INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES IN SAN LUIS OBISPO COUNTY:
Assessing the Shifting Landscape
Summary

Introduction

2014 heralded a new era in behavioral health[1] services in California. The Affordable Care Act was responsible for two major changes in behavioral health coverage and care. First, the ACA expanded the availability of health insurance to millions more Californians and second, the ACA required that behavioral health benefits be provided in small group and individual plans and Medi-Cal.

With the reduction of many financial barriers to behavioral health care, this is 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.[2]

In July 2014 Transitions-Mental Health Association (T-MHA) received a 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 (BHD) and Public Health, Tenet Health, Dignity Health and Cal Poly Health and Counseling.

This report is intended to explain the new behavioral health benefits, assess the system capacity to provide behavioral health services in San Luis Obispo County, present policy and delivery system challenges and highlight the blueprint for integrating physical and

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[1] Behavioral health is being used as the overarching term to encompass both mental health (MH) and substance use disorders (SUD).

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

behavioral health services. The report focusses primarily on services for San Luis Obispo County's nearly 50,000 Medi-Cal managed care recipients and those who receive services at County Behavioral Health and CHC.

Part I: Behavioral Health Benefits

Mental health services:
San Luis Obispo County Behavioral Health Department continues to be responsible for providing "specialty" mental health services for those with severe mental health disorders.

Persons with mild to moderate mental health diagnoses are not treated by the County, but by community providers. With the expansion of Medi-Cal, the scope of services provided has expanded significantly and is covered by the County's Medi-Cal managed care plan, CenCal Health. CenCal has contracted with the Holman Group to administer the mental health benefits as its behavioral health organization.

Holman Group services include:

- Individual mental health evaluation and treatment (psychotherapy)
- Group mental health evaluation and treatment services
- Psychological testing when clinically indicated to evaluate a mental health condition
- Psychiatric consultation for medication management
- Not included: Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems.

Substance Use Disorder (SUD) Services

County Behavioral Health administers the Drug Medi-Cal Treatment Program that includes a specialized set of SUD treatment services, Medi-Cal managed care plans are not contractually required to include drug and alcohol treatment services; however, plans are required to assess beneficiaries for alcohol conditions in primary care settings (SBIRT) and refer them to county SUD treatment providers as appropriate.

Part II: Demand for Behavioral Health Services

In assessing the potential demand for behavioral health services, we reviewed published utilization rates, population estimates and Medi-Cal enrollment. The following table provides a range of estimates for those persons in San Luis Obispo County who are in the need of behavioral health services.

Table 1: Estimated Demand for Behavioral Health Services

Estimates of demand for Behavioral Health services in SLO County	0-19	20+	Total population	<200%FPL-- Medi-Cal***
County population*	62,879	213,564	276,443	
Medi-Cal population**	22,162	25,472	47,634	47,634
Mental Health				
Children	12,576- 21,010			4,432
Adults-severe/serious		10,302 - 12,173		1,452 - 4,544
Adults-mild/moderate		43,140		5,154
Any mental illness		21,010 – 57,313	39,573 - 67,889	11,030 -15,698
Substance use disorders				
Children	1,666			524
Adults		22,349 - 27,122		3,235 - 7,214

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.
*2013 Census ACS 1-year estimate
**October 2014 CenCal enrollment
***Assumes same prevalence rates for Medi-Cal as for general population

Part III: Community Capacity to Meet Demand

Mental health services are provided by a few large public and nonprofit agencies. – primarily County Behavioral Health, CenCal Health and the Holman Group, Community Health Centers and Community Counseling Center. Mental health services are also provided in a large part by private providers. However, we were not able to accurately determine the number of private providers available to the public, nor the number of clients that they served.

A number of community organizations provide essential behavioral health services in the County. These organizations include Transitions-Mental Health Association, Family Care Network, Wilshire Community Services, SLO Hotline, Community Action Partnership, and the Promotores Collaborative of San Luis Obispo County.

The County is the primary provider of SUD services in San Luis Obispo County. Drug and Alcohol Services (DAS) offers screening and assessment, individual and group treatment, outpatient medication assisted withdrawal programs, case management and co-occurring disorders treatment.

In addition to the services offered through the county Behavioral Health Department, there are 16 sober living environments, residential treatment and outpatient services, nine of which have contracts with the county. These programs have a range of focuses and specific clientele and are offered throughout the county.

