IBHP
Integrated Behavioral Health Project

California Institute for Mental Health (CIMH) Integration Initiatives Report

Respondents: County Mental Health/Behavioral Health Staff

Prepared by

Integrated Behavioral Health Project
Community Clinic Initiative – Tides Center

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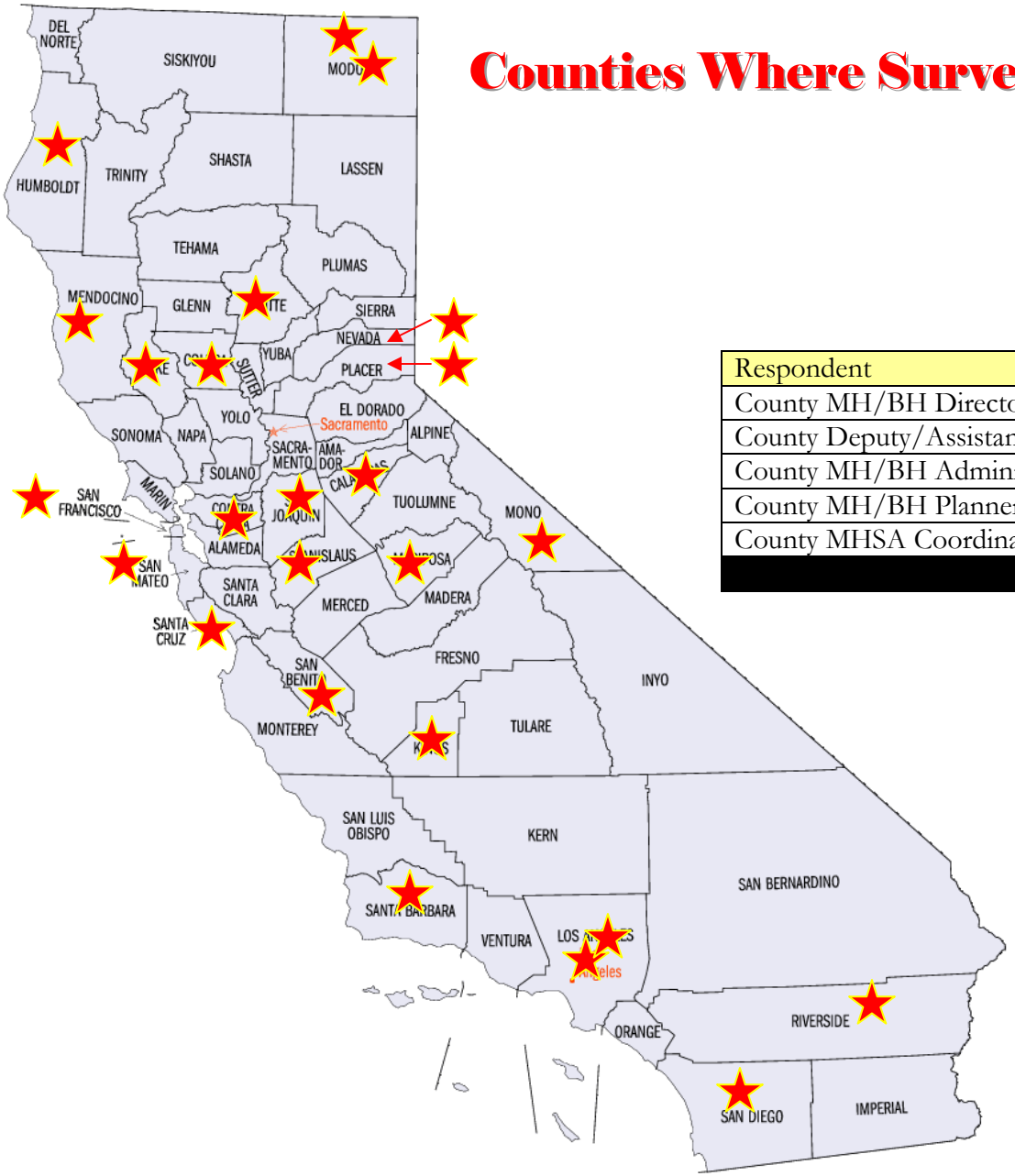
Counties Where Survey Was Completed



