic staff, it was determined that staff needed help with strategies to increase communication between primary care and behavioral health providers. The CCC worked with the County to obtain approval to reimburse clinics for staff time to convene multidisciplinary team care conferencing, consisting of PCP, behavioral health clinicians, and psychiatrists to develop an interdisciplinary treatment plan for identified patients.

Last, the CCC was able to leverage funding from the Integrated Behavioral Health Project to provide expert training to clinic staff on integration strategies. Recognizing the difference between co-location of services and integration, the CCC applied for and received funding to expand intra-clinic collaboration between primary and behavioral health care providers. As part of this grant, the CCC developed consulting agreements with experts to provide customized, on-site technical assistance to clinics in an effort to move clinics along the integration continuum. This leveraged funding also increased the capacity of behavioral health clinicians to address behavioral aspects of physical illness.

## LESSONS LEARNED

Implementing a completely new system of delivering mental health services is no small feat. Because it took several months to increase the numbers of patients approved for services, the CCC explained that a 6-month start-up period would have been useful to complete activities such as forms development, database development, clinician and billing staff training, development of the policies and procedures manual and the establishment of a quality management plan.

Since November 2008, the CCC has paired clinic organizations with integration experts to provide on-site technical assistance to maximize integration efforts. Customized technical assistance was necessary since clinic organizations are at different points along the integration continuum.

In addition, because the CCC recognizes the need to sustain a long-term commitment to the integration concept, it is establishing regular meetings with County leadership to share aspirations and confirm that the objectives for the project are aligned as much as possible to best enhance and expand integration efforts at community clinics.

## THE FUTURE

The CCC has developed many refinements that it hopes will create even more success through this Integration Project. First, it is establishing an on-going dialogue with the County and clinic organizations about developing protocols for patient referral between the County and the clinic sites, particularly for clients that don't have a medical home. Second, it is seeking out additional funding and programmatic resources to enhance integration efforts. Two examples are:

- The CCC, in partnership with a local mental health provider agency, applied to and was funded by SAMHSA for the 4-year Primary and Behavioral Health Care Integration Project. The purpose of this program is to implement primary care integration strategies into mental health settings in collaboration with two mental health provider agencies and two community health center organizations.
- The CCC has submitted a concept paper and funding request to County Behavioral Health Services to develop data sharing strategies between the two agencies so that certain client data can be shared between primary care and mental health providers and accessed at the point of care.

Finally, the CCC continues to work with the County as well as local and statewide initiatives to further enhance the MHSA Integration Project and implement strategies to strengthen integration efforts.

## CONCLUSIONS

In short, the benefits to community clinics and their target populations from the Integration Project include an increased number of clients served, reduced barriers to care, and improved mental health outcomes.

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[1]Adult and Older Adult Mental Health Annual System of Care Report – FY 2006-2007. Health Services Research Center (ST, TG, MS, BL, AS) October 10, 2008.
[2]IMPACT is a program of the University of Washington, Department of Psychiatry & Behavioral Sciences.
[3]American Psychiatric Association website - www.healthyminds.org/, "Let talk facts", Mental Health in the Hispanic-Latino Community – bulletin, September 2007, p. 2.