Primary Care and Mental Health Integration Project

San Diego County Model
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Background

- The Council of Community Clinics (CCC) represents and supports 17 community clinic corporations in San Diego County 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.

- Member clinics provide services at over 60 sites. In 2002, CCC clinic members provided care to over 400,000 patients in 1 million patient visits. Of these, approximately 30,000 visits were for mental health services at 19 locations.

- Mental health programs differ by clinic organization, and vary from highly developed and integrated systems of care, to on-site mental health assessments and treatment (usually within a different clinic department) to complete reliance on private providers, outside of the clinic network.

Contract

- CCC's contract with the County is effective until June 30, 2009. There are an additional 4 one-year options to extend. The total cost of the contract for fiscal year '07-'08 is $1,985,854 and for all subsequent contract years.

- The initial plan was for CCC to subcontract with 11 clinics at 22 sites. To date, CCC has been successful in subcontracting with 8 clinics to provide mental health services at 17 sites throughout San Diego County.

- Services were first delivered in February 2007, with the largest number of clinics initiating services in May of 2007.

Target Population

- Individuals with SMI/SED who are unfunded for mental health services
  - do not have Medi-Cal or other health insurance
  - have a social security number

- Target population includes clients and families with incomes below 200% of the Federal Poverty Level.

- Priority given to underserved populations such as Latinos, Asians and Pacific Islanders

- Contract to Serve Three Age Groups
  - Children and Youth (ages 0-17)
  - Adults (ages 18-59)
  - Older Adults (ages 60 and over)

Clients Service Goals

- During the current fiscal year (July '07-June '08), the goal is for CCC to authorize services for:
    - 247 children and their families
    - 565 adult clients
    - 244 older adult clients

Treatment Models

- **SMI/SED Specialty Pool Services**

  - SMI = Severely Mentally Ill adults or older adults, at 15 sites

  - SED = Seriously Emotionally Disturbed children and youth, at 10 sites

- **IMPACT (Improving Mood Promoting Access Collaborative Care Treatment**

  - Treatment for depressed adults/older adults at 7 sites

SMI/SED Specialty Pool Covered Services

- Assessment, "therapy" and medication management visits
  - Treatment provided by psychiatrist, psychologist, MFT, LCSW, registered MFT/Social work intern, or psychology intern.
  - Maximum 24 visits for children and youth to include family therapy if/when possible (medication visits are separate).
  - Maximum 12 visits for adults/older adults (including med visits). Clinics reimbursed for assessment even if client does not meet criteria.

- Short Term Medications – for up to 90 days from issuance of first prescription, then referral to pharmacy assistance programs (PAPs).

- Short term treatment model - those needing additional treatment/services are to be transitioned to traditional County Mental Health providers

Specialty Pool Administration

- CCC has in-house authorization and claims processing staff
- CCC authorizes all services within a 48 hour turnaround time.
- Clinics are reimbursed by CCC on a fee for service basis.
- Clinics submit claims for medication, therapy, and medication management.
- CCC reimburses clinics for therapy and medication management at Medicare rates. CCC reimburses clinics for the actual cost of the medication plus a handling fee.
  - An upcoming task for CCC includes getting more accurate information on what actual medication costs are.

IMPACT

- **IMPACT** (Improving Mood Promoting Access Collaborative Care Treatment)*

  An evidence-based best practice which includes Behavioral Activation and Problem Solving Therapy provided by a Depression Care Manager (DCM), combined with medication monitoring by a Primary Care Provider (PCP).

  *http://impact-uw.org/

Impact Covered Services

- Up to 16 visits with a Depression Care Manager
  - Visits are not billed fee-for-service (with the exception of the initial assessment)
  - CCC reimburses clinic for a .50 or .25 FTE DCM
  - DCMs manage a caseload of clients (96 clients during the fiscal year for a .50FTE)
- Up to 4 visits with the PCP to prescribe and monitor medication
  - PCP visit is billed fee for service
- Treatment period of one year
- Medication for a period of one year
- Consulting psychiatry services provided by a CCC consultant (Board certified psychiatrist/FP physician).