Respondent	n	Percentage
County MH/BH Director	12	48.0%
County Deputy/Assistant MH/BH Director	7	28.0%
County MH/BH Administrator	2	8.0%
County MH/BH Planner/Program Specialist/ Evaluator	2	8.0%
County MHSA Coordinator	2	8.0%
TOTAL	**25**	**100.0%**

Integration Partnership Structure

Greatest Percentage

Question/Statement	Yes	No	Don't Know
Is your county/agency involved in working on an integration initiative within your organization? (N=24)	**95.8%**	4.2%	0.0%
Is your county/agency involved in working on an integration initiative in partnership with another organization? (N=24)	**91.7%**	8.3%	0.0%

Definition of types of integrated care: Check the one that most closely fits for you. (N=24)	Percentage
Minimal collaboration: *MH providers and primary care providers work in separate facilities, have separate systems, and communicate sporadically.*	8.3%
Basic collaboration at a distance: *Primary care and MH providers have separate systems at separate sites, but engage in periodic communication about shared patients/clients.*	**33.3%**
Basic collaboration on site: *MH and primary care professionals have separate systems but share the same facility. Proximity allows for more communication, but each provider remains in his or her own professional culture.*	16.7%
Close collaboration in a partly integrated system: *MH professionals and primary care providers share the same facility and have some systems in common, such as scheduling appointments or medical records. Physical proximity allows for regular face-to-face communication and there is a sense of being part of a larger team treating shared patients/clients.*	16.7%
Close collaboration in a fully integrated system: *The MH providers and primary care providers are part of the same team. MH or substance use services are provided in primary care (i.e., the client/patient receives MH or SU treatment as part of his or her regular primary care) or primary care services are provided in a MH or substance use clinic (i.e., the client/patient receives basic primary care service within MH or SUD program. The program may be dual certified as a MH and primary care clinic.).*	12.5%
None of the above	12.5%

Four Quadrant Clinical Integration Model

- Thirteen (13) of the 25 respondents (52.0%) reported that they are using at least one quadrant of the *Four Quadrant Clinical Integration Model* as a structure for planning for populations; eight (8) respondents indicated NOT using any of the four quadrants for planning (by NOT selecting any of the quadrants or the "I don't know" response) and four (4) respondents reported that they did not know if they were using at least one quadrant of the *Four Quadrant Clinical Integration Model* as a structure for planning for populations. Of the 13 respondents indicating they are using at least one quadrant of the *Four Quadrant Clinical Integration* as a structure for planning for populations …

  - 53.8% were using Quadrant I (Low Behavioral Health (BH) and Low Physical Health (PH)) for planning.
  - 84.6% were using Quadrant II (High Behavioral Health (BH) and Low Physical Health (PH)) for planning.
  - 76.9% were using Quadrant III (Low Behavioral Health (BH) and High Physical Health (PH)) for planning.
  - 84.6% were using Quadrant IV (High Behavioral Health (BH) and High Physical Health (PH)) for planning.
  - Additionally, 53.6% of respondents reported using ALL four quadrants for planning.

