

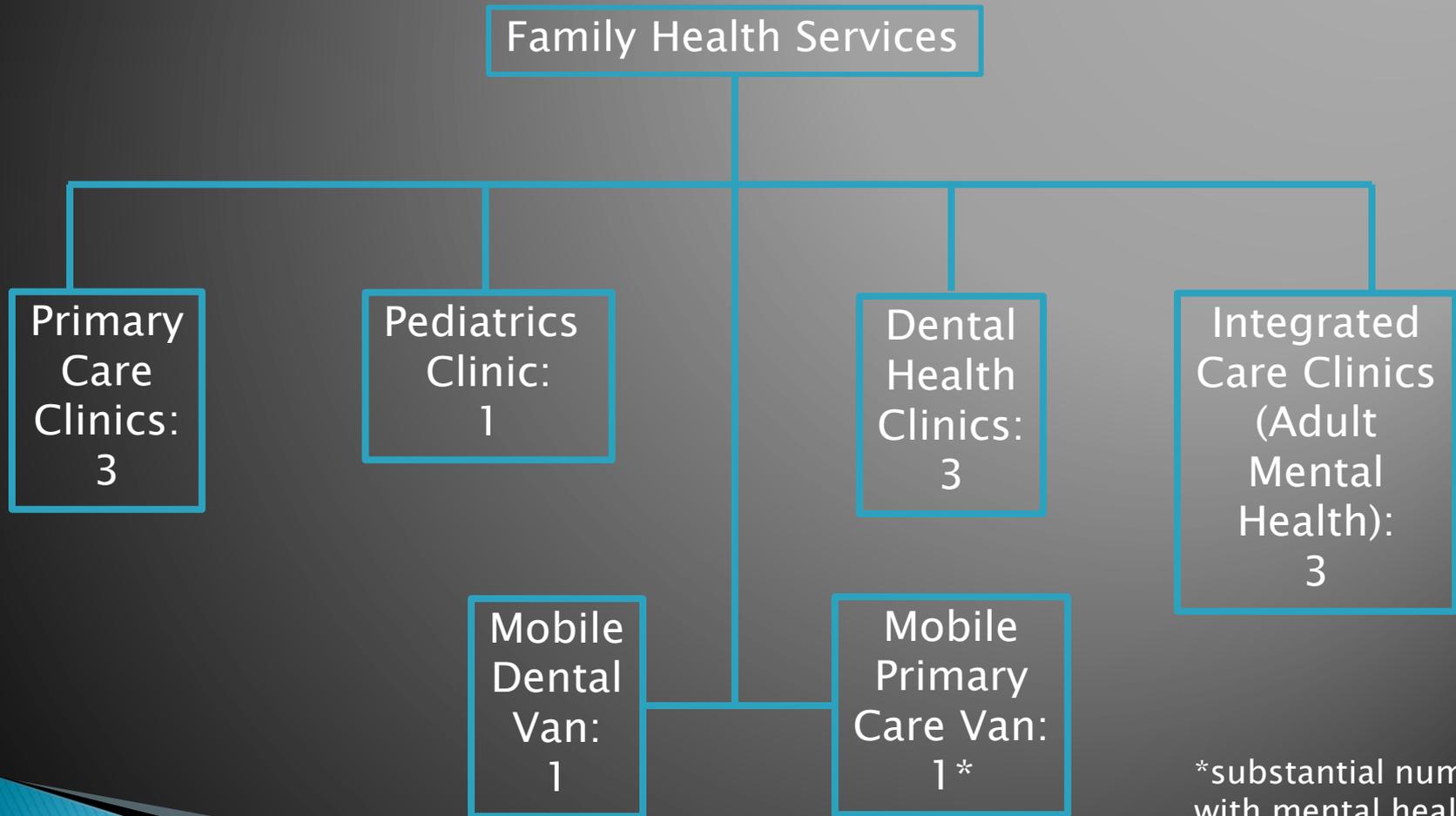
Mental Health Integration & Reverse Integration

Bela T. Matyas, MD, MPH
Health Officer, Solano County

Drivers for Integration of Primary Care and Mental Health

- ▶ Provision of comprehensive healthcare to clients
 - Mental health and physical health intertwined
 - Care of “whole person”
- ▶ Overlap of patients
 - Majority of mental health clients & substance abuse clients also have physical health issues
 - Mental health issues frequently accompany physical health issues (esp. with chronic disease)
- ▶ Mental Health Parity and ACA

Solano County Clinic Structure



*substantial number with mental health illness

Solano County Clinics

- ▶ Common Electronic Medical Record: NextGen
- ▶ Responsibility for Clients:
 - Primary Care and Pediatrics – 19,366 clients in 2013, all County clients
 - Dental Health – 15,069 visits in 2013, 64% for County clients
 - ICC (Adult Mental Health) – 13,659 visits in 2013, 52% for County clients
 - Total unduplicated clients receiving services in County clinics in 2013 = 25,890

