B-HIP | Behavioral Health Integration Project
San Luis Obispo County, California

INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES IN SAN LUIS OBISPO COUNTY

Prepared by
San Luis Obispo Behavioral Health Integration Project (B-HIP)

August 2018

Joel Diringer, JD, MPH

TABLE OF CONTENTS

TABLE OF TABLES

ACKNOWLEDGEMENTS

Integrating Behavioral Health and Primary Care Services In San Luis Obispo County was made possible through a series of grants from the Blue Shield of California Foundation to Transitions Mental Health Association. The Foundation's mission is to build lasting and equitable solutions that make California the healthiest state and end domestic violence. For more information, visit www.blueshieldcafoundation.org.

The author would like to acknowledge all those who participated in the Behavioral Health Integration Project, and those that contributed to this publication by participating in stakeholder interviews and focus groups, as well as providing feedback and comments on drafts. This includes senior staff from Community Health Centers of the Central Coast, Community Counseling Center, Transitions Mental Health Association (T-MHA) and San Luis Obispo County Departments of Public Health and Behavioral Health, as well as consultant assistance from Margaret Shepard, Dale Magee and Elise St. John.

This project would not have been possible without the commitment of T-MHA as the convenor and lead agency. The support of T-MHA's staff and T-MHA's respect for diversity and inclusivity has contributed vastly to the success of the project.

INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES IN SAN LUIS OBISPO COUNTY

INTRODUCTION

In July 2014 Transitions Mental Health Association (T-MHA) received its first grant from the Blue Shield of California Foundation to convene community partners in the San Luis Obispo County Behavioral Health Integration Project (B-HIP). The purpose of B-HIP is:

> To improve system-level integration of primary and behavioral health care in the safety net in San Luis Obispo County through collaborative planning and action among providers, county agencies and Medi-Cal managed care plans.

B-HIP partners include T-MHA, CenCal Health, Holman Group, Community Health Centers of the Central Coast (CHC), SLO County Health Agency -- Behavioral Health and Public Health, Tenet Health, Dignity Health, Community Counseling Center, Promotores Collaborative and Cal Poly Health and Well-Being. Diringer and Associates, a Central California health policy consulting firm, provides staff support and facilitation. Additional support was provided by Catalyst Consulting, the Public Research Alliance and Margaret Shepard.

The group has had regular convenings among partner agencies over the past three years to develop a shared vision and collective accountability for advancing primary care and behavioral health integration in San Luis Obispo County. The group also conducted a community needs assessment, commissioned two sets of focus groups with behavioral health consumers, and participated in a statewide "learning community" in behavioral health integration. Drawing upon the Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration's (HRSA) Six Levels of Collaboration/Integration Tool, the group developed a blueprint for system-wide integration with short, medium and long-term goals with key performance measures and identified leadership and roles in San Luis Obispo County.

With the reduction of many financial barriers to behavioral health care as result of the Affordable Care Act, the past three years have been an opportune time to develop systems for "whole person" care that more fully integrate behavioral health services with general medical care. The literature provides a compelling case for integrating physical health care with behavioral health care.

- 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 age 51, on average, compared with 76 for Americans overall. 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.[1]

[1] Colton, C, Mortality: Health Status of the Served Population, Sixteen State Pilot Study on Mental Health Performance Measures, 2003.

- Adults with mental illness are significantly more likely to have high blood pressure, asthma and stroke and more apt to utilize ER's and hospitals than others.[2]
- The presence of type 2 diabetes nearly doubles an individual's risk of depression and an estimated 28.5 percent of diabetic patients meet criteria for clinical depression.[3]

This report is intended to report on our progress in integrating behavioral health and primary care in San Luis Obispo County. We also provide updated data on our system ability to provide behavioral health services in San Luis Obispo County This data will primarily focus on services for San Luis Obispo County's over 50,000 Medi-Cal managed care recipients and those who receive services at County Behavioral Health and Community Health Centers. We lastly present policy opportunities for improving mental and physical health services in the County.

- Part I reports on the progress we have made in the past three years of the Behavioral Health Integration Project.
- Part II presents data including
    - analysis of the demand for behavioral care services in San Luis Obispo County,
    - capacity of San Luis Obispo County providers to meet the expected demand for services,
    - trends in utilization of behavioral health services in San Luis Obispo County, and
    - gaps in behavioral health services.
- Part III discusses the results of two sets of focus groups of behavioral health clients and their attitudes about current services and interest in integrated services. Despite an apparent expansion of eligibility and services, clients still feel that they are having difficulty accessing the quality care that they need.
- Part IV discusses policy and community opportunities for expanding efforts in San Luis Obispo County for meeting the behavioral and physical health needs of its residents.

[2] National Survey on Drug Use and Health, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies), Substance Abuse and Mental Health Services Administration (SAMHSA). April 2012

[3] Lustman PJ, Clouse RE. Depression in diabetic patients: The relationship between mood and glycemic control. Journal of Diabetes and Its Complications, 2005; 19: 113-122.

I. PROGRESS IN INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES

The Behavioral Health Integration Project began a process of improving behavioral health and primary care systems in San Luis Obispo County. While we can point to specific progress that we made in a number of areas, there is still much work to be done on a local and state level to achieve care that treats a person as a "whole person" and reduces the silos of services and systems.

A. Newly covered populations and services

The implementation of the Affordable Care Act (ACA) in San Luis Obispo County has resulted in both increases in the number of persons having health coverage and the expansions in covered behavioral health services. Over 30,000 additional residents received health coverage due to the ACA: 13,000 San Luis Obispo County residents are enrolled in Covered California plans, while nearly 54,000 residents are now enrolled in Medi-Cal. Medi-Cal recipients total 19% of all San Luis Obispo County residents and one in three children. Approximately 16,000 persons (6%) remain uninsured.

Beginning 2014, Medi-Cal benefits were expanded to include mental health services for those with mild to moderate conditions, as well as substance use disorder (SUD) services. Medi-Cal managed care plans (CenCal Health in San Luis Obispo County) provide the mental health benefits for those with mild to moderate conditions. CenCal has contracted with the Holman Group to administer the mental health benefits as its behavioral health organization. County Behavioral Health provides services for those persons with serious mental illness and substance use disorders.

SUD benefits provided by County Behavioral Health include:

- Intensive outpatient treatment (no longer limited to pregnant/postpartum/under 21 population),
- Residentially-based substance use disorder services (no longer limited to pregnant/postpartum population), and
- Voluntary medically necessary inpatient detoxification.

San Luis Obispo County has recently been authorized to operate the substance use disorder Drug Medi-Cal (DMC) program as an organized delivery system (ODS). The DMC ODS will provide a continuum of care modeled after the American Society of Addiction Medicine criteria for substance use disorder treatment services, enable more local control and accountability, provide greater administrative oversight, create utilization controls to improve care and efficient use of resources, implement evidenced-based practices in substance abuse treatment, and coordinate with other systems of care.