- For the eight (8) respondent that indicated they were NOT using the *Four Quadrant Clinical Integration Model* as a structure for planning for populations, these respondents were asked to describe, vis-à-vis written comments, the model or process their agency was using to determine who would receive what services and at what locations. Written comments provided by the seven (7) respondents responding to the query are reported below:

  - *We are developing shared assessment tools as part of LIHP. Will be using SBIRT & PHQ9.*
  - *The paired provider model aims to provide continuity of combined behavioral health/primary care across the entire spectrum.*
  - *PHQ-9, which will screen for Low BH that would benefit from short duration interventions. Our integration projects are funded with PEI and INN funds.*
  - *At this time we are not using the four quadrant model. Providers are taking clients who may walk into primary clinic settings, and they also take clients referred by County Mental Health. The Primary Care providers are funded via PEI and consequently, may be seeing clients in a preventative capacity, also.*
  - *We were using a PN at the mental health site, but since she has moved out of the area we are planning on using a referral system and collaborative communication model once a physical assessment is completed by our public health nurse as needed.*
  - *High BH remains in BH system; Low BH and both High and Low physical health remain in primary care.*
  - *Psychiatric services available at primary care outpatient site (integrated).*

Leadership and Advocacy: Healthcare Reform and Integrated Care

1115b Medicaid Waiver Planning

Question	Yes	No	Don't Know
Are you involved with your county's 1115b Medicaid Waiver planning and/or implementation? (N=25)	**64.0%**	24.0%	12.0%

If "yes," check all the organizations that are involved in this planning. (n=16)

Organization	Percentage of Yes Responses
County Health Departments/Health Clinics	87.5%
County Substance Use Disorders Services/Programs	75.0%
FQHCs and/or FQHC Look-A-Likes	68.8%
Public Health	62.5%
Hospitals	50.0%
Public and/or Private Health Plan Management(s)	31.3%
Rural Health Clinics	25.0%

Question (n=16)	Percentage of Yes Responses
Is your county/agency involved in planning for integration above and beyond the 1115b Medicaid Waiver?	75.0%
Are mental health stakeholders involved in planning for the 1115b Medicaid Waiver in your county?	62.5%

If mental health stakeholders <u>are</u> involved in planning for 1115b Medicaid Waiver in your county, please indicate what types of stakeholders are involved? (n=10)

Mental Health Stakeholder	Percentage of Yes Responses
Consumers/Clients	80.0%
Family Members	80.0%
Mental Health Board Members	80.0%
Non-Profit Community-Based Providers	70.0%
Homeless Services Stakeholder Groups	40.0%

1115b Medicaid Waiver Planning Continued

If mental health stakeholders <u>are</u> involved in planning for the 1115b Medicaid Waiver in your county, what has been your process? (n=10)

Process	Percentage of Yes Responses
Similar to MHSA	30.0%
Use mental health board/commission to organize input/involvement	30.0%
Public meetings	40.0%
Other (e.g., *"Our process is under development and is unknown at this time"* – *"Educational presentations and solicitation of input"*)	40.0%

- Six (6) of the 16 respondents (37.5%) reporting that they were involved with their county's 1115b Medicaid Waiver planning and/or implementation responded "yes" to the question, *"Are underserved ethnic and cultural communities involved in planning for the 1115b Medicaid Waiver in your county?"*

- Ten (10) of the 16 respondents (62.5%) reporting that they were involved with their county's 1115b Medicaid Waiver planning and/or implementation responded "yes" to the question, *"Has planning for the 1115b Medicaid Waiver in your county addressed disparities impacting racial and ethnic communities?"*

<u>Accountable Care Organizations (ACOs)</u>

Question	Yes	No	Don't Know
Is there one or more ACOs developing or in existence in your county or geographical area? (N=25)	12.0%	**48.0%**	40.0%

Person-Centered Healthcare Home

Question	Yes	No	Don't Know
Is your county/agency working to develop a person-centered healthcare home? (N=24)	**66.7%**	16.7%	16.7%

Question	Yes	No	Don't Know/ (Missing)
If "yes," is your county/agency using the National Council on Quality Assurance (NCQA) 2011 Guidelines for your person-centered healthcare home planning/ preparation? (n=16)	25.0%	31.3%	**43.8%**
If "yes," are you planning to pursue National Council on Quality Assurance (NCQA) certification? (n=16)	0.0%	37.5%	**43.8%/(18.8%)**