Behavioral Health Services

- ▶ Electronic Medical Record: Avatar/Netsmart
- ▶ Mental Health services:
 - Child Psychiatry
 - Access Program – Triage and referral services
 - Managed care for Mildly & Moderately Mentally Ill
 - Case management for Severely Mentally Ill
 - Crisis Stabilization Unit (<24 hour hold)
 - Inpatient care (via contractors)
- ▶ Substance Abuse services:
 - County screens clients
 - All treatment via contractors

Integration of Mental Health & Substance Abuse with Primary Care

- ▶ LCSWs located in each Primary Care Clinic
- ▶ Interface directly with Primary Care Providers
- ▶ Pediatrics Clinic interfaces with Children's Mental Health Clinic (same building)
- ▶ Screening of clients for SA & MH risk by Providers
 - SBIRT, Beacon tool
 - -> LCSW referral -> triage for MH & SA services
- ▶ Will soon add a Psychiatrist (~0.5 FTE/clinic)
- ▶ PC Providers trained on MH meds

Beacon Screening Tools

Adult Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: / / M F
 Medi-Cal # (CH): _____ Current Eligibility: _____ Language/cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Referring Clinician: _____ Phone: (____) _____
 Primary Care Provider: _____ Phone: (____) _____
 Behavioral Health Diagnosis 1) _____ 2) _____ 3) _____
 Documents Included: **Required consent completed** MD notes H&P Assessment Other: _____
 Desired behavioral health clinician/provider/program, if any: _____
 Desired service: Outpatient therapy Medication management Assessment for Specialty Mental Health Services

List A: Provisional Diagnosis/Diagnosis, if known	List B: Functional impairment in life domain below resulting from the mental disorder	List C: Probability of deterioration/Risk factors linked to mental disorder	List D: Substance Use Disorder
<input type="checkbox"/> Schizophrenia/psychotic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse control disorder <input type="checkbox"/> Adjustment disorder <input type="checkbox"/> Personality disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Pervasive Development Disorder (except Autism) <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Feeding and eating D/O, Elimination D/O <input type="checkbox"/> Other disorders of infancy, childhood, adolescence <input type="checkbox"/> Somatoform disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Independent living skills (e.g. notable difficulty cooking, cleaning, self-management) <input type="checkbox"/> Social Relations (current interference that affects current relationships) <input type="checkbox"/> Physical condition (chronic medical condition) <input type="checkbox"/> Vocational/Employment (disruptive behavioral problems with work performance) <input type="checkbox"/> Sexuality (significant problems/high risk behavior) <input type="checkbox"/> Self-care (moderate to severe disruption in multiple self-care skills) <input type="checkbox"/> Decision making (unable to think through problems and anticipate consequences) <input type="checkbox"/> Legal (serious current or pending difficulties with risk of incarceration) <input type="checkbox"/> Residential instability (unable to maintain housing in last 6 months /homelessness in past 30 days) <input type="checkbox"/> WHODAS Score _____	<input type="checkbox"/> Psychiatric hospitalizations in past 6 months <input type="checkbox"/> Criminal behavior (severe level of criminal activity; engaged in violent crime in the past 6 months) <input type="checkbox"/> Suicidal/Violent Behaviors current or in the last 6 months <input type="checkbox"/> Transitional Age Youth with acute psychotic episode <input type="checkbox"/> Self-injurious behaviors that required medical attention in last 6 months <input type="checkbox"/> Sexual aggression with acute risk of re-offending	<input type="checkbox"/> Drug abuse or alcohol addiction <input type="checkbox"/> Failed SB(screening & brief intervention at primary care)

Referral Algorithm	
1 Remains in PCF care/ Therapy only with Beacon	<input type="checkbox"/> Diagnosis with none in List B or C
2 Refer to Beacon Health Strategies (eFax (866) 422-3413)	<input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Mild - Moderate impairment in List B and none in list C
3 Refer to County Mental Health Plan for assessment	<input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
4 Refer to County Alcohol & Drug Program	<input type="checkbox"/> 1 from list D

Additional Relevant Clinical Information (medications, psychiatric/substance abuse history):

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____

FINAL March 2014

Child 0-5 Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary

MEMBER INFO

Patient Name: _____ Date of Birth: / / M F
 Medi-Cal # (CH): _____ Current Eligibility: _____ Language/cultural requirements: _____
 Address: _____ City: _____ Zip: _____ Phone: (____) _____
 Caregiver/Guardian: _____ Phone: (____) _____
 Referring Clinician: _____ Phone: (____) _____
 Primary Care Provider: _____ Phone: (____) _____
 Behavioral Health Diagnosis 1) _____ 2) _____ 3) _____
 Documents Included: **Required consent completed** MD notes H&P Assessment Other: _____
 Desired behavioral health clinician/provider/program, if any: _____
 Desired service: Outpatient therapy Medication management Assessment for Specialty Mental Health Services