B. Improved systems for information sharing

1. Multi-Agency Referral and Client Release of Information (Form 815)

Through the combined efforts of B-HIP partners, B-HIP was able to facilitate the creation of a HIPAA compliant Multi-Agency Referral and Client Release of Information form that is accepted by most agencies throughout San Luis Obispo County. Working with a form that was long-used by social services agencies (the DSS 815 form), the County Health Agency and Department of Social Services collaborated with community partners, provider and privacy experts to update the release form so it was acceptable in the medical and treatment community. It is now available on-line in a fillable PDF format. It allows limitation of disclosures and revocation by the client. It was recently updated to comply with the newly amended 42 CFR Part 2 regulations limiting release of substance use disclosures. A training was provided by B-HIP of the reconstituted form for community providers in 2016, and a provider group meets regularly to review the form.

The form is currently used as a paper form with the original copy being retained by the initiating agency. Plans are underway to have the 815 disclosure form incorporated into the newly developed Octavia client management software to allow for electronic storage and tracking of updates and revocations of the form.

2. Octavia case management software

Dr. David Duke, the Dignity Health representative to B-HIP, has developed patient management software named Octavia to track referrals and services provided to patients. Dr. Duke and his team at Mastodon, LLC has also built in capacity to identify patient risks (e.g. falling, homelessness, abuse) and identify suggest appropriate services tailored for the patient. The software also has robust reporting and tracking capabilities to allow programs to identify trends and progress. Octavia is currently in use in the Dignity Health network on the Central Coast and B-HIP continues to work with Dr. Duke in its evolution from a hospital system-based tool to one that includes an array of community services.

3. Health Information Exchange

San Luis Obispo County continues with its efforts for develop a Health Information Exchange to allow for electronic transfer of information among health system providers. Integrating the hospital systems, clinic systems and Health Agency (Behavioral Health and Public Health) data systems are ongoing.

C. Expanded patient navigation capacity

Focus groups of users of the behavioral health system identified difficulty in navigating the complex care system. The clients identified peer navigators as part of the solution for improved access throughout the system.

B-HIP took several approaches to expanding patient navigation systems. T-MHA hosted a four day Pacific Clinics Training Institute Health Navigator training for 21 peer outreach workers, health navigators, Promotores, homeless case management, and family services staff in 2016. Some of the attendees went on for further training to become certified at Health Navigators.

B-HIP also brought in the Promotores Collaborative as an active partner in its work and the Behavioral Health Department provided additional training for the community navigators. Peer navigators were also incorporated in the San Luis Obispo Health Improvement Partnership (SLO-HIP) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide health services to County Behavioral Health clients.

Lastly, B-HIP partnered with T-MHA's Peer Advisory and Advocacy Team (PAAT) to conduct survey and focus groups of patient experiences with the Behavioral Health System.

D. Provider empathy training

Client focus groups and feedback highlighted the stigma that persons with behavioral health issues feel from providers and the community at large.

In June 2016, sponsored two presentations by a national expert on the importance of empathy in providing care in clinical and other settings. The two sessions reached over 100 persons including physicians, psychologists, psychotherapists, nurses, physician's assistants, public health nurses, nurse practitioners, family advocates and a chaplain. T-MHA also engaged the presenter to provide additional trainings to their staff and staff from other community organizations.

E. Pilot projects in integrating care

Two federally funded pilot projects evolved from the B-HIP partnership that integrate a range of medical and behavioral health services.

The San Luis Obispo Health Improvement Partnership (SLO-HIP) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) is a joint effort by County Behavioral Health, T-MHA and Community Health Centers to provide health services to County Behavioral Health clients through the Behavioral Health Department. The program enrolls County Behavioral Health clients, tracks their medical status and provides health promotion and navigation services.

Another SAMHSA grant funds a partnership of T-MHA, Community Action Partnership of San Luis Obispo County and Restorative Partners to provide integrated services for chronically homeless individuals and families in San Luis Obispo County who are experiencing co-occurring mental health and substance use disorders. The San Luis Obispo Homeless Recovery Hub (SLO Hub) project includes mental health and substance use disorder treatment for individuals, families and groups, primary care, supportive recovery-oriented services and wrap-around case management and volunteer support focusing on increasing self-sufficiency and sense of community, leading to permanent housing.

F. Qualitative process evaluation

A series of interviews with B-HIP project participants was conducted by independent evaluator, Elise St. John, PhD to examine stakeholders' assessments of the B-HIP project, including major accomplishments and shortcomings of this shared work, and how they plan to continue integration efforts post-B-HIP. Her findings are contained in a separate report.

II. DATA ON UTILIZATION FOR BEHAVIORAL HEALTH SERVICES

A. Demand for behavioral health services

In assessing the estimated demand for behavioral health services, we reviewed published rates of mental health conditions, population estimates and Medi-Cal enrollment. The estimates vary widely based upon national and state data sources and differing methodologies. According to the California Primary Care, Mental Health, and Substance Use Services Integration Policy Initiative:

- 26 percent of the U.S. population 18 years and over will need mental health services during a given year. Of those, an estimated 20.2 percent will have mild/moderate mental health diagnoses; 5.7 percent will have serious/severe diagnoses. The rate is higher for low-income uninsured.[4]

- 20 percent of children will need mental health services during a given year.[5]

- 12.7 percent of the U.S. population 18 years and over are estimated to need alcohol and other drugs (AOD) services during a given year (7.7% Mild/Moderate; 5.0% Serious/Severe).[5]

The California Health Care Almanac (2013) estimates that 15.9 percent of the adult population will need mental health services with 4.3 percent of adults having a serious mental illness. For children, 7.6 percent have a serious emotional disturbance.[6]

The California Mental Health and Substance Use Needs Assessment (2012) estimates that 5.4 percent of the population has a serious mental illness (7.3% of children; 4.9% of adults). The estimated percentage of persons with alcohol and drug diagnoses is 8.8 percent (3% of children; 10.2% of adults).

In addition, there is an overlap in the mental health and substance use disorder populations. Nearly 60 percent of individuals with bipolar disorder and 52 percent of persons with schizophrenia have a co-occurring substance use disorder. Approximately 41 percent of individuals with an alcohol use disorder and 60 percent of individuals with a drug use disorder have a co-occurring mood disorder.[7] An estimated 49 percent of Medicaid beneficiaries with disabilities have a psychiatric illness.[8]

---

[4] California Primary Care, Mental Health, and Substance Use Services Integration Policy Initiative, September 14, 2009. p.18.
[5] Mental Health: A Report of the Surgeon General, 2000.
[6] California Health Care Foundation, California Health Care Almanac: Mental Health Care in California: Painting a Picture, 2013.
[7] Verduin, M et al., Substance Abuse and Bipolar Disorder. Medscape Psychiatry and Mental Health. 2005.
[8] Kronick RG, Bella M, Gilmer TP. The faces of Medicaid III: Refining the portrait of people with multiple chronic conditions. Center for Health Care Strategies, Inc., October 2009.