IMPACT DCM Duties

COUNCIL OF
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- **What services do the depression care managers provide?**
  - Educate the client about depression
  - Support antidepressant therapy prescribed by the client's PCP
  - Coach the client in behavioral activation and pleasant events scheduling
  - Offers brief counseling focused on problem-solving treatment and skills.
  - Monitors depressive symptoms for treatment responsiveness
  - PHQ-9 is completed at every visit so that there is objective data regarding client's progress.
- **DCMs are currently meet monthly as a group to receive additional training on the model and to problem solve.**

Senior Peer *Promotora* Program

- Subcontracts with 5 clinics include the implementation of a senior peer "promotora" program in scope of work.

- Funding for this program component ranges from $25,000-$45,000 per clinic depending on numbers of *promotoras*.

- All clinics with funding for a senior peer *promotora* program have funds for IMPACT.

- Purpose of Senior Peer *Promotora* Program:
  - Promotoras focus on outreach and engagement of older adults;
  - Promotora networks of individuals trained in outreach to older adults to link with mental health services and other resources;
  - Culturally and age-sensitive outreach, engagement, education, peer counseling and support, social service referrals and other services for older adults;
  - Transportation for seniors and family/caregivers through vouchers, taxi, contracted van services or other means;
  - Referral source for clinics Older Adult SMI and IMPACT programs.

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Senior Peer *Promotora* Program

- CCC began implementation of a train-the-trainer program for identified *Promotora* Coordinators in August 2007. Program will conclude in mid December 2007 (approximately 13 4-hour sessions).

- Training Topics include:
  - Program overview, goal and objectives, and activity tracking requirements
  - *Promotora* recruitment
  - Cultural issues and stigma around receiving mental health treatment
  - Senior health and aging issues
  - Depression, anxiety, and other mental health issues
  - Suicide awareness
  - Confidentiality
  - Death & dying, grief & loss
  - Medication use/misuse and substance abuse
  - Creative aging: wellness, habilitation, recovery, and self sufficiency
  - Senior peer counseling skills

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Data Tracking

- CCC is responsible for entering all required information into the County MIS system (Insyst) for client and service tracking.

- CCC maintains an Access database to capture client demographic, diagnosis and service data for the purposes of eligibility determination, service authorization and claims processing/payment, and reporting to the County.

Clients Authorized for Services

- 393 unduplicated clients authorized since initiation of program.
- Feb.-June 2007, avg. of 42 clients per month.
- July-Sept 2007, avg. of 72.6 clients per month.