List A: Provisional Diagnosis	List B: Functional impairment in life domain resulting from mental disorder	List C: Probability of deterioration/risk factors linked to mental disorder
<input type="checkbox"/> Schizophrenia/psychotic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Impulse control disorder <input type="checkbox"/> Adjustment disorder <input type="checkbox"/> Personality disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Pervasive Development Disorder (except Autism) <input type="checkbox"/> Disruptive Behavior/Attention Deficit D/O <input type="checkbox"/> Feeding and eating D/O, Elimination D/O <input type="checkbox"/> Other disorders of infancy, childhood, adolescence <input type="checkbox"/> Somatoform disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Paraphilias <input type="checkbox"/> Gender Identity Disorder	<input type="checkbox"/> Family/Social Relations (frequent arguing, difficulty maintaining positive relationships) <input type="checkbox"/> Living Situation (moderate problems maintaining behavior, creating problems for other residents. Parent concerned w/ irritability) <input type="checkbox"/> Preschool/ Daycare - (difficulty maintaining behavior in this setting, creating significant problems for others) <input type="checkbox"/> Recreational - (insists play, shows little enjoyment or interest in activities within or outside the home and can only be engaged in play with ongoing adult interaction) <input type="checkbox"/> Physical/medical condition (medical condition that notably impacts activities and requires ongoing medical intervention) <input type="checkbox"/> Communication (limited receptive and expressive communication skills) <input type="checkbox"/> Relationship Permanence (experienced instability through factors such as divorce, moving, removal from home, and death) <input type="checkbox"/> Sleep -child must be 12 mos. or older screen here. (difficulty falling asleep, night waking, nightmares on a regular basis) <input type="checkbox"/> Motor - (fine or gross motor skill delays)	<input type="checkbox"/> Birth Weight (considerably underweight eg.2.2-3.3 lbs) <input type="checkbox"/> Pica-- child eats unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days. <input type="checkbox"/> Prenatal Care - Biological mother received poor prenatal care <input type="checkbox"/> Labor and Delivery - Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother <input type="checkbox"/> Substance Exposure - exposed to significant alcohol or drugs/ tobacco in utero. <input type="checkbox"/> Parent/Sibling Problems - child has a sibling who is experiencing a significant developmental or behavioral problem. <input type="checkbox"/> Maternal Availability -significantly less emotionally and physically available to child in 12 weeks following the birth. <input type="checkbox"/> Abuse/Neglect - parental history of this behavior without treatment <input type="checkbox"/> Self Harm - Moderate level of self harm behavior such as head banging that cannot be impacted by caregiver and interferes with child's functioning. <input type="checkbox"/> Aggressive Behavior - clear evidence of aggressive behavior towards animals or others. <input type="checkbox"/> Social Behavior - Causing problems in child's life, child is intentionally getting in trouble in school or at home

Referral Algorithm	
1 Remains in PCF care/ Therapy only with Beacon	<input type="checkbox"/> Diagnosis with none in List B or C <input type="checkbox"/> Mild impairment in List B and none in list C
2 Refer to Beacon Health Strategies (eFax (866) 422-3413)	<input type="checkbox"/> Uncertain diagnosis or diagnosis not in List A <input type="checkbox"/> Moderate impairment in List B and none in list C
3 Refer to County Mental Health Plan for assessment	<input type="checkbox"/> Diagnosis in List A and 1+ Significant impairment in List B <input type="checkbox"/> Diagnosis in List A and 1+ in List C
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Additional Relevant Clinical Information (medications, psychiatric/substance abuse history):

For Receiving Clinician Use ONLY

Assigned Case Manager/MD/Therapist Name: _____ Phone: (____) _____
 Date communicated assessment outcome with referral source: _____

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Reverse Integration of Primary Care into ICCs (Adult Mental Health)

- ▶ Built treatment rooms in ICCs
- ▶ Mid-Level Primary Care Providers (RNP or PA) in ICCs
 - ~ 0.5 FTE per ICC, will grow as needed
 - Interface directly with Psychiatrists and LCSWs
 - Same Providers as for Mobile Primary Care Van
- ▶ Document in common EMR (NextGen)
- ▶ Engage in client-centered case conferences with ICC team

ICC Treatment Rooms



Reverse Integration, cont.

- ▶ Introduced Medical Assistants into ICC model
- ▶ Mid-Level Primary Care Providers see:
 - ICC clients with acute physical health issues, regardless of assigned primary care provider
 - ICC clients assigned to Solano County for primary care by appointment for primary care
- ▶ To date (since late 2013), have provided 798 primary care encounters to 353 ICC clients

Other Opportunities

- ▶ Integration of Substance Abuse services into the ICCs
 - Will add Substance Abuse therapists to ICCs to screen clients and to run groups and liaison with treatment providers
 - Treatment of Dually Diagnosed a significant challenge
- ▶ HIE being built for NextGen/Avatar
 - For now, rely on access to both systems for key staff

Billing Considerations: FQHCs

- ▶ Can only bill for one primary care or mental health encounter per day
- ▶ Need correct “provider”
- ▶ Beacon contract for mildly/moderately mentally ill in primary care clinics
- ▶ Severely mentally ill can be FQHC for now
 - Schedule PC & MH visits on different days
 - Swallow loss on acute cases
- ▶ If SMI cases revert to Short-Doyle, can provide MH and PC services at same visit