Table 1 estimates the range of San Luis Obispo County residents who will need behavioral health services.

Table 1: Estimated Demand for Behavioral Health Services

Estimates of demand for Behavioral Health services in SLO County	0-20	21+	Total population	<200%FPL ***
Total County population*	74,248	208,639	282,887	47,435*
Total Medi-Cal population**	24,424 (32.8%)	29,266 (14.0%)	53,690 (18.9%)	
Mental Health				
Severe/serious	5,642 (7.6%)	8,971 - 11,895 (4.3 to 5.7%)	15,275 (5.3%)	2,703 (5.7%)
Mild/moderate		42,155		
Any mental illness	14,850 (20%)	33,174 – 54,246 (16 - 25%)	56,577 (20%)	9,487 (20%)
Substance use disorders				
Children	2,227			635 (2.6%)
Adults		21,281 - 26,497		3,541 (12.1%)

Estimates based on Statewide and National prevalence estimates including CA Mental Health and Substance Use Needs Assessment, CA Primary Care, Mental Health and Substance Use Services Integration Policy Institute and CHCF California Health Care Almanac. Estimates may not add up due to different data sources.
*2016 Census ACS 1-year estimate
**December 2017 CenCal enrollment
***January 2018 total Medi-Cal enrollment
***Assumes same prevalence rates for Medi-Cal as for general population (although probably higher)

B. Community capacity to meet demand

1. San Luis Obispo County Behavioral Health Services Staffing

Behavioral health services for the Medi-Cal population are provided by the County Behavioral Health, Holman Group, Community Health Centers and Community Counseling Center. They have a range of mental health workers including psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, therapy interns, nurse practitioners, SUD specialists and others. Cal Poly Health and Wellbeing serves their student population.

Professional staffing has increased among the behavioral health agencies in San Luis Obispo County, with the exception of Cal Poly Health and Wellbeing which saw a slight drop in the number of providers. The Holman Group which contracts with mental health providers for CenCal Health has 139 providers listed in San Luis Obispo County, an increase of 124% from 2015. Similarly, Community Health Centers has staffed up in the past year and now has 28 mental health providers, nearly triple the number in 2015. The County increased its mental health staffing by 12 percent and its substance use disorder staffing by 36 percent. Data from Community Counseling Center were not provided. See Table 2 and Figure 1.

However, recruiting psychiatrists to serve County Behavioral Health and CenCal patients remains challenging in San Luis Obispo County, as in most other counties in the California. There is high turnover and the use of visiting or "locum tenens" psychiatrists. Clients report that they see a different psychiatrist on each visit which inhibits relationship building and continuity of care. CHC has begun a tele-psychiatry program as have many other counties in California.

Their mental health staffing reported by various agencies is as follows:

Table 2: San Luis Obispo County Behavioral Health Services Staffing

Agency	2015	2016	2017	Change (2015-17)
Cal Poly Health and Wellbeing	16	14.6	15.1	-6%
Community Health	9.5	10.4	28	+195%
CenCal Health (Holman)	62	100	139	+124%
County Mental Health	103	96	115	+12%
County Drug and Alcohol	55	39	75	+36%

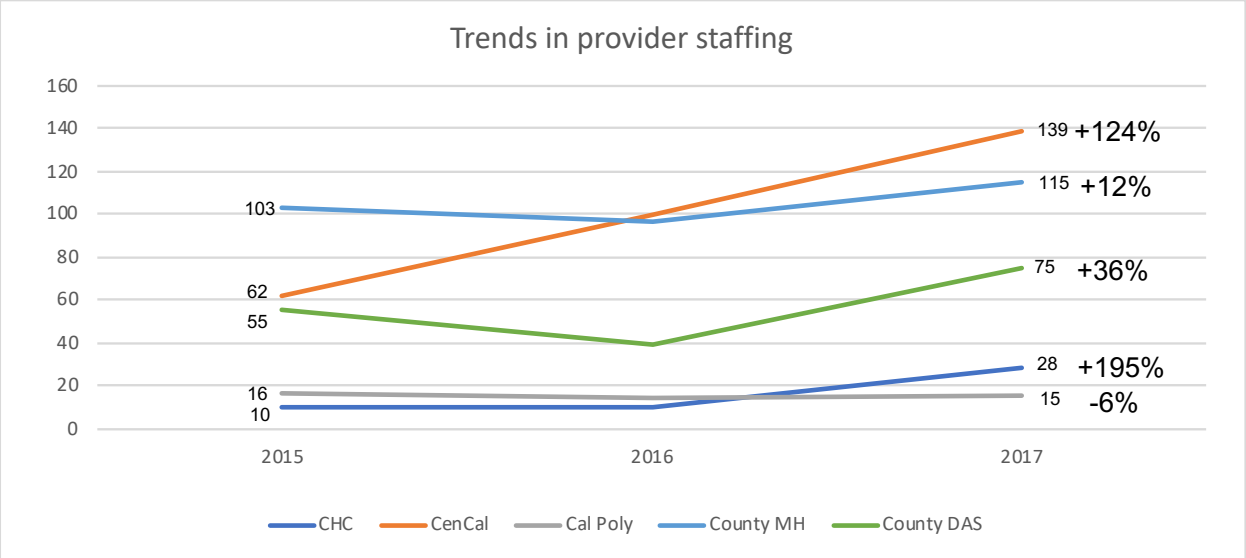


Figure 1: Trends in behavioral health provider staffing

C. Utilization of behavioral health services

1. San Luis Obispo County Outpatient Mental Health Services Utilization

As part of its assessment of community behavioral health services, B-HIP surveyed community providers on their service levels beginning in 2014. The results are found in Table 3 which shows the number of persons obtaining behavioral health services in 2017 at various agencies in San Luis Obispo County, including the number of visits, age breakdowns, and other data.

There have been significant increases in behavioral health service delivery from when B-HIP started tracking the data. See Table 3 and Figure 2. CenCal Health, which covers mental health services for those with mild to moderate conditions, provided care to 132 percent more Medi-Cal members during the period from 2014 to 2017. The County Behavioral Health provided mental health services to 38 percent more clients with severe mental illness during the same period, and served 15 percent more persons with drug and alcohol services. Community Counseling Center which serves both Medi-Cal members and other community members had a 33 percent increase in clients. Community Health Centers saw a 7.1 percent increase in mental health services and Cal Poly Health and Well-Being increased the number of clients by 16 percent.