We reviewed the current capacity of provider organizations to provide behavioral health services.

Table 2: San Luis Obispo County Behavioral Health Services Staffing

Provider	Community Health Centers (SLO)	Cen Cal -- Holman	Cal Poly Health and Counseling	County Mental Health Outpatient staff	County Drug and Alcohol Services
Psychiatrist	1	5	2	2 + 6 locum tenens	
PhD/PsyD		4	15	2	
LMFT/LCSW	8	47	1	75 incl. interns and trainees	18
NP/PA		2		1	1
RN/LVN/LPT				15	8
SA credentialed					28
Psych NP	3	2			
Lic. Prof. Counselor	1	1			
MSW intern	2	1			
Spanish speaking BH clinicians	2	6 Masters level 1 Psychologist 1 Psychiatrist		15	(included in Co MH)

While there appears to be sufficient supply of therapists, recruiting psychiatrists to serve County Behavioral Health and CenCal patients is difficult 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.

As noted below, recruiting Spanish speaking therapists is also very difficult.

Part IV: Utilization of Behavioral Health Services

As part of its assessment of community behavioral health services, B-HIP surveyed community providers on their service levels. The results are found in Table 4.

Table 3: Services provided by SLO Mental Health providers

Provider	Community Health Centers	Holman Group (CenCal)	County Mental Health Outpatient	County Drug and Alcohol Services	Community Counseling Center	Cal Poly Health & Counseling
Period	2014 (annualized)	2014	FY 13-14	FY 13-14	FY 13-14	2014
# MH contacts	8,510 SLO patients with MH diagnosis	1,833 authorized clients	79,854 contacts	71,653 contacts	1443 clients	
# MH visits/clients	SLO/SB 7,982 BH visits 3,599 patients	SLO 7,976 visits 1,537 clients with claims [Plus 210 CHC patients (870 visits) in November/ December 2014	3,972 clients received at least 1MH service 2,404 received 6+ services	2,318 clients received at least one SA service 1,506 received 6+ services	9,117 hours of service by 86 volunteer therapists	MH cases seen by Health Services: 930; 1615 appts. MH cases seen by Counseling Services: 1804/6856 appts.
Ave # visits per patient	2.26 visits	5.16 visits	20 contacts	31 contacts	6.3 hours per client	Counseling Services: 3.8
Ages of MH patients	0-18: 8.1% 19-40: 34.8% 41-60: 40.9% 61+: 16.1%	0-5: 1% 6-18: 20% 19-64: 78% 65+: 1%	0-5: 7% 6-18: 37% 19-64: 52% 65+: 4%	0-5" 2% 6-18 : 16% 19-64: 81% 65+: 1%	0-18: 27% Adult: 70% Senior: 3%	
Latino/ Spanish Language	n/a	39 requests for Spanish speaking providers	3,835 contacts 33,409 hours for Spanish speakers	n/a	28% Latino	

B. Hospital and emergency room utilization

In addition to the behavioral health 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 private general hospitals and one psychiatric health facility.

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. Over 1,000 individuals received care at the facility in the past year, with an average length of stay of approximately three days. The demand on the inpatient unit often surpasses its capacity.

An analysis of Tenet hospital utilization was performed for SLO B-HIP and revealed a high level of utilization for patients with mental health issues. In a one-year period, Sierra Vista Hospital reported seeing 584 patients on an outpatient basis (including the

emergency room) who had a primary mental health diagnosis. Another 325 patients had a secondary mental health diagnosis. At Twin Cities Community Hospital, in the rural north county area, there were 573 outpatients with a primary mental health diagnosis and 448 with a secondary mental health diagnosis.

Dignity Health did a separate analysis using different methodology and reviewed emergency room intake data. The analysis revealed that approximately 1,500 behavioral health related emergency room visits at French Hospital in San Luis Obispo and 2,000 behavioral health visits at Arroyo Grande Community Hospital.

Part V: Consumer feedback on behavioral health integration

Behavioral Health Integration Project (B-HIP) invited patients from Community Health Centers (CHC) and consumers from Transitions-Mental Health Association (TMHA) to participate in a series of focus groups to discuss primary and behavioral health care in San Luis Obispo County. Nine focus groups (one in Spanish) were conducted during January and February, 2015 throughout the county.