Clients Approved for Services to Date

Unduplicated Clients Approved for Services

February Thru June 2007

Unduplicated Clients Approved for Services

July thru September 2007
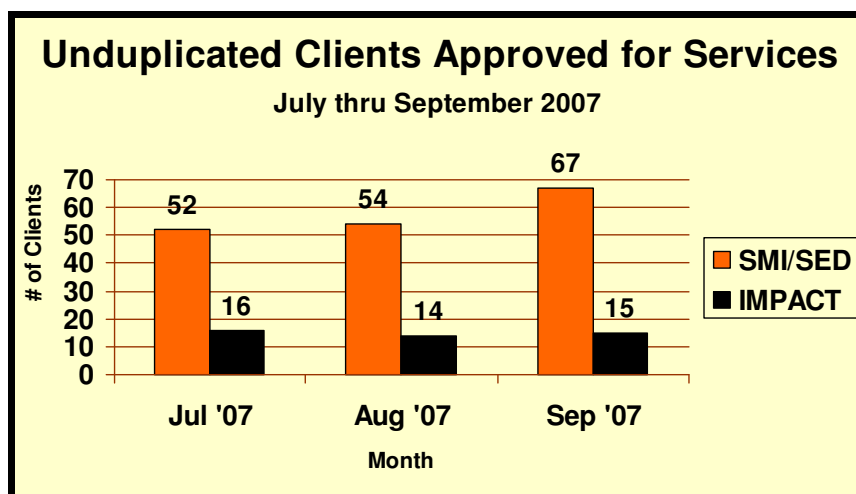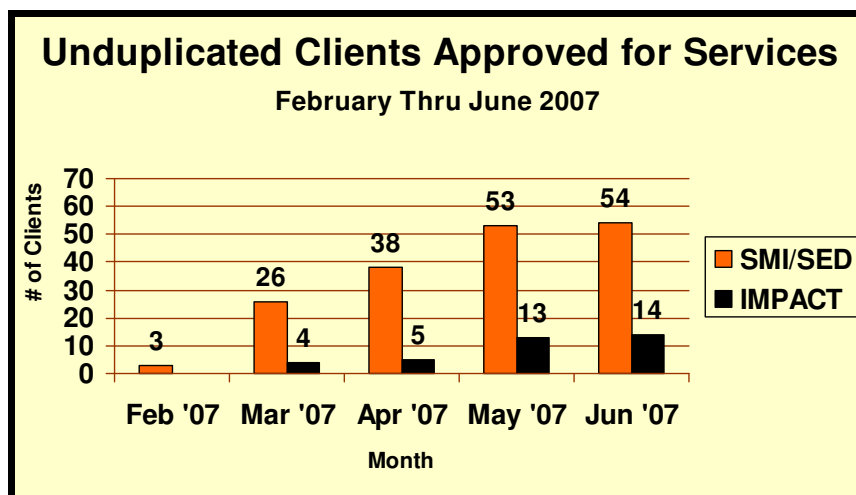
Diagnoses Prevalence

- Approximately 60% of the clients that CCC has approved for services do not have pre-existing episodes/services in the County Insyst system.

- This suggests that we are meeting the DMH expectation that counties identify under and *unserved* individuals and their families with MHSA funding.
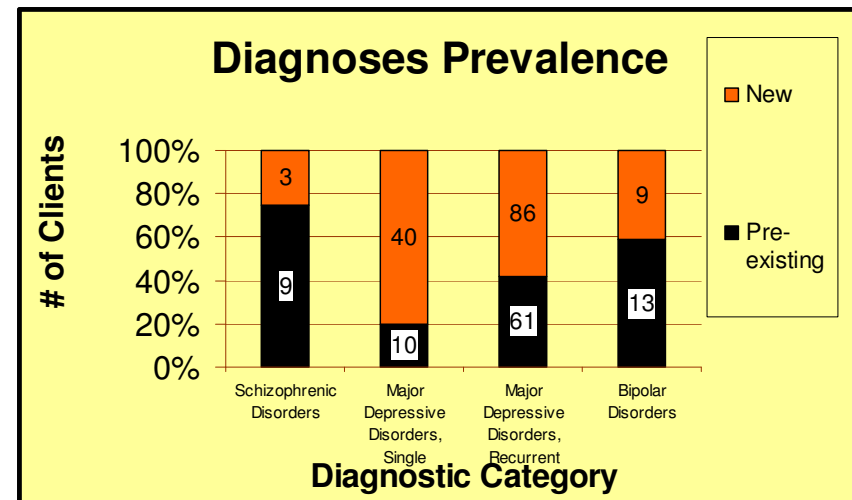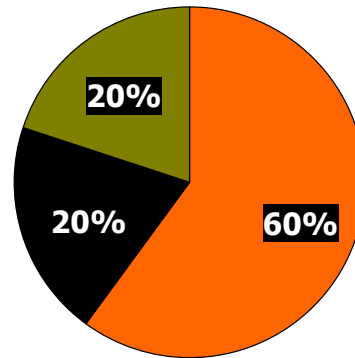
Diagnoses Prevalence

