



# **INTEGRATED BEHAVIORAL HEALTH CAPACITY BUILDING – ALAMEDA COUNTY**

**Alameda County Board of Supervisors  
Health Committee  
July 23, 2012**

## WHY INTEGRATION?

- Behavioral health issues are common (1 in 4 U.S. adults/year) and often unrecognized and untreated
- Behavioral health issues and psychosocial stressors are associated with many chronic diseases and exacerbations of conditions, e.g., diabetes, cancer, asthma, etc.
- Individuals with untreated or inadequately treated behavioral health issues are more likely to utilize expensive health care services and to have poorer overall health outcomes
- More than 50% of people seeking care for behavioral health issues received care in the general medical sector only and many could benefit from more specialized supports
- Many people with behavioral health issues first seek care in a primary care setting, if they seek care at all



## WHY INTEGRATION?

- People with serious behavioral health issues in the U.S. have a 25-year mortality disparity compared to the general population
- People with serious behavioral health issues often face difficulty accessing care and are less likely to receive evidenced-based interventions
- Integrating care can increase access, reduce stigma, and help reduce health disparities
- Integrated care models have demonstrated improved health outcomes and enhanced patient experiences of care



## INTEGRATION ACTIVITY (TAILWINDS & HEADWINDS)

Level of Activity	Tailwind Example	Headwind Example
Federal and State	Sec. 1115 waiver and inclusion of mental health as a required benefit for LIHP	California exclusion of payment for same-day behavioral health visits in FQHCs
State and County	Alameda County inclusion in dual eligibles (Medicare/Medical) pilot project	Significant funding reductions in healthcare at State level
County and Provider	MHSA and HealthPAC funding used to support integration projects	Lack of provider funding increases over time to keep up with increased costs
Provider and Staff	ACMC and Alameda Health Consortium support for integration efforts	Lack of qualified, well-trained, diverse professional workforce to take on new roles



## HCSA-BHCS INVESTMENTS AND EFFORTS

- Cross-sector/organizational collaboration – data sharing, referrals, policy/procedure development, etc.
- Behavioral health workforce supports – internships, loan repayment, linkages with schools, training programs
- HealthPAC “behavioral health” visit funding in primary care
- New behavioral health care services level – time-limited care management (Level II services)
- MHSA funding to support integrated depression care for older adults in primary care



## HCSA-BHCS INVESTMENTS AND EFFORTS

- HCSA-BHCS integration team (boundary spanner staffing)
- Technical Assistance/Consulting contract with Alameda Health Consortium and AIMS Center
- MHSA one-time funding to support hiring behavioral health professionals in primary care clinic sites
- MHSA one-time pay-for-performance funding to support and encourage the implementation of integrated care models in primary care
- Specialized health homes for people with serious behavioral health issues



## HCSA-BHCS INVESTMENTS AND EFFORTS

- SAMHSA grant to bring primary care into specialty behavioral health settings
- County-hired consulting psychiatrists to work in primary care settings
- Psychiatric consultation for substance use disorder providers
- Participation in a new SAMHSA grant / learning collaborative around the integration of Medication Assisted Treatment (MAT) within substance use, mental health and primary care settings