Of most importance to the participants are keeping their physicians consistent, spending more time with their doctor at each appointment, seeing their psychiatrists more frequently, improving customer service, accessing care more conveniently/less cumbersome, allowing more than one physician appointment per day, providing "system navigators," and treating patients with respect and kindness.

While system-level integration did not emerge as a primary theme or a priority concern, the benefits of collaborative planning and action among primary care and behavioral health providers would positively impact some of these major, most common themes.

Part VI: Challenges to behavioral health integration in San Luis Obispo County

Equity in Service Delivery

Although San Luis Obispo County appears to have an adequate provider network to meet the overall behavioral health needs of its population, there are obvious gaps that affect certain groups of patients. The lack of psychiatrists available to low-income persons is a long-standing issue in the county, as well as statewide. Also, the small number of Spanish speaking therapists (and psychiatrists) makes it difficult to access services for the non-English speaking population. Many are referred to out of county therapists to receive services.

For low-income persons with serious/severe mental illness, it appears that County Behavioral Health is meeting the expected demand. There are an estimated 1,452 to 4,544 low-income residents with serious/severe mental illness needs, assuming the rate of mental illness is the same among the low-income population as the general

population.[3] In Fiscal Year 13/14, The County saw 3,972 unique individuals, with 2,404 receiving at least six services.

For Medi-Cal recipients with mild/moderate mental health conditions, the expected need is not being met. Medi-Cal mental health benefits for mild to moderate conditions were newly added in January 2014, at the same time that the number of persons eligible for Medi-Cal was vastly expanded. CenCal health contracted with The Holman Group to administer the mental health benefit.

Overall, 21 percent of the persons on Medi-Cal estimated to need mental health services received them under the new benefits in 2014 when combining Holman and CHC utilization data.

For persons with substance use disorders, services are severely limited. Estimates show that 3,235 to 7,214 low income adults in the county have substance use disorders. County Drug and Alcohol Services reported 2,318 clients receiving at least one substance abuse services in Fiscal Year 13/14 with 1,506 receiving six or more services. Adults comprised 82 percent of County Drug and Alcohol clients.

Spanish speaking persons:

CenCal reports that 18 percent of CenCal members in San Luis Obispo County prefer communication in Spanish. Among CenCal's children members, 29 percent speak Spanish compared to nine percent of adults. Holman reported receiving only 39 requests for Spanish speaking providers during 2014.

County BHD reported 3,835 contacts by Spanish-speaking persons for mental health outpatient services in Fiscal Year 13/14, out of a total of 79,854 contacts or 4.8 percent.

Data collection and sharing

During the course of the B-HIP project, a number of data collection and information sharing barriers were noted. In preparing the utilization section of this report, it became apparent that collection of data on utilization of behavioral health services in the County was at times difficult to obtain from service providers, and the data were not always comparable. These data are important on an ongoing basis to enable the measurement of penetration of services, particularly to underserved populations. Moreover, collection of data on a regular schedule will provide information on the impact and outcomes of programs.

The sharing of clinical information between agencies and providers has also been problematic. Several agencies and projects, such as 50Now, have developed interagency forms to facilitate the release of information, but they are not always accepted by all agencies. It is recommended that those agencies that provide behavioral health services develop release forms that, if appropriately signed by patients and clients, will allow for

[3] In actuality, the data would suggest that the incidence of mental illness and substance use disorders is much higher among the Medicaid (Medi-Cal) populations. See, e.g. T. Jost, Implementing Health Reform: Medicaid & CHIP Mental Health And Substance Use Disorder Parity, Health Affairs, April 8, 2015

the sharing of information in accordance with the patient's wishes and HIPPA and other state and federal regulations.

The largest systemic issue facing the sharing of health records – both behavioral and medical – is the lack of a standardized health information exchange (HIE) in San Luis Obispo County. While most of the providers have electronic health record systems, they are not interoperable to allow for sharing of information among providers. Efforts are underway to develop an HIE among the major medical providers and BHD.

Case management and navigation services

While there are a myriad of services available within the County for behavioral and physical health services, finding, scheduling, and getting to them can be daunting, particularly for those with impaired physical and cognitive conditions. Coordination among the services requires knowledge and skills that elude many patients, to the detriment of their health while adding excess costs to the system.