Table 3: Services provided by SLO Mental Health providers in 2017

Provider	Community Health Centers	CenCal Health	County Mental Health Outpatient	County Drug and Alcohol Services	Community Counseling Center	Cal Poly Health & Wellbeing
# MH clients	2,609	4,403	5,469	2,672	1,925	214
# MH visits	7,172	36,853	114,799	99,203	17,325	6,150
Ave # visits per patient	2.7	8.1	21	37.1	9	2.9
Ages of MH patients	0-5: <1% 6-18: 10% 19-64: 80% 65+: 10%	0-5: 2% 6-18: 25% 19-64: 71% 65+: 2%	0-5: 7% 6-18: 31% 19-64: 57% 65+: 5%	0-5: 0% 6-18: 10% 19-64: 89% 65+: 1%	0-5: 2% 6-18: 32% 19-64: 63% 65+: 3%	0-5: 0% 6-18: 20% 19-64: 80% 65+: 0%
Latino/ Spanish Language	386	323	1,432 Latino	710 Latino	74	n/a

Figure 2: Trends in Mental Health Utilization

2. Penetration rate of service providers

B-HIP also sought to calculate the "penetration rates" or the percentage of clients with an expected need for services who are in fact receiving services. Calculating the rate is difficult. While the number of clients actually being served is tracked by Medi-Cal service providers, the estimates of demand for services vary depending upon the data source.

There are approximately 10,750 Medi-Cal members (20% of members) with mild to moderate mental conditions in San Luis Obispo County. CenCal reported providing services to 4,400 (41%) of those members in 2017. For children, the estimated penetration rate is 24 percent, and for adults it is 54 percent. While there remain many members who are not receiving necessary services, CenCal's penetration rate has improved significantly from 2014 when the overall penetration rate was calculated to be 21 percent.

For County Behavioral Health clients with severe mental illness (SMI), the County appears to be seeing the number of low-income clients that are expected, similar to what B-HIP found in 2014. For calendar year 2016, the County served approximately 6 percent of the Medi-Cal population, above the estimated percentage of Medi-Cal recipients with an SMI and above the State rate.[9] These numbers are of the number of clients seen, not the intensity of services.

Spanish speaking and Latino persons: CenCal reports that 18 percent of CenCal members in San Luis Obispo County prefer communication in Spanish. CenCal reported providing mental health services to 323 Spanish speaking persons during 2017, or 7 percent of clients served. For Latino Medi-Cal recipients, the penetration rate in 2016 was below 3.5 percent, well below the overall rate.

County BHD reported providing services to 1,432 Latinos for mental health outpatient services in 2017, out of a total of 5,469 persons or 26 percent. Similarly, 27% of Drug and Alcohol Services were provided to Latinos.

3. Psychiatric Hospital Utilization

In addition to the services provided by behavioral health programs, B-HIP also attempted to understand the demand put on hospitals and emergency rooms for behavioral health cases. San Luis Obispo County has four general acute care hospitals and one psychiatric health facility.

The California Hospital Association estimates that the need for inpatient psychiatric beds in a community is 50 psychiatric beds per 100,000 individuals (or 1:2000)[10] Under this standard San Luis Obispo County needs 141 psychiatric beds. However, in San Luis Obispo County there are only 16 beds or 5.7 beds per 100,000 residents and about 12 percent of the estimated need. The California average is 16.9 beds per 100,000 population [11]

The County-operated 16-bed Psychiatric Health Facility (PHF) is the only inpatient psychiatric unit in the County. Services include psychiatric assessments, medication, crisis interventions, and individualized discharge plans. The number of patients receiving services at the PHF seems to have decreased in recent years, but the average lengths of stay are considerably longer. See Table 4.

---

[9] San Luis Obispo County Mental Health Plan CalEQRO Report, FY 2017-18.
[10] California Hospital Association, California's Acute Psychiatric Bed Loss, 2013, California Health Care Foundation, California Health Care Almanac: Mental Health Care in California: Painting a Picture, 2013.
[11] California Hospital Association, California's Acute Psychiatric Bed Loss, January 11, 2018, https://www.calhospital.org/sites/main/files/file-attachments/6_-_psychbeddata.pdf

Table 4: San Luis Obispo County Psychiatric Health Facility Utilization

Year	Discharges	Days	Average length of stay
2014	1180	3842	3.3
2015	994	2748	2.8
2016	942	2681	2.8
2017	811	3676	4.5

Source: Office of Statewide Health Planning and Development

Private developers are planning a 92 bed psychiatric health facility in Templeton. While the County has approved the development of the facility, completion is still two or more years away according to the developer.

In April 2018, the County opened a Crisis Stabilization Unit (CSU) near the PHF to provide short term stabilization (23 hour maximum) for up to four persons facing a mental health crisis. The primary goal of crisis stabilization is to prevent the need for individuals to be admitted to an inpatient psychiatric hospital setting.

4. General Acute Care Hospital and Emergency Room Utilization

The county's general acute care hospitals also treat persons with mental illness on an inpatient and emergency basis. The following are discharge data provided to the State Office of Health Planning and Development (OSHPD) on mental health discharges from the inpatient units and emergency departments. There are several caveats about the data. They only show the primary discharge diagnosis, and do not include any underlying diagnoses. Furthermore, the methods in which hospitals and individual doctors record the diagnoses may differ.

All of the acute care hospitals saw an increase in discharges in which "mental disorder" was the primary diagnosis from 2014 to 2017. The increases ranged from 20 percent for French Hospital to over a three-fold increase for Arroyo Grande Community Hospital. See Table 5. For emergency departments, three out of the four saw increases from 2013 to 2016. Twin Cities Community Hospital reported an 18 percent decrease in "mental disorder" and "psychoses/neuroses" discharges. See Table 6.

Table 5: "Mental disorder" discharges – SLO hospitals

Facility	2014	2015	2016	2017	Change from 2014 - 2017
French Hospital	25	25	22	30	+20%
Sierra Vista	47	42	47	60	+28%
Arroyo Grande	9	23	35	28	+211%
Twin Cities	44	58	69	70	+59%

Source: Office of Statewide Health Planning and Development

Table 6: "Mental disorder (2016)" "Psychoses/neuroses (2013)" discharges– SLO Emergency Departments

Facility	2013	2013 (% of visits)	2016	2016 (% of visits)	Change from 2013 - 2016
French Hospital ED	382	3.3	663	3.3%	+74%
Sierra Vista ED	850	4%	1161	4.7%	+37%
Arroyo Grande ED	463	2.8%	832	3.2%	+80%
Twin Cities ED	1183	2.4%	974	2.7%	-18%

Source: Office of Statewide Health Planning and Development

III. CONSUMER FEEDBACK ON BEHAVIORAL HEALTH INTEGRATION

The Behavioral Health Integration Project (B-HIP) conducted two sets of focus groups – the first set in 2015 and the second set in 2018. In the 2015 focus groups patients were invited from Community Health Centers (CHC) and consumers from Transitions Mental Health Association (T-MHA) to discuss primary and behavioral health care in San Luis Obispo County. Eight focus groups were in English and one was conducted in Spanish.

In the 2018 focus groups, members of T-MHA's Peer Advisory and Advocacy Team (PAAT), a volunteer group comprised of behavioral health peers with lived experience, administered surveys and conducted three focus groups with clients of T-MHA's Wellness Centers. Two Spanish language focus groups were conducted with the Promotores Collaborative of San Luis Obispo County. A total of 53 participants took part in the focus groups.

In addition to the focus groups in 2018, the clients were also asked to complete a survey.

