Securing Mental Health Services Act Funding For Community Clinics in Alameda County, California

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SUMMARY

This case study describes the role of the Alameda Health Consortium (AHC) in securing local funding for community clinics and their target populations under California's Mental Health Services Act (MHSA). Overall, AHC was able to secure $2,309,000 dollars in MHSA funding for four member clinics to expand access to culturally appropriate mental health services to the Latino community as well as Asian seniors. Key findings that emerge from the analysis of this initiative include:

- AHC was a credible and consistent voice for community clinics in county behavioral health care discussions, ensuring that MHSA funds would be used in community clinic settings;
- To get decision maker buy-in, it is important to educate stakeholders that integration of primary care and mental health is necessary for transforming the county's mental health system; and
- Expanding mental health services to address a broader range of needs, such as early mental health intervention for those with chronic health needs, is critical for increasing access to appropriate services.

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, eighteen grantees were refunded for three years to undertake or continue a similar set of activities.

To achieve their goals, many consortia focus on policies and issues at the federal, state, and local levels to increase or maintain clinic financial stability and increase access to care for community clinic target populations. Additionally, many engaged in initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Expand their expertise in new services and areas of activity; and
- Strengthen the local or regional health care delivery system.

The Alameda Health Consortium (AHC) is a clinic consortium representing eight community clinic corporations operating 35 sites in Alameda County. Together AHC member clinics provide health care services to over 148,000 patients with over 695,000 visits. Approximately 37,000 of those were mental health visits in 2008.

AHC's advocacy activities and ongoing participation in the local MHSA allocation process were essential to ensuring that MHSA funds were directed to community clinics.

METHODS

UCSF staff conducted open-ended interviews in 2009 and 2010 with consortia staff as well as a partner organization and a member clinic. Informants described their involvement in the initiative, challenges encountered, and benefits to clinics and their target populations. (*Please note that lobbying activities were not funded under this program, and are assumed to be funded by other funding sources*.)

FINDINGS

THE ISSUE: INEFFICIENT DELIVERY OF MENTAL HEALTH CARE

All AHC member clinics contract with Alameda County's Behavioral Health Care Services Agency (BHCSA) to provide various levels of mental health services. However, these services historically have been located in a different building or department. In addition, most of the primary care clinicians are not trained in mental health treatment options. Last, it has been difficult to obtain reimbursement for mental health services. For example, chronic disease patients with depression and anxiety who are seen by community clinics are often not eligible for traditional county behavioral health services because they do not meet the county's definition of "seriously mentally ill." Given these challenges, AHC member clinics recognized the need to integrate the delivery of mental health and primary care services, bringing them under one roof. The integration of primary care and mental health services in the community clinic setting strives to provide services in a coordinated fashion to more fully address client needs. Patients do not have to go to a new, unfamiliar location to access services and the trust patients place in their providers will help reduce apprehension and stigma. It improves access to mental health services to underserved populations, as well as clinical outcomes for both mental health and physical health issues.

PROMISING SOLUTION: INTEGRATED CARE

In November 2004, California voters enacted Proposition 63 (MHSA) to impose a one percent surtax on incomes over $1 million. The Act was projected to raise approximately $600 to $800 million per year. This represented a 26 percent increase in funding for all public mental health services in California with the intent of providing new funds for new services. Over half of the funding would be distributed to California counties for a Community Services and Support (CSS) phase that focuses on the severely mentally ill from June 2005-June 2008. The remainder would be spent on Prevention and Early Prevention (PEI) (20 percent), Workforce, Education and Training (20 percent), Capital Facilities and Information Technology (10 percent), and Innovative programs (five percent). California counties were required to propose plans for MHSA services, subject to state review and approval. A MHSA Oversight and Accountability Commission was created to review the county plans for mental health expansion services and to approve expenditures.

MHSA is an opportunity to serve people with moderate mental health conditions that interfere with the management of their chronic disease. In 2005, AHC decided to serve as the central contact point for advocating that Alameda County MHSA funds be directed to community clinics for the integration of mental health and primary care services. AHC served as the coordinating and central advocacy body and developed recommendations, facilitated clinic participation in advocacy and planning efforts, and developed written materials for each of the MHSA components. In 2009, AHC started convening the Behavioral Primary Care Integration workgroup, which is comprised of AHC member clinics, BHCSA, and the Alameda County Medical Center (the county's public hospital) to share information about clinic mental health programs and MHSA updates, as well as to discuss better ways to coordinate care.