Question	Yes	No	Don't Know
Is your county/agency addressing Federal Parity as part of the 1115b Medicaid Waiver planning? (N=23)	**47.8%**	17.4%	34.8%

1115b Medicaid Waiver Low-Income Health Program (LIHP) Benefit Structure

Medicaid Expansion (MCE) – Adults to 133% of FPL

Question	Yes	No	Don't Know
Does your county waiver proposal include mental health benefits above the minimum health benefit? (N=25)	**40.0%**	36.0%	24.0%

If "yes," what additional benefits are you providing? (n=8[1])

Benefits	Percentage of Yes Responses
Outpatient - case management	87.5%
Outpatient - mental health services	87.5%
Outpatient - medication support	75.0%
Outpatient - crisis intervention	75.0%
24 hour - hospital inpatient	62.5%
24 hour - adult crisis residential	62.5%
24 hour - hospital administrative day	50.0%
Day - crisis stabilization	50.0%
24 hour - psychiatric health facility	37.5%
24 hour - adult residential	37.5%
Day - treatment intensive	37.5%
Day - rehabilitation	37.5%

[1] Eight (8) out of the 10 respondents selecting the "yes" response in regarding the question, *"Does your county waiver proposal include mental health benefits above the minimum health benefit?"* responded to the check-all-that apply follow-up question, *"If 'yes,' what additional benefits are you providing?"*

Question	Yes	No	Don't Know
Is your county's 1115b Medicaid Waiver providing a substance use disorder benefit? (N=25)	36.0%	**44.0%**	20.0%

If "yes," what benefits? (n=7[2])

Benefits	Percentage of Yes Responses
Outpatient Treatment	85.7%
Screening and Brief Intervention	85.7%
Case Management	57.1%
Intensive Outpatient (Day Treatment/ Day Care Habilitative)	28.6%
Medication Assisted Treatment (methadone, buprenorphine, other)	28.6%
Residential (Non-Hospital) Detoxification	28.6%
Outpatient Detoxification	14.3%
Residential Treatment – 30 days or less	14.3%
Sober Living	0.0%
Inpatient Hospital Detoxification	0.0%
Residential Treatment – More than 30 days	0.0%
Transitional Housing	0.0%

[2] Seven (7) out of the 9 respondents selecting the "yes" response in regarding the question, *"Is your county's 1115b Medicaid Waiver providing a substance use disorder benefit?"* responded to the check-all-that apply follow-up question, *"If 'yes,' what benefits?"*

Healthcare Coverage Initiative (HCCI) – Adults Between133% and 200% of FPL

Question	Yes	No	Don't Know
Is your county planning a HCCI? (N=25)	16.0%	**52.0%**	32.0%

Question	Yes	No	Don't Know
If "yes" to planning a HHCI, is your county providing a mental health benefit in the HCCI? (n=4)	**75.0%**	0.0%	25.0%

Question	Yes	No	Don't Know
If "yes" to planning a HHCI, is your county providing a substance use benefit in the HCCI? (n=4)	**50.0%**	0.0%	**50.0%**

If "yes" that your county is providing a mental health benefit in HHCI, please specify the mental health benefits. (n=2[3])

Benefits	Percentage of Yes Responses
Outpatient - case management	100.0%
Outpatient - mental health services	100.0%
Outpatient - medication support	100.0%
Outpatient - crisis intervention	100.0%
24 hour – hospital inpatient	50.0%
24 hour - hospital administrative day	50.0%
24 hour - adult crisis residential	50.0%
24 hour - adult residential	50.0%
Day - crisis stabilization	50.0%
Day - rehabilitation	50.0%
24 hour - psychiatric health facility	0.0%
Day - treatment intensive	0.0%

If "yes" that your county is providing a substance use benefit in HHCI, please specify the substance use benefits. (n=2)