The results of the two sets of focus groups that were conducted three years apart were remarkably similar. Behavioral health clients continued to voice their difficulty in accessing timely, consistent and empathetic care. While they supported the notion of integrated care they also felt that stigma from the medical providers if they were aware of their mental health issues. They also supported increased care coordination and case navigation support.

Focus Group Findings

The overall feeling of the focus groups was one of gratitude for the opportunity to be heard. While "integrated care" was not top of mind for priorities, participants welcomed the chance to speak and be heard about their physical and behavioral health care experiences.

Once "integrated care" was explained, the dominant feeling among members of the groups was that a more integrated physical and behavioral health care system is beneficial. However, most focus group members did not believe that they were receiving integrated care.

The common themes and opportunities expressed among all groups were:

Access to services

- Difficulty to get in to see a counselor, psychiatrist, or primary care doctor in a timely manner.
- Long wait times for appointments – both in getting them and in the waiting room. Clients sometimes went to urgent care centers due to long waits for appointments.
- Requests to keep doctors/psychiatrists/therapists consistent.
- Requests to increase continuum of care between County Behavioral Health and Community Health Centers.
- Requests to maintain a continuity of care when a doctor or behavioral health provider leaves -- missing a warm and welcoming hand-off.
- Appointments are too short; longer appointments would make whole person care possible.
- More transportation options needed. Bus systems is not sufficient. May take several buses to get to an appointment.

Mental Health Related Stigma

- Clients feel doctors treat them differently when they know their mental health diagnosis.
- Education for doctors and other medical professionals on mental health issues and empathy needed.

Communication

- More communication needed between doctors and patients all around.
- Increase communication between doctors and mental health services providers.
- Improvement needed in communication between doctors within the same health system (doctors with pharmacy, labs, hospitals).
- Patients have a difficult time communicating mental health problems to doctors in part due to their mental illness
- Clients feel that doctors are not really listening to them.

Navigation

- Need more patients' rights advocates, navigators and case managers.
- Clients described spending a lot of time coordinating appointments.

Medication Management

- Need for increased medication management, education and support.
- Changing medications without follow-up support is difficult and leads to non-compliance.
- Frequent changes in medications leads to confusion and non-compliance.

Program and Services Outreach

- More community education needed overall.
- Would like more information about behavioral health resources available in the county.

Additional themes and opportunities for improvement expressed during the Spanish-speaking groups:

Communication/Translation

- More primary care doctors with Spanish as their primary language are needed. Doctors with Spanish as a second language are not felt to be proficient enough in Spanish and leads to translation issues.
- Using family members as translators is not optimal. It makes clients uncomfortable and translations are incorrect.
- Better education of health system will lead to better utilization.
- "We need to understand the system better and the roles of different doctors and specialists better."

Treatment

- Preferential treatment towards non-Latino patients is felt (including perceived shorter waits).
- Treatment by doctors, instead of nurses, is wanted.

Survey Findings

In addition to the focus groups, a survey was administered to 53 focus group participants as well as 9 members of T-MHA's Peer Advisory and Advocacy Team (PAAT). Significant findings are below, while detailed responses may be found in the Appendix. Two-thirds (64%) of the respondents have Medi-Cal/Medicare as their primary insurance.

Whole-Person Care

- One in four (26%) respondents never discuss their mental health with their doctor.
- One in three (33%) respondents feel that they will be treated differently by their doctor if they are honest about their mental health and emotional state.
- One in five (21%) respondents feel as if they are "Never" or "Rarely" treated as a whole person for their mental and physical health needs by their doctor.
- Almost half (43%) of respondents "Never" or "Rarely" get asked about their mental health and wellbeing by their doctors and one in four (23%) "Never" get asked about their mental health medications by their doctors.
- The majority (61%) of respondents feel comfortable being honest with their doctor when asked about daily alcohol intake, while 7% disagree.
- Three in 10 (29%) respondents reported that their mental health providers do not communicate with their doctors, while 24% aren't sure (only 19% reported "yes" to communication between the two entities).
- A small percentage (7%) of respondents never get adequate information about medications from psychiatrists (including why they are being prescribed and possible side effects).

Access to Care

- One in seven (14%) respondents are never able to see a psychiatrist in a timely manner and never feel satisfied with the amount of time they get for their appointments with a psychiatrist.
- Over one in three (37%) respondents feel they never or only sometimes can get an appointment for mental health counseling as soon as they need one.
- Over half (56%) of participants find it difficult to get mental health support in the evenings, on weekends and during holidays without going to the emergency department.
- One in five (21%) respondents do not know how to access mental health providers and programs that fit their specific needs.
- One in five (22%) respondents find it difficult to get help with drug or alcohol related issues.

- **Care Coordination**

- Six in 10 (62%) respondents spend a lot of time coordinating their appointments (medical, mental health, specialists, etc.)
- Four in 10 (40%) respondents have a family member help coordinate appointments at least sometimes, with a third of these reporting always needing family assistance (medical, mental health, specialists, etc.)
- Four in 10 (40%) participants find it difficult, at least sometimes, to find or pay for transportation to get to appointments (medical, mental health, specialists, etc.)
- Over four in 10 (43%) participants would like more information on how to get help and support for mental illness.

IV. DISCUSSION AND OBSERVATIONS: WHERE DO WE GO FROM HERE?

This report demonstrates that there have been substantial increases in coverage, staffing and utilization of behavioral health services in the past four years. County Behavioral Health appears to be reaching its target population. However, the data show that we are only serving approximately four out of ten Medi-Cal recipients with mild to moderate mental health conditions. For Latinos, the "penetration rate" is even less. And access to inpatient mental health services is still woefully inadequate.

The feedback from behavioral health clients continues to show that they do not feel that they are getting the quality care that they need. They still experience difficulties in obtaining consistent care and need help in navigating the complex health systems.

The client feedback is also that they are not seeing further integration of their behavioral health care with their primary care. Behavioral health clients still feel stigmatized by their medical providers and are reluctant to discuss mental health issues with medical doctors. Breaking down the "silos" of medical and behavioral health care is a long process and we have only begun to address the issue.

Our data is concentrated on Medi-Cal and County clients for whom data are much more readily available. County clients are those with mental illness that is described as serious or severe. Their experiences may be different than persons with mild to moderate conditions, but their need is arguably greater.

San Luis Obispo County has acknowledged challenges with its mental health system, with a focus on the mental health needs within the correctional system. Following the deaths of inmates with mental health issues in the County Jail, the County is implementing new systems and facilities at the jail to improve the behavioral health services.

It is often said that the County Jail is the largest mental health facility in the County. That fact is a demonstration of the failure of helping persons with behavioral health issues in the community. Some effort is going into community action teams to work with persons with mental illness to divert them from the criminal justice system.

