

Behavioral Health Care Services



Comprehensive Approach
to Integrated Care Services

Alameda County
Behavioral Health Care Services
Office of the Medical Director

Improving Access To Primary Care Services
for Behavioral Health Consumers

Improving Access to Behavioral Health Services to
Primary Care Consumers

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What Would Comprehensive Integration Look Like?

- Bi-Directional
- Include Mental Health, Substance Use and Primary Care Services
- Focused on enhancing competence of systems and providers
- Focused on needs of those with mild, moderate and severe BH conditions

The Alameda County Experience with Integration?

- Alameda County Behavioral Health **Leadership** role (didn't wait for the health plans)
- **Take advantage of Grant opportunities** (SAMHSA, BlueShield, San Francisco Foundation, NIMH)
- **Collaborative Partnerships** (FQHCs, UC Davis, Alameda Health Consortium, UC Berkeley)

Key BHCS Integrated Care Services Opportunities

1. 2009 SAMSHA Grant funding for two primary care clinics at County operated mental health centers.
2. 2013 contracts with 9 FQHCs to increase number of licensed BH staff and training tools for tracking patient clinical outcomes.
3. 2014-Primary Care Psychiatric Consultation Program (PCPCP) to provide on site psychiatric consultants to 8 FQHCs.

Promoting Access to Health



PATH

Goals of PATH Project

1. Improve **Access** to primary care services for SMI clients served in specialty mental health centers
2. Increase and improve utilization of Alameda County FQHC **“Medical Home” services** by BHCS consumers
3. Develop **“Financially Sustainable”** integrated care services

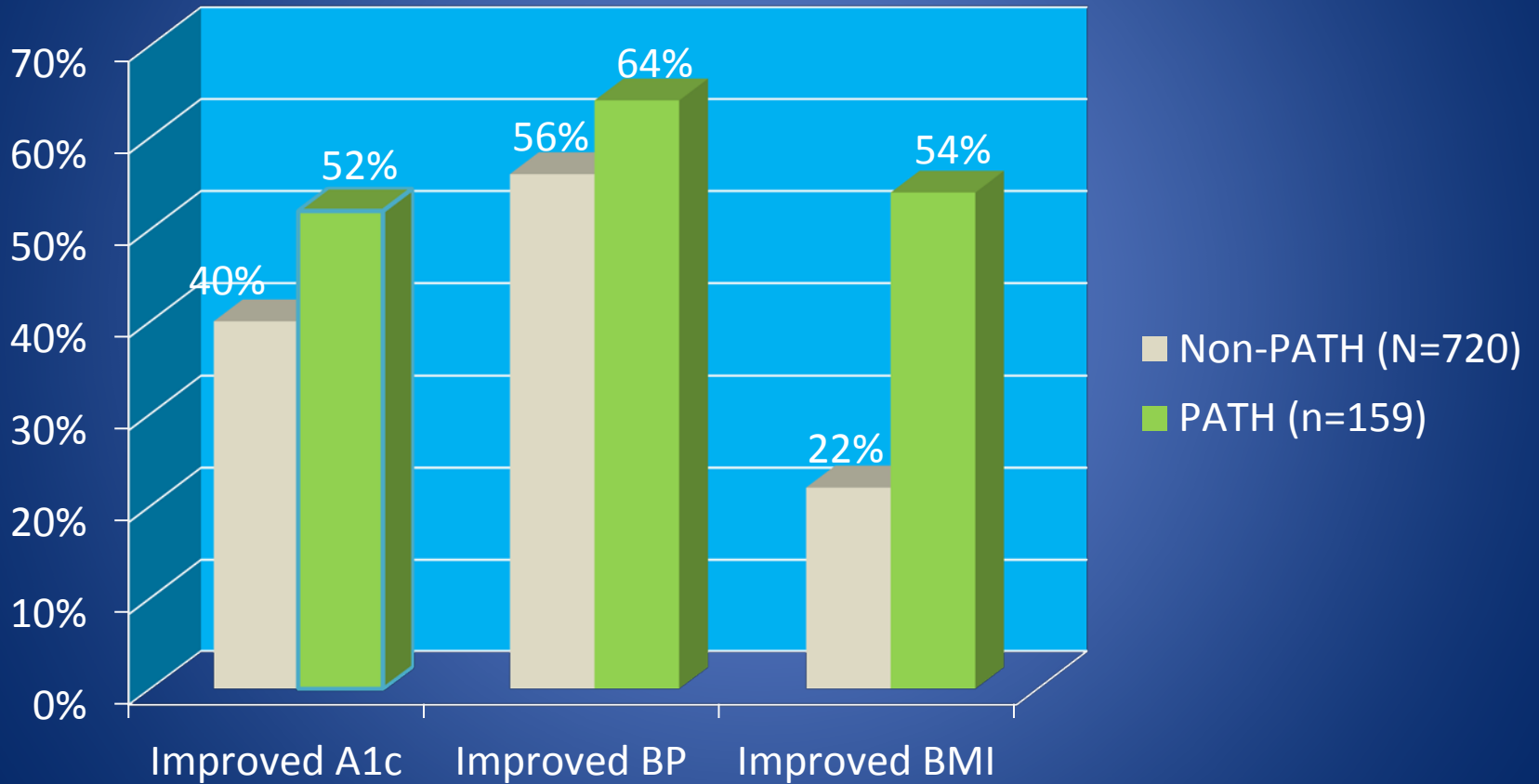
Outcome One: Improved Access to Primary Health Care

