Why, What and How of Contracting with Federally Qualified Health Centers

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Why Contract with FQHC's

National landmark reports published in the last 10 years recommend integrated/coordinated models of care

- President's New Freedom Commission, 2003
- IOM: Improving the Quality of Health Care for Mental and Substance-Use Conditions, 2006
- The Surgeon General's report on Mental Health, 1999
- SAMSA: Transforming Mental Health Care in America, 2006

The President's New Freedom Commission Report on Mental Health, 2003

- Collaborative MH/Physical healthcare helps bridge gaps in MH care
- Effective MH treatment strategies can be effectively delivered in primary care settings
- Embraces the fundamental "understanding that mental health is essential to overall health"

Institute of Medicine: Improving the Quality of Health Care for Mental and Substance-Use Conditions, 2006

- Care Coordination is paramount for better mental, substance abuse and general health
- Entirety of Chapter 5 is devoted to the subject of care integration

Mental Health: A Report of the Surgeon General, 1999

- Integrated care facilitates entry into care and reduces fragmentation
- Emphasizes that mind and body are inseparable

Transforming Mental Health Care in America
Substance Abuse and Mental Health Services Administration, May 2006

- Create Interlocking Systems of Care
- Advance efforts to integrate mental health and primary care delivery

The recently released report on mortality demonstrated that mentally ill persons have a 25 year shorter life span than the general population – largely due to untreated or poorly treated chronic diseases

"People with serious mental illness treated by the public mental health system die on the average 25 years earlier than the general population. They live to 51, on average, compared with 76 for Americans overall. According to the data, they are 3.4 times more likely to die of heart disease; 6.6 times more likely to die of pneumonia and influenza; and 5 times more likely to die of other respiratory ailments."

-C. Colton "Mortality: Health Status of the Served Population, Sixteen State Pilot Study on Mental Health Performance Measures", based on 1997-2000 data

Other Why's

- FQHC's mission is aligned with providing services to uninsured and underserved populations
- FQHC's have an uncapped capacity to bill Medi-cal on a cost based reimbursement basis for behavioral health services
- County Partnerships with FQHC's have existed over time on a variety of issues

Other Why's

- FQHC's often exist in hard to reach and/or rural areas that are more difficult for mental health departments to serve
- Reduces stigma as MH services are provided as part of routine medical care
- Reduces complexities of privacy and confidentiality as care is delivered as part of a "treatment team" within an FQHC

Other Why's

- Opportunity to enhance services in existing organizations
- Care coordination between behavioral health providers and primary care providers can occur easier within the same FQHC infrastructure
- Supports primary care physician skill development and comfort in treating MH conditions, and offers more tools to confront issues complicating the delivery or compliance with medical care

Challenges

- Primary care clinics are typically 'medical model' oriented
- Behavioral health care may be 'out of comfort zone' for many medical/primary care practitioners
- Support of psychiatrists is necessary either through telemedicine, direct employment or consultative capacity to primary care physicians

Model of Care – Shasta County MH/FQHC

Contracting for:

- Full Service Partnerships Care
- Rural Outreach and Access

Why this model?

- Improved client access to care
- Recognizes the client's identified 'Medical Home'
- Mental Health Services Act
  - Introduced more flexible funding
  - Philosophy of Treatment
    - 'Whatever it takes'
    - 'No Wrong Door'
    - Integrated Services
- Menu of Services (Geographically Friendly)

Contracting Group –
Clinic Associations or Individual Clinics

Current agreement is with a single FQHC clinic

- Hill Country Community Clinic
- Working on agreements with other FQHC partners

Discussing the potential for a Clinic Association agreement

Which Clinics Were Chosen and Why?

- MHSA plan identified unmet needs in the rural areas of the County
- FQHC partners cover most of the unmet need areas
- One FQHC serves both urban and rural areas so we have amended our CSS plan to more broadly reflect FQHC partnerships throughout the County
- Capacity to deliver 'whatever it takes' FSP services
- Capacity to measure outcomes

How long did it take to get from vision to signed agreements?

- MHSA CSS plan approval 7/1/06 with Rural expansion component
- Plan anticipated out stationed case manager staff and psychiatric support through telemedicine

Challenges during Year One MHSA implementation

- County lost psychiatrists and many/most of the FQHC's had existing telemedicine relationships that they could continue
- Out stationed County case managers had a difficult balancing act between significantly different delivery systems and expectations

Once we understood that the FQHC's were willing/interested in the direct employment of MH full service staff, it was a matter of figuring out a basis to pay, and ensuring that we had state DMH/DHS conceptual approvals

- FQHC Cost Report Development
- Output Expectations for MH staff in an FQHC environment
- Legal Review – CPCA attorney and County Counsel
- BOS Approval 6/26/07

From agreements to actual provision of services

- Work in progress

How does the agreement work?

- FQHC developed a cost report for the new services
- Cost Report nets anticipated revenues from third party payers
- County pays the difference
- Includes outreach and engagement for under- or unserved persons
- Includes FSP's

Who's responsible for what?

- Primary Care
  - Delivering "what ever it takes" Services
  - Demonstrating Outcomes & Collecting Data on FSP's
- County Mental Health
  - Monitoring Contracts
  - Measuring Outcomes & Reporting Data on FSP's

Thank you for your questions and comments

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