



Mental Health and Primary Care Integration Project

COUNCIL OF
COMMUNITY CLINICS

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Agenda

1. Background on CCC
2. Overview of the Mental Health and Primary Care Integration Project contract with the SD County
3. Treatment Models
4. *Promotora* Program
5. Delivery of Services
6. Future Directions



Background

- The Council of Community Clinics (CCC) represents and supports 17 community clinic corporations in San Diego and Imperial Counties.
- Member clinics provide services at over 85 sites. In 2006, CCC member clinics provided care to over 500,000 patients in 1.4 million patient visits. In 2006 there were approximately 48,000 visits for mental health services at 49 locations.
- Mental health programs differ by clinic organization.



Contract

Attainment of County 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 is just over \$1.9 per fiscal year.
- 9 clinics providing mental health services at 17 sites throughout San Diego County.
- Provision of services funded under this contract were first delivered in February 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
 - Incomes below 200% of FPL

- **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**
 - Traditional model of therapist working with psychiatrist for medication management
 - Co-location of services versus integration
 - Services for adults/older adults at 16 sites
 - Services for children/youth at 11 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 (individual or in groups) 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

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- CCC has in-house authorization and claims processing staff.
- CCC authorizes all services within 48 hours.
- Clinics are reimbursed on a fee for service basis.
- Clinics submit claims for therapy, medication, medication management and lab testing.
- 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.



IMPACT

IMPACT - Improving Mood Promoting Access Collaborative Care Treatment*

- An established, evidence-based best practice
- The IMPACT model more than doubles the effectiveness of depression treatment for older adults in primary care.
- IMPACT is equally effective with African American, Latino and White patients. It was also more effective than usual care for patients with and without comorbid medical illnesses or anxiety disorders.
- Collaborative care is the cornerstone of the IMPACT model. The patient's primary care physician works with a care manager.
- Behavioral Activation and Problem Solving Therapy provided by a Depression Care Manager (DCM), combined with medication monitoring by a Primary Care Provider (PCP)



Impact Covered Services

- **Up to 16 visits with a Depression Care Manager**
 - Visits are not billed fee-for-service. Initial enrollment documents submitted and authorization given.
 - 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

- DCMs meet monthly as a group to receive additional training on the model and to problem solve.



Senior Peer *Promotora* Program

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- 5 clinics are implementing a “promotora” program.
- All clinics with funding for a “promotora” program have funds for IMPACT.
- Specifically designed for Older Adults who are:
 - Less likely to seek services on their own
 - More likely to isolate
 - Less likely to identify their symptoms as depression
 - More likely to commit suicide



Senior Peer Promotora Program

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- Promotoras - Community Health Workers or Peer Educators in Hispanic communities responsible for raising awareness of health issues
- Long history of providing education, screening, chronic disease prevention and management, and mental health linkage thru outreach efforts
- More recently used to intervene with co-morbid illnesses



Senior Peer Promotora Program

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- Purpose of “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.



Senior Peer *Promotora* Program

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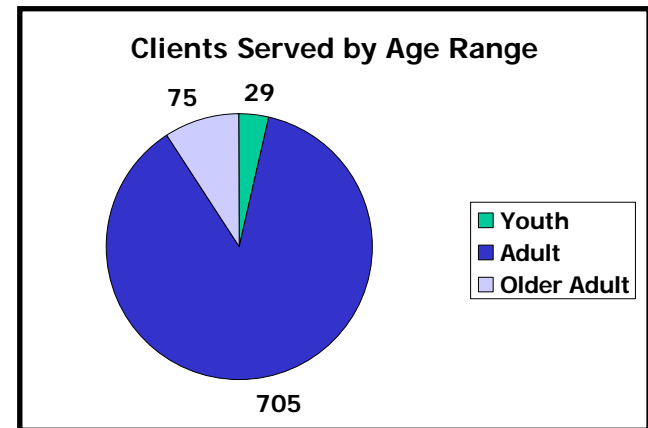
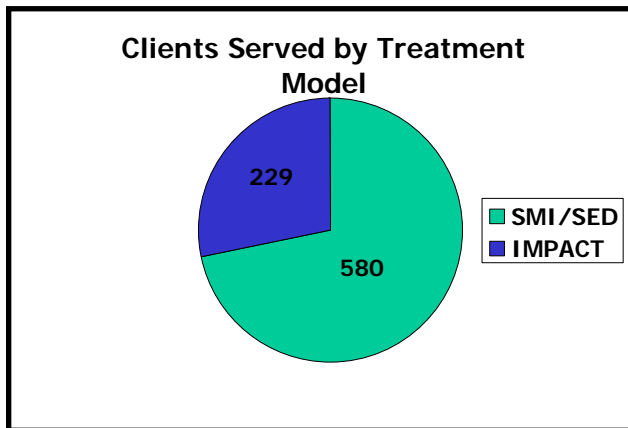
- CCC provided training for *Promotora* Coordinators (approximately 13 4-hour sessions).
- Training Topics included:
 - Program overview, goal and objectives, and activity tracking requirements;
 - *Promotora* recruitment;
 - Cultural issues and stigma around receiving mental health treatment;
 - Senior 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.



Clients Authorized for Services

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809 unduplicated clients served between July 1, 2007 and February 29, 2008.