We need to do more to focus on more upstream, non-correctional solutions to behavioral health issues. Currently, there is no community process for the development of a coordinated and comprehensive plan for mental health services in SLO. Disparate efforts have included a Mental Health/Criminal Justice Task Force, a study on Lesbian/Gay/Bisexual/Transgender mental health services, a Behavioral Health Advisory Board, and the Behavioral Health Integration Project. What is needed is the establishment of a formal and comprehensive community process to examine the future of the behavioral health system and to ensure it meets the needs of the county's vulnerable residents.

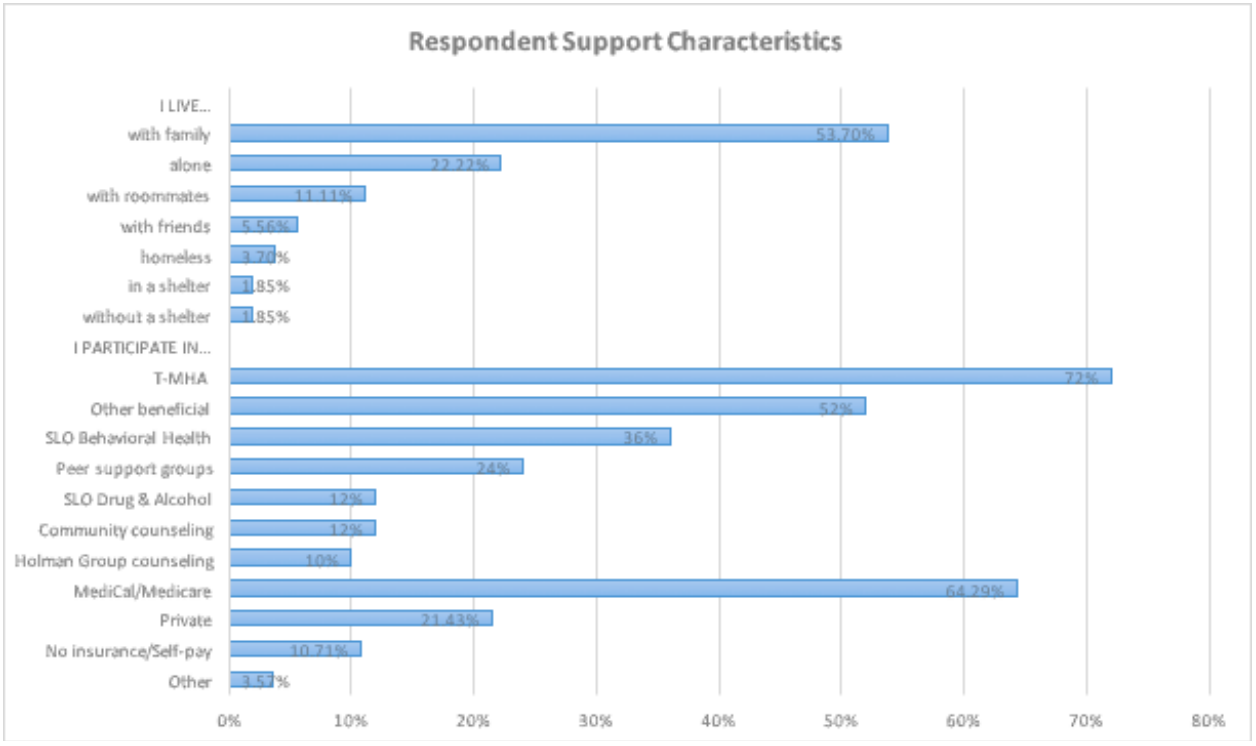
CONCLUSION

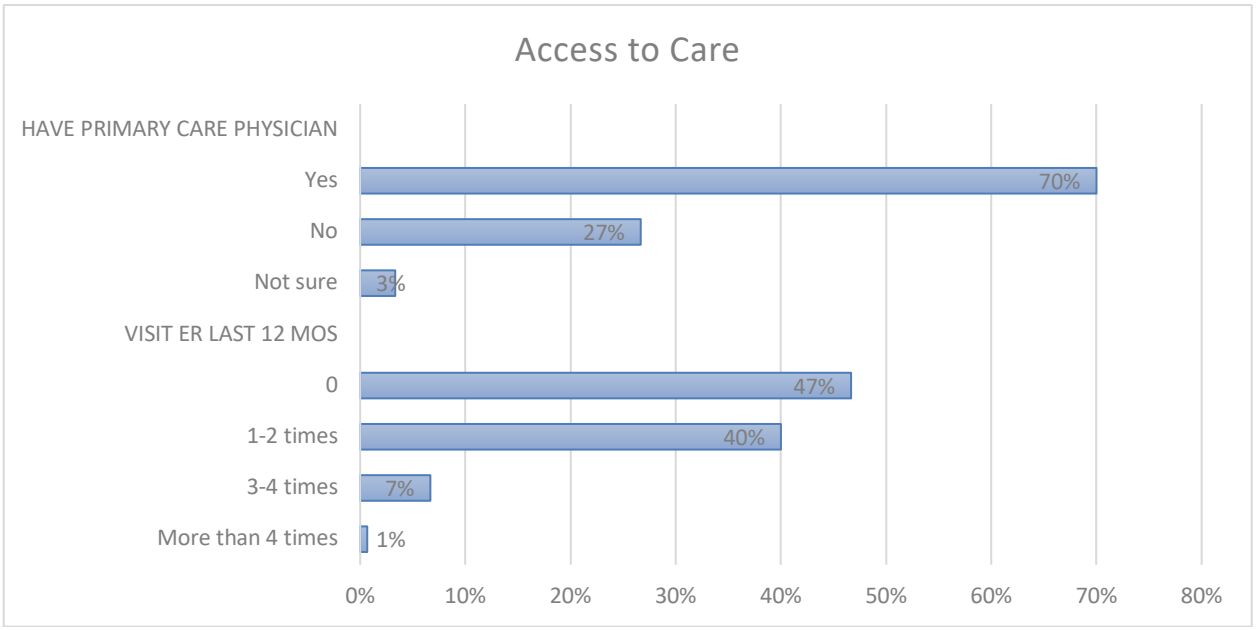
There is a high need for behavioral health – mental health and substance use disorder – services in San Luis Obispo County. Recent health system changes have vastly increased coverage for those services. Yet, the system is not yet meeting the expected demand for those services. Moreover, the medical and behavioral health systems remain isolated from each other despite substantial evidence that integrated care will improve both mental health and physical health.