Benefits	Percentage of Yes Responses
Screening and brief intervention	100.0%
Outpatient treatment	100.0%
Case management	50.0%
Medication assisted treatment	0.0%
Inpatient hospital detoxification	0.0%
Intensive outpatient	0.0%
Residential non- hospital detoxification	0.0%
Residential treatment – 30 days or less	0.0%
Residential treatment – more than 30 days	0.0%
Transitional housing	0.0%
Sober living	0.0%

[3] Two (2) of the three (3) respondents selecting the "yes" response in regarding the question, *"Is your county providing a mental health benefit in the HCCI?"* responded to the check-all-that apply follow-up statement, *"If 'yes,' please specify the mental health benefits?"*

Integrated Care Service Delivery and Readiness as a Specialty Partner Under Healthcare Reform

Rapid Access to Care

Question	Yes	No	Don't Know
Do you provide or have agreements for emergency care within two hours? (N=21)	**66.7%**	23.8%	9.5%
Do you have urgent care within 24 hours? (N=24)	**75.0%**	12.5%	12.5%
Do you provide routine care within 7 days? (N=24)	**45.8%**	37.5%	16.7%

Referral Relationships

Question	Yes	No	Don't Know
Do you have agreements/provisions for referrals to primary care and other providers? (N=25)	**80.0%**	12.0%	8.0%
Do you have a process for tracking completion and outcomes of referrals? (N=25)	**52.0%**	36.0%	12.0%
Do you have a process for providing feedback to referring entities? (N=24)	**66.7%**	25.0%	8.3%

Cross-Systems Communications and Supports

Question	Yes	No	Don't Know
Has your agency developed any specific client informing and consent agreements to support provision of integrated care? (N=25)	**64.0%**	20.0%	16.0%
Do you provide access to psychiatric consultation to your substance use partner? (N=24)	**83.3%**	8.3%	8.3%
Do you provide access to psychiatric consultation to your primary care partner? (N=23)	**87.0%**	8.7%	4.3%

Does your agency partner with substance use, mental health or primary care to provide the following…(N=23[4])

	Percentage of Yes Responses
Cross-training	78.3%
Formal education	52.2%
Cross-system meetings	87.0%
Case conferencing	87.0%

[4] Two (2) respondents indicated that they did NOT know.

Care Management

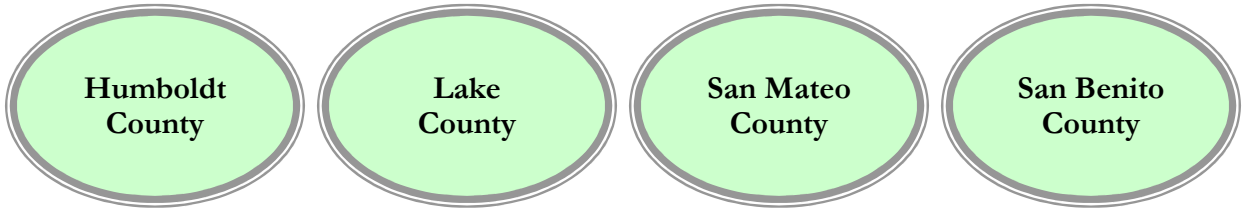
Question	Yes	No	Don't Know
Does your agency provide care management to coordinate clients' care among healthcare providers? (N=25)	**84.0%**[5]	12.0%	4.0%

Question	Yes	No	Don't Know
If "yes," do you have a formal role for a care manager? (n=21)	**61.9%**	33.3%	4.8%

Question	Yes	No	Don't Know
If "yes," do you have a job description? (n=13)	**53.8%**	30.8%	15.4%

Question	Yes	No	Don't Know
If "yes," would you be willing to share the job description?"? (n=7)	**57.1%**	28.6%	14.3%

The four (4) respondents reporting they would share the job description were from the following counties:



[5] Seven (7) of the 21 respondents described what types of staff provided care management. Of the seven (7) respondents, four (4) indicated that peers were part of their care management team. The four (4) respondents were from the following counties: Nevada, Placer, San Benito, and San Francisco.