PATH Patients Pre-Post Study	Low Users 0-1 visits in the year prior to integration	Moderate 2-6 visits in the year prior to integration	Heavy Users 7- 45 visits in the year prior to integration
Year prior to Integration Average # visits	0.5	4.1	12.9
Year POST Integration Average # visits	5.1	4.8	6.3

Integrated care helped Low Users remove barriers to accessing primary care services

Heavy Users received more care coordination support to help reduce unnecessary visits to PCP and ERs

Outcome Two: Improvements in Key Health Indicators



Behavioral Health Care Services



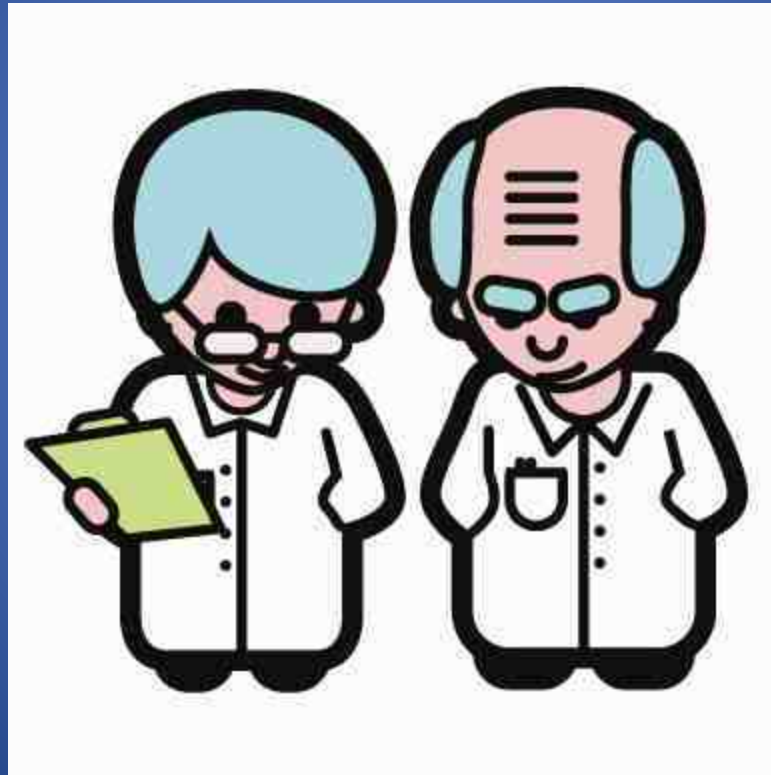
Integrated Behavioral
Health Project

Integrated Behavioral Health Project

Two year Contract with nine FQHCs to increase the number of licensed BH licensed clinicians serving mild to moderate patients. The positions are all now being sustained by FQHCs without BHCS funding.

Contracted with Alameda Health Consortium to provide these clinicians with state-of-the-art trainings to improve tracking of clinical outcomes using evidence based measures (PHQ-9, GAD-7).

Primary Care Psychiatric Consultation Project (PCPCP)



Primary Care Psychiatric Consultation Project (PCPCP)

Primary Care Psychiatric Consultation Program providing a psychiatry consultant to eight FQHCs.

Consultants assist primary care providers and BH clinicians in developing competency with behavioral health assessments and prescribing psychotropic medications.

Consultants provide PCPs and BH clinicians assistance with diagnostic challenges and periodic in-service trainings.

Goals for the Future

- New 18 month contracts with 8 FQHCs for the hiring of Care Coordinators to assist with specialty client linkage to medical homes
- Implement new Buprenorphine/Suboxone Induction Program to serve opioid dependent consumers
- Collaborate with the Alameda Health Consortium in the start of the UC Davis, Primary Care Psychiatry Fellowship Certificate Program to establish 8 local “experts” in Primary Care Psychiatry

Goals for the Future (Cont.)

- Open additional PATH primary care clinics at two additional Specialty Mental Health Centers
- Expand Psychiatric Consultation (PCPCP) into two HIV/AIDS Ambulatory Care Clinics in collaboration with the Public Health Department, Office of AIDS Administration

Goals for the Future (Cont.)

- Improve efforts to collect patient and provider level data to identify benefits of integrated care as measured by impact on
 - Emergency room visits and hospitalizations
 - Improvements in key health indicators
 - Improvements in PCP competence and comfort in providing BH services