San Luis Obispo County has a number of case management programs that focus on specific populations. For example, the 50Now program which provides housing and support services to high risk (formerly) homeless individuals. Community Health Centers has case managers to work with patients with complex conditions. On the other hand, the Behavioral Health Department does not have funding for case managers. The use of peer navigators with "lived experience" has been shown to be particularly effective with behavioral health clients.

Provider engagement

The B-HIP collaborative has provided the opportunity for organizational engagement in developing a roadmap for integrating primary care and behavioral health. The next level of engagement must take place with the provider community – medical and behavioral health – in both the public and private sectors. Primary care providers are not necessarily aware of the value of integrated services for both themselves and their patients. Similarly, behavioral health providers do not often consult with other providers with whom they share patients.

Providers need to be on board with any systems change approaches and B-HIP has discussed prioritizing provider engagement in the coming year through expanding its steering committee and sponsoring continuing education forums with professional associations. Sessions can include topics such as stigma, empathy and communication with patients, families and providers.

Readiness for federal and state policy changes

B-HIP has brought together a broad range of stakeholders concerned with behavioral health to assess conditions in the County and develop a roadmap to lead to the integration of behavioral and primary care services. Efforts in San Luis Obispo County are not occurring in isolation. Other California counties are also engaged in similar activities.

At the State and federal levels, a number of initiatives will also affect integration efforts. The State has several separate, but interconnected, initiatives to improve the efficiency of the health system. These efforts include proposals to the federal government for a Section 1115 "Medi-Cal 2020' waiver for delivery system transformation, a Drug Medi-Cal waiver to operate the program as an organized delivery system, and an Affordable Care Act section 2705 Health Homes initiative to provide coordinated services to Medi-Cal recipients with chronic conditions and serious mental illness.

Policy barriers to mental health provider supply

While the CHC is the dominant provider of primary care services to low-income persons in San Luis Obispo County, there are a number of policy limitations that preclude them from optimally providing behavioral health services to their patients.

First, there is a limitation on federally qualified health centers (FQHC), such as CHC, receiving their "encounter" rates from Medi-Cal for both a primary care visit and a behavioral health visit on the same day. Second, there is a limit on reimbursement for services provided by a licensed marriage and family therapist (LMFT) in an FQHC or under Medicare. If LMFT services were fully reimbursed by Medi-Cal and Medicare, they could help to alleviate workforce shortages for mental health services.

Policy barriers to SUD services

There are several policy impediments to improved SUD services. One policy is a federal Medicaid rule enacted about 50 years ago that prevents many people with drug or alcohol addictions from accessing necessary treatment under the ACA. Under the 1965 rule, known as the Institutions for Mental Disease Exclusion, Medicaid covers community-based programs for residential addiction treatment only if they have 16 beds or fewer. The original intent was to avoid Medicaid from paying state mental hospitals, but it currently acts as a barrier to care throughout California.

Another federal impediment is in the release of information between SUD providers and other medical and mental health providers. The privacy protections for the release of information from drug and alcohol programs are much stricter than for other health providers under HIPAA.

Part VI: Blueprint for integrating behavioral and medical services

The B-HIP steering committee has developed a roadmap to integrate primary and behavioral health care in San Luis Obispo County. The attached roadmap sets out goals, objectives and strategies, with identified agencies and leadership, as well as mechanisms to measure progress towards the goals. The full roadmap is attached to this summary.

The five goal areas include:

1. Collaboration
2. Communication

3. Coordinated care
4. Patient experience
5. Funding

The goals are:

1. [Collaboration] San Luis Obispo County's medical and behavioral health providers and agencies coordinate and track their efforts to improve integration of care for County residents.
2. [Communication] Medical and behavioral health providers have established and efficient modes of communication concerning mutual patients while respecting privacy
3. [Coordinated care] Medical and behavioral health care is delivered in a coordinated manner, based upon standardized behavioral health screening tools and evidence based practices.
4. [Patient experience] Patients receive coordinated medical and behavioral health care from a range of empathetic, culturally and professionally appropriate providers with relevant referrals to specialized care.
5. [Funding] Funding sources are braided together among agencies to enhance patient outcomes.

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. Implementation of the roadmap for integration of care will result in improved outcomes, reduced costs and a better patient experience.