MAJOR MILESTONES

AHC advocacy activities under the first two Phases, CSS and PEI, of the MHSA included:

Community Services & Supports (CSS) funds can be used to provide integrated mental health and other support services to those whose needs are not currently met through other funding sources. In 2005, AHC obtained a seat on the Alameda County Stakeholder Group (the advisory group making recommendations to the Alameda County Board of Supervisors), participated in town hall and community meetings to obtain community input, and facilitated the participation of member clinics at various meetings and hearings regarding the CSS Plan. In addition, AHC met with Behavioral Health Care Services Agency staff to educate them about patients presenting with mental health problems, clinic efforts in the area of mental health, and coordination of current mental health and primary care services.

The California Department of Mental Health approved Alameda County's three-year CSS Plan in June 2006, providing $11 million for FY 2006-2007 and FY 2007-08 and allowing utilization of unspent funds for "one-time" start up costs. Approximately $1 million per year for three years was dedicated to the integration of mental health and primary care for older adults and $250,000 was targeted to address cultural and linguistic competence in diverse communities. In addition, Alameda County received one-time only funds for the CSS Plan early in 2007. La Clinica de la Raza, an AHC member clinic, received $500,000 to expand access to Latinos by providing cultural/linguistic crisis services, Spanish psycho-education groups, and individual and group peer support.

Prevention & Early Intervention (PEI) funds are directed to strategies designed to reduce the stigma and discrimination associated with mental illness and to provide preventive services to avert mental health crises. Beginning in January 2008, as part of the community planning process, panels were convened to develop and propose "strategies" to the Alameda County Ongoing Planning Council (OPC) for use of the PEI funds. These planning panels, which included clinic representatives and other stakeholders, developed program concepts/strategies to be considered for funding. Through clinic and other stakeholder testimony at OPC meetings and organizing patient petitions, AHC advocated for directing PEI funds to community based primary clinics to integrate mental health services. An OPC workgroup that included AHC and clinic

staff developed the Primary Care Integration (PCI) strategy. It is designed to serve patients across the age spectrum and holds the best hope for true integration across a clinic population.

Alameda County submitted its plan for PEI funding to the State in July 2008. The PCI strategy was voted onto the list of PEI projects supported by the OPC, but then cut from the final plan that was submitted due to budgetary reasons. In early 2009, the OPC voted to implement the PEI Augmentation Plan to implement the PCI strategy at one clinic (approximately $360,000) when the money becomes available.

In addition, three AHC clinics were awarded contracts to expand ethnic specific PEI strategies in 2010. The Native American strategy was awarded to the Native American Health Center for $297,000. La Clínica de La Raza received $800,000 as part of a four agency collaborative to focus on the Latino community. Each partner is hiring a part time Mental Health Specialist to conduct home visits to community members and also train/consult CBOs and community leaders to build their skills and comfort with mental health issues. The agencies are also each hiring Promotores to provide home visits, workshops, and support groups. Finally, La Clinica will hire traditional healers to provide workshops in all four geographic regions.

Two additional programs also were funded in 2010 through PEI as a roll over from the CSS program. Tiburcio Vasquez received $386,000 for a Primary Care Integration program for Latino seniors in Central County. Asian Health Services received $386,000 to serve Asian/API seniors.

The resources required to participate in the local MHSA allocation process and represent member clinics were significant. AHC committed 2 part-time staff who attended regular MHSA meetings, developed recommendations, convene the clinic work group, and mobilized clinic staff.

Partnerships: Strong partnerships have been developed between the AHC, county agencies, and other health stakeholder groups. These partnerships reduce the "silo" approach to providing mental health and medical services and have increased mutual understanding of the challenges confronting each organization, thus ensuring improved delivery of care. In addition to its close working relationship with the Ongoing Planning Council, AHC developed relationships with Behavioral Health Care Services Agency to promote the PCI strategy. AHC also worked closely with the Alameda Council of Community Mental Health Agencies to promote unified recommendations and principles throughout the MHSA planning process and to begin the discussion of how mental health agencies and primary care clinics could work together. Last, AHC worked closely with its *member clinics* and included them in the allocation discussions, such as providing public comment and meeting with agency staff.

Partner Perspective: As a member of Alameda County's Ongoing Planning Council our agency has had the opportunity to review proposed strategies brought forth to the committee for review and ranking. Our relationship with AHC has only solidified since 2001 by working together for passage of the MHSA and integration of behavioral health care and primary care. The consortium and its individual member agencies have been on the front line at local level, State, and Federal policy forums to promote integration of behavioral health care and primary care services. – *Bonita House*

Overcoming challenges: Initially, when AHC raised the idea of mental health integration, clinics were focused only on the need for full treatment services for the very seriously mental ill. AHC continued to persuade the clinics and other stakeholders that the community would be best served by expanding the role of community-based primary care clinics in providing important mental health services for a broader range of needs, including early mental health intervention for those with chronic medical conditions. Last, securing local MHSA funding through a county-based allocation process is challenging and participation in the process does not guarantee success. AHC had hoped at least two of its member clinics would be funded to roll out the PCI strategy but only one clinic is likely to be funded.