Chart above depicts shows prevalence of selected diagnoses for new vs. clients previously entered into the INSYST database.
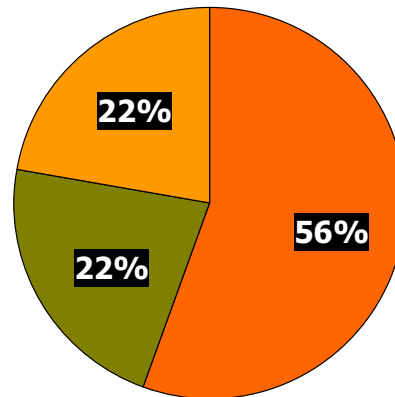
Proximity of BH and PC Services

Responses from PC Providers

- 60% — In same bldg., different practice areas (orange)
- 20% — Services are separated by more than 4 blocks (black)
- 20% — Different buildings on the same campus (olive)

Responses from BH Providers

- 56% — In same bldg., different practice areas (orange)
- 22% — PC services are co-located with BH services (olive)
- 22% — Different buildings on the same campus (gold)

BH and PC Medical Records

PC and BH Medical Records

Legend:
- electronic medical records are kept separate
- Paper medical records are kept separate
- Combined electronic medical reocrds
- Combined paper medical records

0%
40%
50%
10%
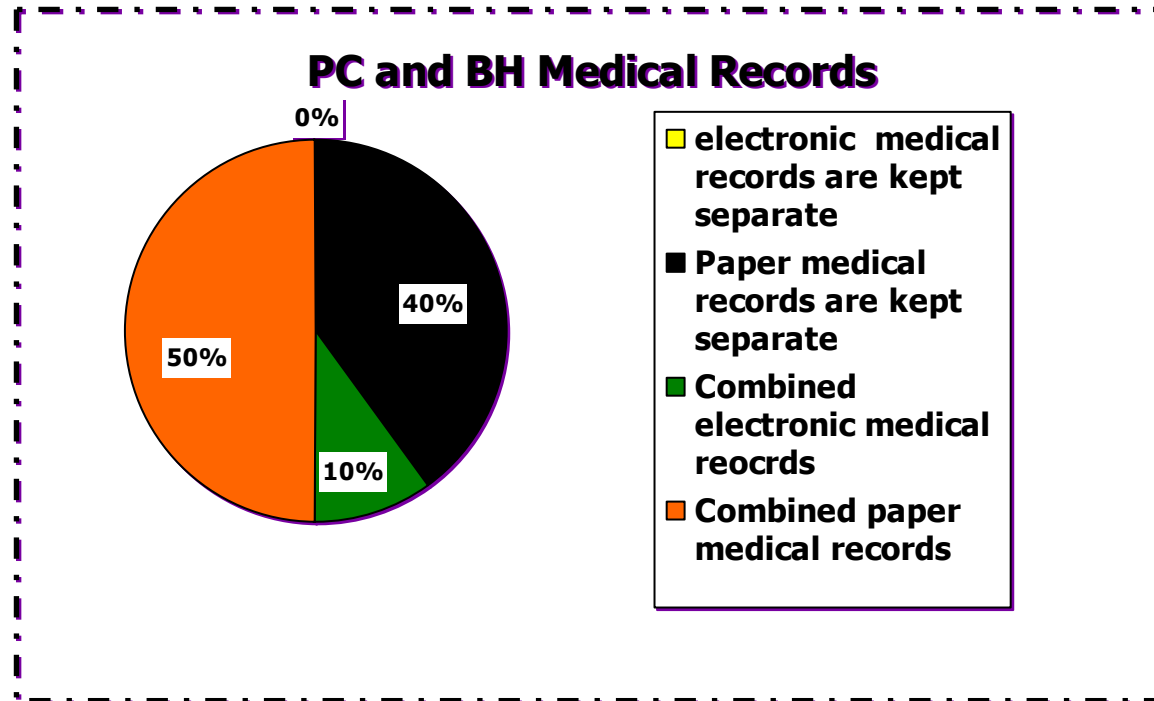
Data includes responses from 10 clinic administrators