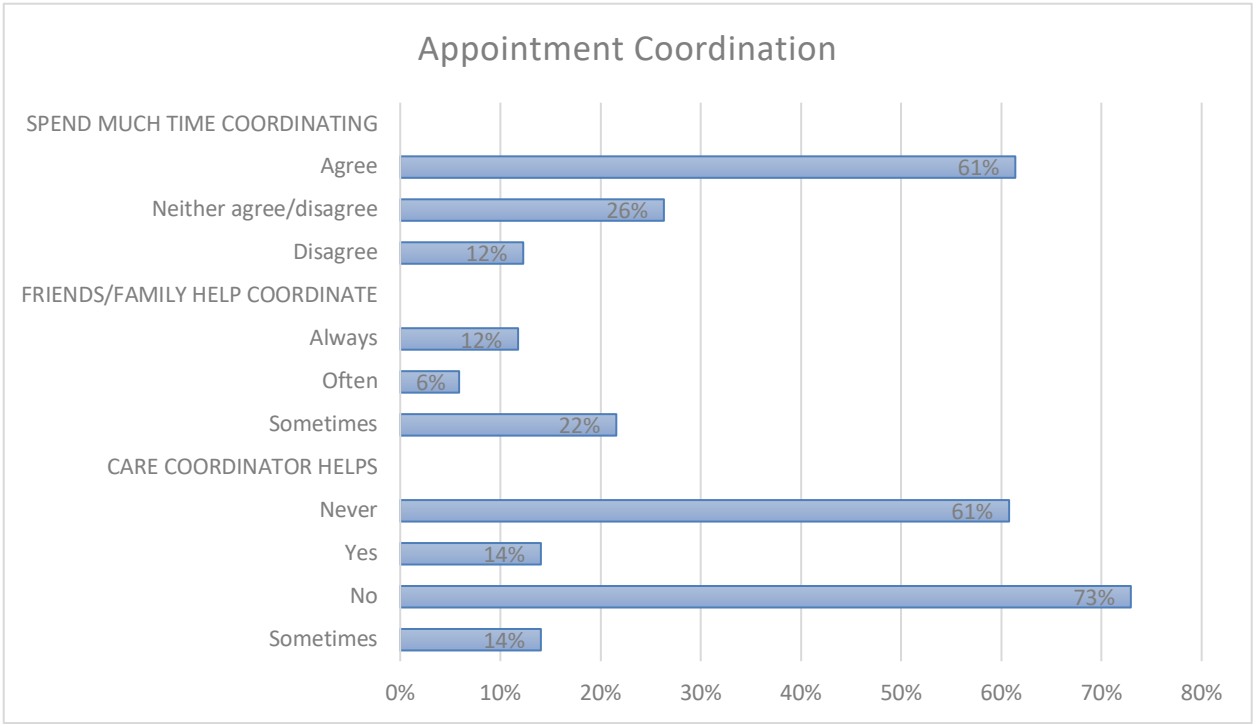
The San Luis Obispo County Behavioral Health Integration Project has developed a roadmap for agencies, organizations and providers throughout the County to more fully integrate services through expanded services to underserved populations, improved communications among providers, coordinated delivery of integrated care, enhanced patient experience in navigating the health delivery systems, and braided funding. We also need to do more to focus on more upstream, non-correctional solutions to behavioral health issues. Implementation of the roadmap for integration of care will result in improved outcomes, reduced costs and a better patient experience.

