

# **Integrating Behavioral Health Treatment into Primary Care in Alameda County**

**Presented by Tom Trabin, Ph.D., M.S.M. at the  
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Learning Community In-Person Meeting  
Meeting Theme: Using Health Information to Improve Client Care**

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# The Bridge to Health Care Reform: Health Program of Alameda County (HPAC)

- Includes the Low-Income Health Program (LIHP) implementation under Sec. 1115 waiver [Medi-Cal Coverage Expansion (MCE), Health Care Coverage Initiative (HCCI), and CMSP – up to 200% of FPL in Alameda County
- Currently around 80,000 enrolled
- LIHP population leverages FFP in exchange for establishing a health plan with defined coverage and expanded access
- Includes new coverage for mental health disorders and co-occurring mental health and substance use disorders



# Alameda County project goals for integrating behavioral and primary health care services

- Improve access to behavioral health care for persons with mild to moderate behavioral health conditions
- Improve access to primary health care for persons with serious mental illness and/or addictions
- Enhance early detection and treatment of behavioral health conditions
  - Reduce costs associated with caring for individuals with co-occurring physical and behavioral health conditions
- Establish, expand, and enhance collaborative partnerships among historically separated care systems and provider networks
- Improve both physical and behavioral health outcomes



# Bridge to Health Care Reform Project to Promote Integrated Behavioral Health Care Across All FQHCs

- MESA one-time funding for:
  - technical assistance/consulting contract with Alameda Health Consortium and AIMS Center
  - hiring behavioral health professionals in primary care clinic sites
  - pay-for-performance contracting to support and encourage the implementation of integrated care models
- County-hired consulting psychiatrists to work in primary care settings
- HealthPAC leveraged funding for behavioral health visits provided in primary care
- Close collaboration between Alameda County Health Care Services Agency, Alameda County Behavioral Health Care Services, and non-profit Primary Care Consortium



# Alameda Health Consortium

## Participating FQHC Organizations

- Asian Health Services
- Axis Community Health
- La Clinica de la Raza
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vasquez Health Center
- Tri-City Health Center
- West Oakland Health Center

# Key AIMS Model Principles

- Patient centered ***team care***
- Population-based caseload-oriented care
- Measurement-based treatment to target
- Evidence-based care
- Accountable care
- Behavioral health care management
- Consulting psychiatry

# Pay for Performance Contracting: Stage One

- Primary care clinics must commit to adopt and train staff in the AIMS Team integrated model as a condition of participating in the project
- BHCS allocated a potential payment to each clinic based upon a formula for number of indigent persons served prior to the establishment of HealthPAC
- BHCS committed **60%** of the total payment potential to each clinic in incremental monthly payments for:
  - hiring of behavioral health staff who will qualify to bill for services; the eventual goal is financial sustainability.
  - a commitment from the clinics to undertake an extensive list of tasks towards establishing an integrated model of behavioral health care within their clinic settings.



# Pay for Performance Contracting

## Stages Two - Six

- **BHCS committed an additional 40% of the total payment potential to each clinic in incremental quarterly payments using a five-stage pay for performance formula based upon:**
  1. participation by representatives from all staff functions in AIMS Team trainings in an integrated care model
  2. participation by behavioral health clinical staff in their choice of five EBP trainings, each of which has an associated brief measure of progress through treatment:
    - Problem Solving Therapy
    - Motivational interviewing
    - Seeking Safety
    - Screening, Brief Intervention, Referral and Treatment (SBIRT)
    - Cognitive Behavioral Treatment for Insomnia

# Pay for Performance Contracting

## Stages Two – Six (cont'd)

3. Establishment and use of a behavioral health active caseload patient registry to:
  - track numbers of patients entered into and case managed through the registries
  - organize and manage caseloads and prompt timely follow-throughs by phone and in person
  - enable easy viewing of score trends from monthly-administered progress measures to guide interventions
  - Collect and report data on timeliness and effectiveness of interventions

# Pay for Performance Contracting Stages Two – Six (cont'd)

4. Percent of those patients included in the registry who:
- were administered a baseline progress measurement scale (e.g. PHQ-9, GAD- 7, PCL, UNCOPE +, or PSQI)
  - received at least two phone or in-person follow-up contacts/month
  - received a psychiatric consultation
  - received a chart review for medication plan
  - improved significantly as measured by score reductions in relevant outcome measure

# Levels of Behavioral Health Treatment Intensity: Options for Primary Care Clinics

- Primary care physician assesses patient with mild to moderate behavioral health symptoms and provides treatment.
- Primary care physician refers to in-clinic behavioral health professional or behavioral health professional makes direct outreach contact with patient. In either case, behavioral health professional conducts an assessment and intervention and then decides:
  - No follow-up or only a brief follow-up is required to resolve the problem.
  - Time-limited case management is warranted with data entry into and support from the behavioral health case management registry
  - Immediate referral is warranted to BHCS for intensive mental health and/or substance use treatment.
  - Emergent crisis requires immediate referral for crisis intervention and possibly acute psychiatric care or detox.

# Levels of Behavioral Health Treatment Intensity: Options for Primary Care Clinics (cont'd)

- In-clinic behavioral health professional requests a psychiatric consultation for a patient not progressing through registry-supported case management
- In-clinic behavioral health professional refers patient to BHCS for specialty behavioral health outpatient treatment after registry-supported case management with psychiatric consultation does not result in progress.

# Levels of Treatment Intensity: Redefining the Role of Specialty Behavioral Health

- As behavioral health treatment is delivered in primary care settings, the role of BHCS is redefined as specialty services
- Access for HealthPAC clients to BHCS systems of mental health care are redefined with specific policies and procedures
  1. Acute, subacute, crisis and level 1 (FSPs and service teams) remain similar
  2. Level 2 medium-term crisis stabilization (up to 18 months) is added
  3. Level 3 (outpatient therapy and medication management) is made available to HealthPAC clients only under the following circumstances:
    - primary care first attempts to address the client's needs in the clinic and determines their own services are insufficient
    - primary care then refers to ACCESS for specialty outpatient services
    - ACCESS conducts a brief screening to determine if outpatient services are appropriate
    - ACCESS makes a referral for time-limited outpatient interventions with planned referral back to primary care once the client is stabilized and/ their presenting problems are resolved
  4. Level 4 (Wellness Centers)