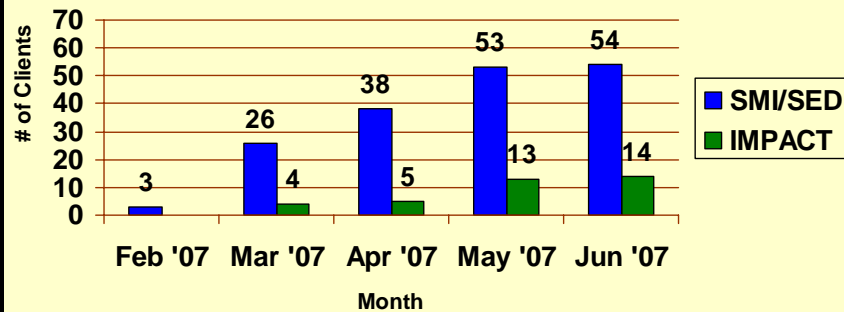


Clients Approved for Services to Date

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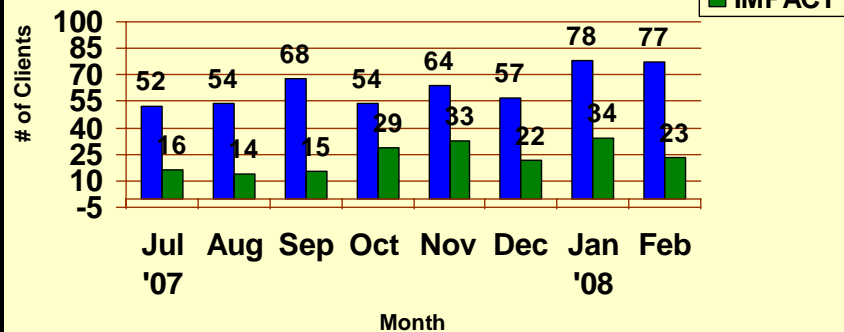
Unduplicated Clients Approved for Services

February Thru June 2007



Unduplicated Clients Approved for Services

July 2007 - February 2008





Diagnoses Prevalence

- Approximately 67% 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.

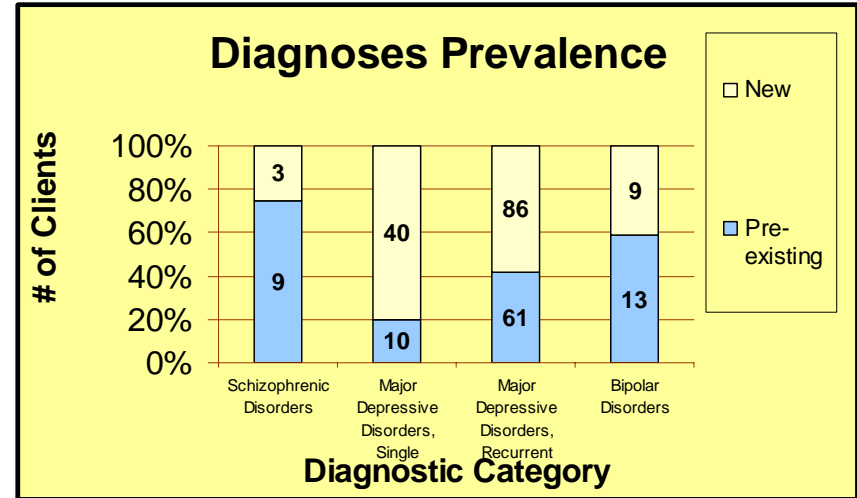


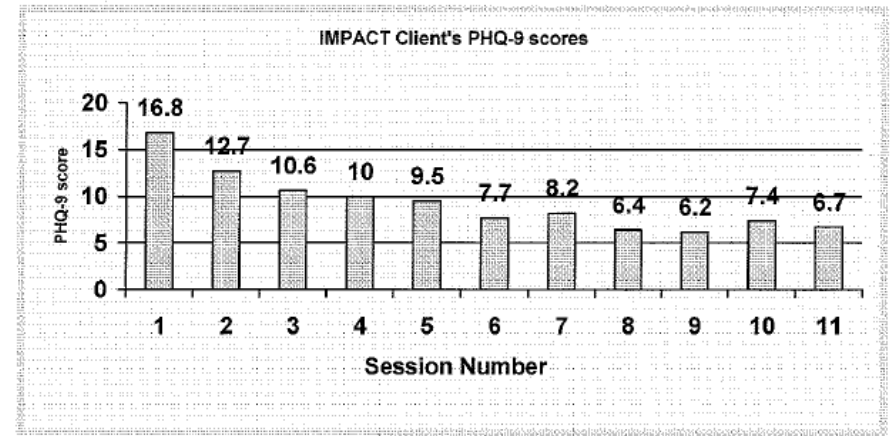
Chart above depicts shows prevalence of selected diagnoses for new vs. clients previously entered into the INSYST database.



Selected Accomplishments

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- Clinics have served adults clients at rates which exceed contract expectations. Increased access to care.
- Treating Unserved and Underserved Populations. Treatment in primary care can combat stigma.
- PHQ-9 scores for clients receiving IMPACT services show significant and rapid improvement in response to treatment.



The graph above represents the average scores of 167 clients treated by CCC's IMPACT model. A score of 10 indicates a moderate level of depression and is the minimum score required to be eligible for treatment. The average score at enrollment was 16.8, indicating a significant level of depression. By session five the average scores were below 10 and remained so through the remainder of the sessions.



Quality Management

- **Selected Quality Management Activities**
 - Revisions to medication formulary
 - Determine actual medication costs
 - Determine what percentage of patients are receiving medication
 - Not all medications are being billed to the program
 - Determine what percentage of IMPACT patients have had a visit with the primary care provider
 - Standardized spreadsheet for Depression Care Managers to track visits with DCM, scores, and medications.



Wish List

- Behavioral Health Specialist (BHS) housed in primary care to support primary care providers
- BHS to make referrals to SMI/SED or IMPACT treatment modalities
- Universal Screening or screening at specific intervals or diagnoses across all clinics (using PHQ-2 or PHQ-9)
- Incorporate use of telemedicine especially for psychiatry and geriatric psychiatry