ACCOMPLISHMENTS AND BENEFITS

AHC's largest accomplishments in its MHSA advocacy work included getting its member clinics involved in the County MHSA planning process and conducting advocacy strategies that enabled its member clinics to secure funding ($2,309,000 dollars) to provide integrated primary care. The short and long-term outcomes of this initiative include:

Expanded advocacy capacity: AHC expanded its involvement in integrating mental health and primary care. Second, it increased its stature in the county by solidifying its reputation as an expert in the health care planning process. Additionally, it strengthened its partnerships and is now partnering with groups on the OPC with which it would not have traditionally have partnered.

Increased policymaker awareness: Through AHC's ongoing education of key policymakers about the needs of the community clinic population, key policymakers have a greater understanding of the benefits of integrated care. Key policymakers participate in the Behavioral Primary Care Integration workgroup to talk about primary care integration issues.

Increased policymaker support of safety net and clinic policy issues: The Board of Supervisors voted to approve the OPC recommendations that MHSA funding should be directed to community clinics. Funding totaling $2,309,000 was awarded to four AHC member clinics from 2007 to 2010. There is also increased support for the PCI model as stakeholders appreciate the value of treating the "whole" person through this system.

Improved clinic operations: In addition to MHSA contracts awarded to four member clinics, AHC currently has funding approved for one clinic site under the PCI strategy. The PCI strategy will be implemented at a community health center whose client populations are primary underserved and uninsured. The site must be a large community health center (one that serves over 8,000 patients). Although the funding for this site has been approved, the RFP has not come out yet. Additionally, AHC convenes a clinic mental health work group where member clinics discuss key concepts to promote mental health at clinics and identify potential projects.

Member Clinic Perspective: The system is set up to wait until our clinics fail to serve clients in need of mental health services. Integrated care is a way to serve people where they are most comfortable. -- *La Clinica de la Raza*

Increased services for the underserved and uninsured: AHC currently has funding approved for one site under the PCI strategy. The site must be a large community health center (one that serves over 8,000 patients). Although the funding for this site has been approved, the RFP has not come out yet. The PCI strategy will be implemented at a community health center whose client populations are primarily underserved and uninsured.

Improved health outcomes for targeted communities and populations: While it is too early to tell what the impact on the community is, community clinics have a proven track record in providing prevention and wellness services, as well as supporting families with health issues and concerns. They are uniquely equipped to provide prevention services designed to identify mental illness and keep it from becoming severe and disabling.

FACTORS FOR SUCCESS

Many factors contributed to the success of this project. Maintenance of effort was critical. AHC participated in the MHSA planning process on a consistent basis, providing expertise and credible information. AHC also cultivated partnerships with other organizations interested in supporting primary care. Last, its important to provide support to member clinics so they are able to participate in advocacy activities and speak with one voice.

THE FUTURE

AHC will continue to advocate on behalf of its member clinics and look for funding to support primary care integration. It will continue to serve on the OPC and monitor the availability of MHSA funds to support community clinics' integration of behavioral and primary care. It will also identify other clinic programs that could receive MHSA funding, as well as additional clinics to adopt the PCI strategy.

Now that the integration model is widely supported in Alameda County, the remaining challenge is to ensure that the county's Behavioral Health Care Services Agency creates the necessary infrastructure to monitor the contracts. Another concern is that the state might cut MHSA funding given the deepening budget crisis in California.

LESSONS LEARNED

Participating in conversations and discussions about health programs beyond the scope of community clinics helped to broaden AHC's perspective on the delivery of behavioral health care. It learned more about how the behavioral health system in Alameda County operates and the primary care needs of behavioral health patients. In addition, some stakeholders had either never heard of or did not understand the role of community clinics before they participated in these discussions. Last, the partnerships established through the MHSA allocation process will be important for future advocacy initiatives.

CONCLUSIONS

AHC successfully served as the central contact point for advocating that Alameda County MHSA funds be directed to community clinics for the integration of mental health and primary care services. It secured $2,309,000 dollars for four member clinics. Last, ACH and its partners are transforming the county's mental health care system by serving patients at health centers where they are already receiving culturally and linguistically appropriate care.

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