

Alameda County Board of Supervisors Health Committee's Community Dialogue on Preparing for Health Reform

Session 8: July 23, 2012

This session explored the Affordable Care Act's implications for mental health and substance use services, and specifically behavioral health integration with primary care. This was part of a [13-month series](#) on how the Patient Protection and Affordable Care Act (ACA) could impact Alameda County. The speakers for this session included:

- An overview of the ACA's impact on behavioral health and summary of integration efforts across California by **Sandra Naylor Goodwin**, PhD, MSW, president and CEO of the California Institute for Mental Health
- Summary of Behavioral Health Integration Strategies in Alameda County:
 - **Alex Briscoe**, Director, Alameda County Health Care Services Agency
 - **Robert Ratner**, MPH, MD, Housing Services Director, Alameda County Behavioral Health Care Services
 - **Aaron Chapman**, MD, Medical Director, Alameda County Behavioral Health Care Services
- View from the Ground: The Provider's Perspective:
 - **Brenda Goldstein**, MPH, Psychological Services Director, LifeLong Medical Care
 - **Nancy Facher**, LCSW, MPH, Manager of Behavioral Health Integration, La Clinica de la Raza
 - **Sue Compton**, RN, MHS, CEO Axis Community Health

The ACA and Behavioral Health

People with serious mental illness die on average 25 years earlier than the general population. Usually this is due to physical health problems that have gone untreated. Integrating behavioral health and physical health care so beneficiaries receive seamless access to all needed services is a goal of the ACA, Sandra Naylor Goodwin said. Various aspects of the law and other new

initiatives promote integration, including the Medicaid expansion and essential benefits package, new mental health parity requirements, and the national demonstration to integrate care for people dually eligible for Medicare and Medicaid, which California and Alameda County will be participating in starting in June 2013.

Goodwin clarified that “serious” mental illness means that the illness severely impacts a person’s ability to function on a day-to-day basis. Focusing on improving access to integrated services for this subset of people with serious impairment can lead to significant improvements in their health and quality of life, while saving the system considerable money. An estimated 5 percent of Medi-Cal beneficiaries account for half the program’s spending, and a substantial portion of these people have mental health or chronic substance use disorders. However, services also must extend to people with less severe illness and substance use problems, as these, too, are key drivers of medical costs and lost productivity.

One area that Goodwin encouraged Alameda County leaders to focus on now was integrating mental health and substance abuse services for dual eligible beneficiaries under the [state’s new demonstration](#). Under this program, managed care health plans will provide integrated access to the full continuum of services beneficiaries need, ranging from long-term care, home and community-based care, and medical care. However, county-administered Medi-Cal benefits will be carved out of the managed care benefit package and must be coordinated. Alameda County has a strong foundation of innovating around behavioral health and can be a model for the state in this area. More details can be found [here](#).

Alameda County’s Strategies

Identifying funding opportunities to expand mental health services is a top priority for the Alameda Health Services Agency, said Director Alex Briscoe. Of particular importance is funding services for the group of people who don’t have a serious disorder but may be on the cusp if they do not receive services. Over the last 10 years, Alameda, like many counties, has focused its efforts on individuals with the highest acuity through the full service partnership model. This has produced successes, but a comparable investment is needed around primary and preventative behavioral health services, Briscoe said. Drawing down additional federal dollars with the Low-Income Health Program under the Bridge to Reform Waiver should enable the county to generate additional revenue to support this second-tier level of service that has not historically been available in Alameda County, Briscoe said.

Briscoe broke the county’s strategy into the following four key components:

1. Directly invest in the Federally Qualified Health Centers that can bill directly for behavioral health services and do not require additional county funds.
2. Expand the network of providers to include more primary and preventative services by increasing reimbursement levels to attract more qualified and diverse providers.
3. Create a network of “level two” providers for those individuals who fall in the middle of the need for services.
4. Increase and expand the physician/psychiatrist consult service.

Next, Drs. Aaron Chapman and Robert Ratner described Alameda County’s activities around behavioral health in more detail. They walked through various opportunities and challenges from the federal, state and county levels. For example, the Section 1115 Bridge to Reform Waiver included mental health as a required benefit for the low-income health program, but there remains a challenge of prohibition of same-day billing for behavioral health visits at Federally Qualified Health Centers. Also, the dual eligibles demonstration creates opportunities to improve integration, but at the same time state funding is being cut. The Mental Health Services Act continues to be a critical source of revenue, but there’s still not enough funding to pay competitive rates to providers.

Amid this backdrop, Alameda County is focused on the following activities:

- Funding mental health services in primary care settings.
- Developing a new level of services for time-limited care management
- Developing a special program for older adults to try and integrate depression care with primary care
- Hiring new staff trained in behavioral health integration
- Creating a pay-for-performance program on outcome tracking for primary care management of depression.

The Provider’s Perspective

As community health centers, our philosophies are to promote integrated health care and create no wrong door through primary care for people to get any services they need, said Brenda Goldstein. LifeLong Medical Care has mental health staff on site at all six of its clinics to offer integrated care. Also, it is working on initiatives to bring primary care to various housing sites. There are many new federal grant opportunities that support integration. “We’re at a tremendous place right now in terms of opportunity to develop systems of care within our own clinics and collaboratively with other county providers and agencies,” she said.

Yet, many challenges remain, Goldstein said. The main challenge is fragmented funding sources. Financial models that support integration need to be further developed. Also, sharing patient information can be legally, administratively and technically challenging. Finally, the need to develop a diverse, trained workforce of licensed and non-licensed workers remains a challenge.

Next, Nancy Fasher described what integration looks like from the patient's perspective at La Clinica. All La Clinica patients receive a basic screening that helps identify those who need further assessments for mental health or substance use problems. The screens are tailored to age and culture. If a medical assistant notes that someone screened positive, a psychologist on-site will be asked to come into the medical exam room, where they patient's trusted doctor will make an introduction. This is the definition of a "warm hand off." The importance of having that mental health professional onsite cannot be overstated Fasher said. Billing for both the primary care visit and mental health consultation on the same day remains a challenge, as California does not allow same-day billing at Federally Qualified Health Centers.

Alameda County's HealthPAC expansion under California's Bridge to Reform waiver has provided tremendous opportunity to expand mental health services to residents in eastern Alameda County, reiterated Sue Compton. With this contract, Axis Community Health has worked to add on-site mental health professionals who work side-by-side with the medical team. "Our East County residents no long always have to go over the hill to get needed mental health services," Compton said.