Self-Management Support and Treatment Services

Question	Yes	No	Don't Know
Do you provide access to substance use relapse prevention services? (N=25)	**76.0%**	12.0%	12.0%
Do you provide smoking cessation services? (N=25)	**48.0%**	48.0%	4.0%

Do you have services for client education and self-management? Please check all that apply. (N=24)

	Percentage of Yes Responses
Wellness Recovery Action Plan (WRAP)	87.5%
Self Help	75.0%
Peer Support	95.8%
Education Groups (e.g., cardiovascular disease management, diabetes management)	45.8%

Leadership and Advocacy: Healthcare Reform and Integrated Care

Evidenced-Based Practices

Question	Yes	No	Don't Know
Are you utilizing evidence-based clinical approaches for integrated care? (N=24)	**54.2%**	45.8%	0.0%

If "yes," which evidenced-based practices?

Top Evidenced-Based Practices Used
☑ IMPACT
☑ SBIRT

Evaluation Measures

Question	Yes	No	Don't Know
Does your integration initiative track individual client and population outcomes/measures? (N=23)	**47.8%**	43.5%	8.7%
Has your integration initiative defined system performance indicators? (N=22)	36.4%	**45.5%**	18.2%

Peer/Health Navigators

Question	Yes	No	Don't Know
Do you plan to use Health Navigators/Promotores to assist clients and family members with accessing health care? (N=25)	**60.0%**	20.0%	20.0%

Workforce Development

Question	Yes	No	Don't Know
Does your agency have a workforce development and/or expansion plan to address projected increased demand for mental health and substance use disorder services? (N=25)	**64.0%**	20.0%	16.0%

Financing and Sustainability

How are you financing your integrated care initiative? Please check all that apply. (N=22)

	Percentage of Yes Responses
Prevention and Early Intervention	63.6%
Community Services and Support	45.5%
Innovation	40.9%
Realignment	22.7%
Mental Health Medicaid	54.5%
SUD Funding	22.7%
FQHC Funding	18.2%
General Health Medicaid	13.6%
Medicare	18.2%
Grant Funding	18.2%
County General Fund	4.5%

MHSA

Question	Yes	No	Don't Know
Do you have start-up or planning funds? (N=25)	36.0%[6]	**52.0%**	12.0%

[6] 77.8% of respondents indicated that the start-up or planning funds were from MHSA (n=9).

Information Technology

Question	Yes	No	Don't Know
Are you using an electronic health record (EHR)? (N=24)	**70.8%**	25.0%	4.2%

If "yes," what electronic health records vendor are you using?

Top Electronic Health Records Vendors Used
☑ Avatar
☑ Anasazi
☑ Netsmart

Question	Yes	No	Don't Know
Does your agency have a system of sharing electronic client health information with integrated care partners? (N=25)	24.0%	**72.0%**	4.0%
Are you using a client registry? (N=24)	16.7%	**62.5%**	20.8%

Question	Yes	No	Don't Know
If "yes," is this registry used to share health information across provider(s)? (n=4)	75.0%	0.0%	25.0%

Client Flow and Bi-Directional Stepped Care

Question	Yes	No	Don't Know
Are you routinely assessing client level of care (LOC), e.g., MORS, LOCUS, etc? (N=17)	**70.6%**	23.5%	5.9%

If "yes," what LOC instrument(s) are you using?

Top LOC Instrument(s) Used
☑ LOCUS/CalLOCUS
☑ MORS

Question	Yes	No	Don't Know
Are you using protocols/guidelines for assessing who needs specialty care and who can be treated in primary care? (N=10)	**80.0%**	20.0%	0.0%

If "yes," briefly describe.