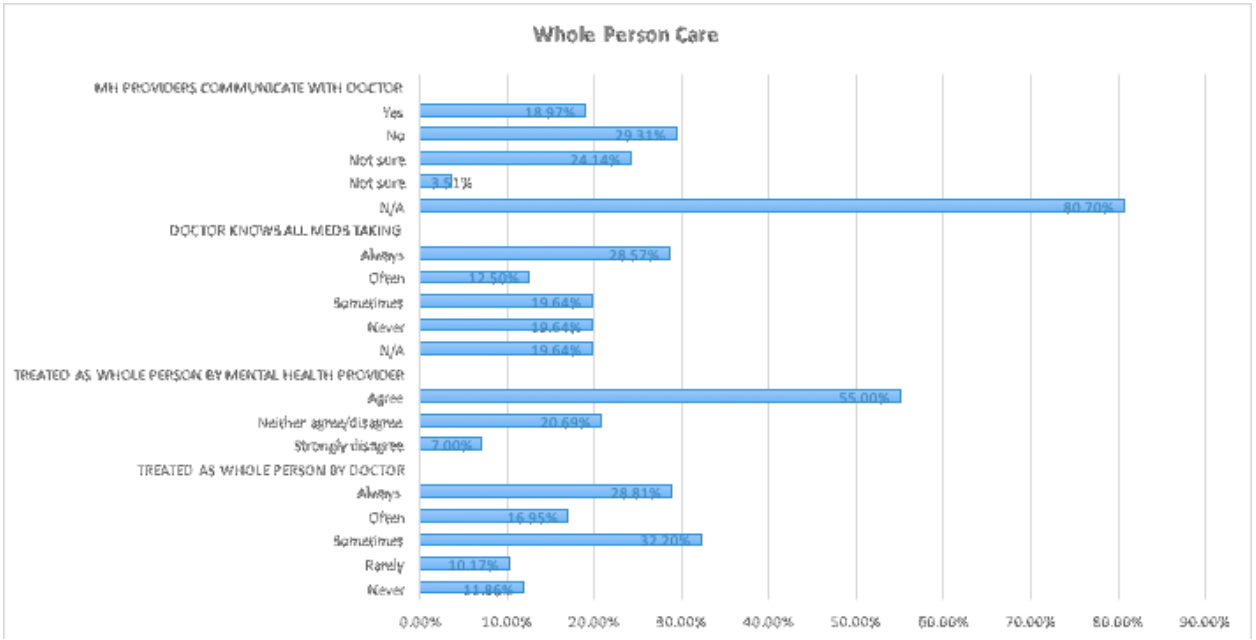
APPENDIX

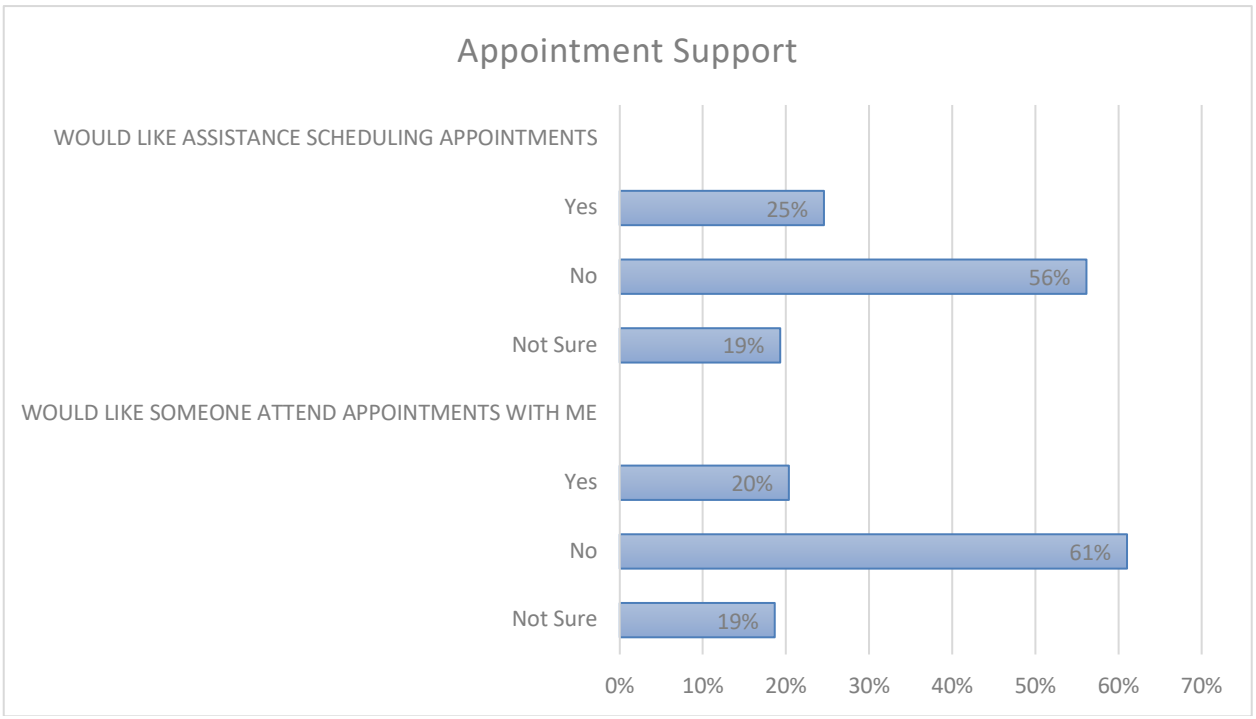
FOCUS GROUP SURVEY RESULTS

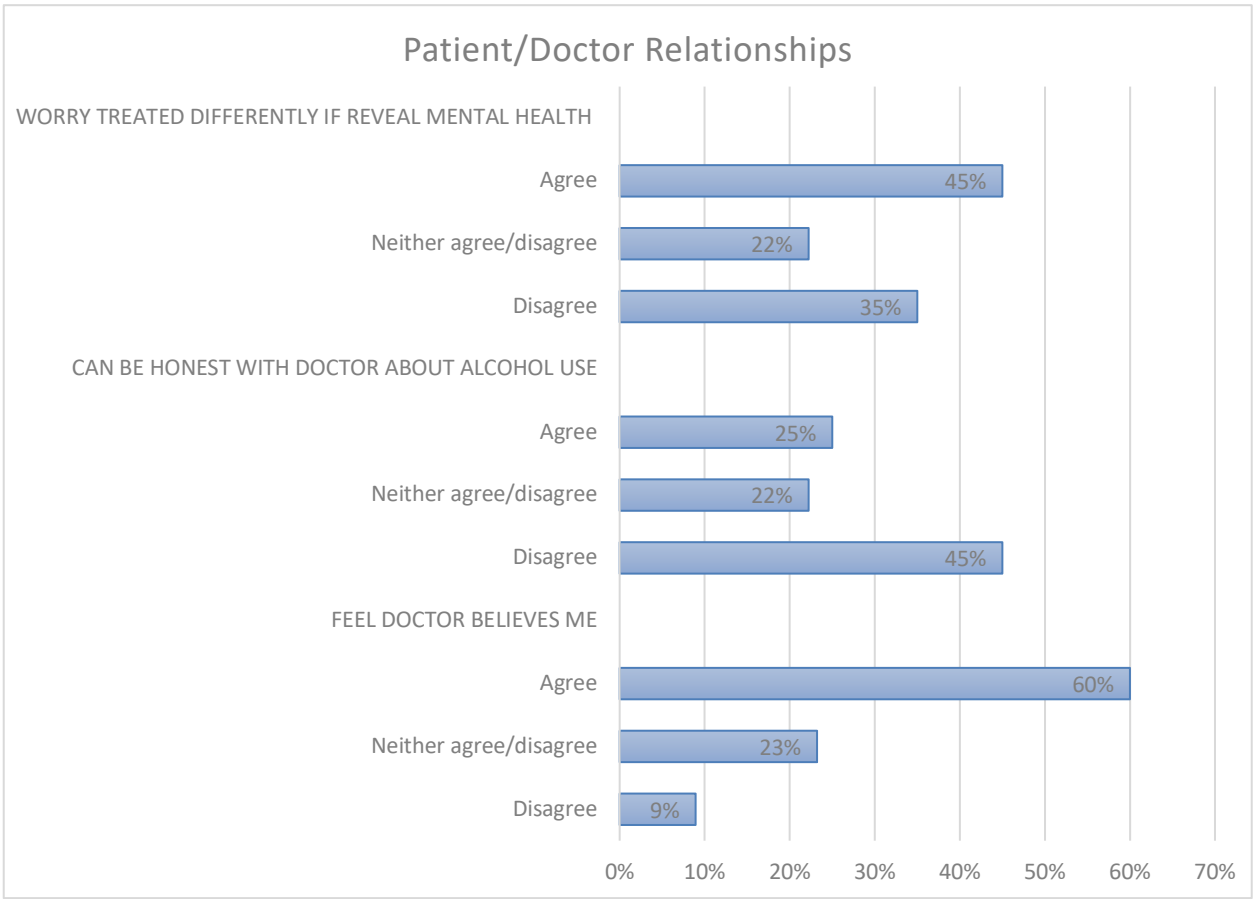





Appointment Coordination
SPEND MUCH TIME COORDINATING
Agree
Neither agree/disagree
Disagree
FRIENDS/FAMILY HELP COORDINATE
Always
Often
Sometimes
CARE COORDINATOR HELPS
Never
Yes
No
Sometimes
61%
26%
12%
12%
6%
22%
61%
14%
73%
14%
0%
10%
20%
30%
40%
50%
60%
70%
80%


Whole Person Care
MH PROVIDERS COMMUNICATE WITH DOCTOR
Yes
No
Not sure
Not sure
N/A
DOCTOR KNOWS ALL MEDS TAKING
Always
Often
Sometimes
Never
N/A
TREATED AS WHOLE PERSON BY MENTAL HEALTH PROVIDER
Agree
Neither agree/disagree
Strongly disagree
TREATED AS WHOLE PERSON BY DOCTOR
Always
Often
Sometimes
Rarely
Never
18.97%
29.31%
24.14%
3.51%
80.70%
28.57%
12.50%
19.64%
19.64%
19.64%
55.00%
20.69%
7.00%
28.81%
16.95%
32.20%
10.17%
11.86%
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
70.00%
80.00%
90.00%


Appointment Support
WOULD LIKE ASSISTANCE SCHEDULING APPOINTMENTS
Yes
25%
No
56%
Not Sure
19%
WOULD LIKE SOMEONE ATTEND APPOINTMENTS WITH ME
Yes
20%
No
61%
Not Sure
19%
0%
10%
20%
30%
40%
50%
60%
70%


Patient/Doctor Relationships
WORRY TREATED DIFFERENTLY IF REVEAL MENTAL HEALTH
Agree
45%
Neither agree/disagree
22%
Disagree
35%
CAN BE HONEST WITH DOCTOR ABOUT ALCOHOL USE
Agree
25%
Neither agree/disagree
22%
Disagree
45%
FEEL DOCTOR BELIEVES ME
Agree
60%
Neither agree/disagree
23%
Disagree
9%
0%
10%
20%
30%
40%
50%
60%
70%