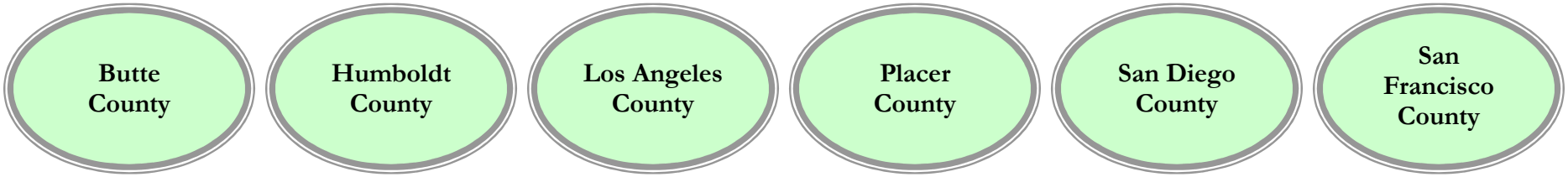
Protocols
☑ Clinical judgment [is] based on diagnosis and functional impairments. Review prior history of MH/AODS care with other providers (including primary care providers) to determine what has been effective.
☑ Negotiated individually in each paired clinic arrangement..
☑ Protocols and guidelines for assessing level of care are in place. Low level MH services that can be offered through primary care are routinely referred there.
☑ The model uses brief assessment and intervention protocols to intervene with referrals in PC- there are manualized interventions for different BH issues, and referral to the full range of county MH and SA services for issues that need management beyond the PC site.
☑ We are using a three-tiered approach for determining who can be treated in specialty vs. primary care. Tier 1 are individuals in quadrants 2 and 4 who have high mental health needs and these individuals are seen in specialty mental health. Tier 2 individuals are those in quadrants 1 and 3 who may benefit from short-term specialty mental health therapy. If the individual is also seen in a primary care setting, then the MHIP model is used and medications (if needed) are prescribed by

primary care. Tier 3 individuals are those in quadrants 1 and 3 who choose not to partake.

- ☑ We determine if someone has serious mental illness to determine initially who needs specialty care rather than treatment through primary care. As a person becomes stable in specialty care we help them to transition to their primary care physician. If they do not have a primary care physician, we assist them to identify someone.
- ☑ We've developed a county policy & procedure.
- ☑ Encounter and referral forms and case conferencing are used to determine best care for patient.

"Are you willing to share these protocols?" Six (6) of the eight (8) respondents responded "yes."

The six (6) respondents were from the following counties:



Please add any additional information about your initiative that we may have missed.

Protocols

- ☑ Goal is to have client access to EHR next year. Contracting with Anthem for Jan 2012 change of CMSP. Working within collaborative with CIMH integration on fourth quadrant clients and information sharing with PCP.
- ☑ Our MHSA Innovation Plan, "Taking Integration Personally," addresses MH/SU integration, as well as integration with Primary Care. We are in the initial stages of an 18 month plan.
- ☑ Our initiative began when we had to reduce mental health services and successfully moved both a psychiatrist and appropriate clients to primary care. We then participated in the CalMEND project to further integrate the services in primary care. We are excited that this model is going to provide improved care to clients.
- ☑ The Provider Model is a clinical paradigm shift that requires that paired clinics adopt each role/responsibility for the full spectrum of behavioral and physical health for their shared populations.
- ☑ We are an umbrella county and we have a private hospital. Our Director is working with the Health Department and with the local hospital/clinic to begin investigating integrated care, but we are only at the talking stage at this point.

- ☑ We are still developing our LIHP, and probably will not start until January, so most of the answers here are what we plan to do, not necessarily what we currently do.
- ☑ We are working on primary care integration with MH/AODS independent of the CMSP 1115b waiver. As our agency has AODS and MH. Our job is to continually reach out to the primary care providers and to the FQHCs that provide MH/SUDS care to lower-acuity clients.
- ☑ We are working with SCCI with CiMH through February 2013 to address our implementation, collaboration and development of Whole Person coordinated care.