California Integrated Behavioral Health Project

March 5, 2014

Webinar for small counties

Welcome!

- Please <u>mute</u> your line
- If you have a <u>question</u>, please type it into the "Questions" box or "raise your hand" by clicking the hand logo on your control panel

The goals for IBHP with support from CalMHSA (Stigma and Discrimination Reduction) funding is ….

➤ To promote access to care by increasing the availability and quality of integrated health, mental health, substance use, and social services across California.

➤ To increase access to behavioral health services.

➤ To reduce stigma associated with seeking treatment.

➤ To improve treatment outcomes.

➤ To strengthen linkages between mental health and primary care providers.

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.

70
60
50
40
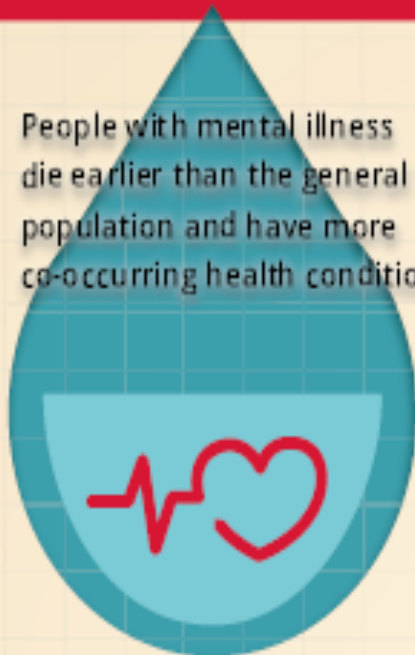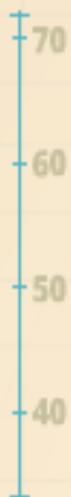
68% of adults with a mental illness have one or more chronic physical conditions

more than **1 in 5** adults with mental illness have a co-occurring substance use disorder

Co-occurrence between mental illness and other chronic health conditions:
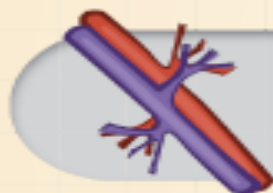
High Blood Pressure
- Mental Illness — 21.9%
- No Mental Illness — 18.8%

Smoking
- Mental Illness — 36%
- No Mental Illness — 21%

Heart Disease
- Mental Illness — 5.9%
- No Mental Illness — 4.2%

Diabetes
- Mental Illness — 7.9%
- No Mental Illness — 6.6%

Obesity
- Mental Illness — 42%
- No Mental Illness — 35%

Asthma
- Mental Illness — 15.7%
- No Mental Illness — 10.6%

The SOLUTION

Primary Care

Mental Health
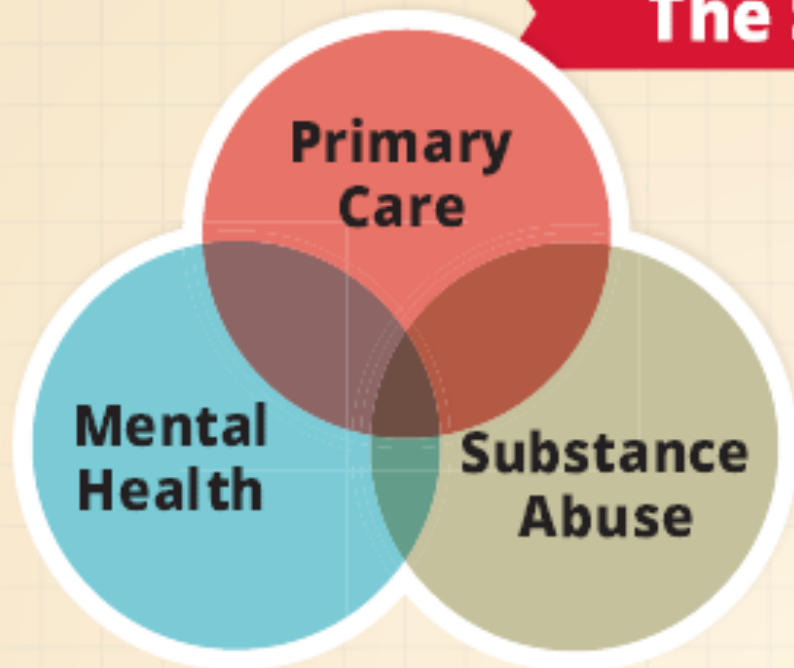
Substance Abuse

The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

INTEGRATION WORKS

Community-based addiction treatment can lead to...

35% in inpatient costs

39% in ER cost

26% in total medical cost

Reduce Risk → Reduce Heart Disease
(for people with mental illnesses)
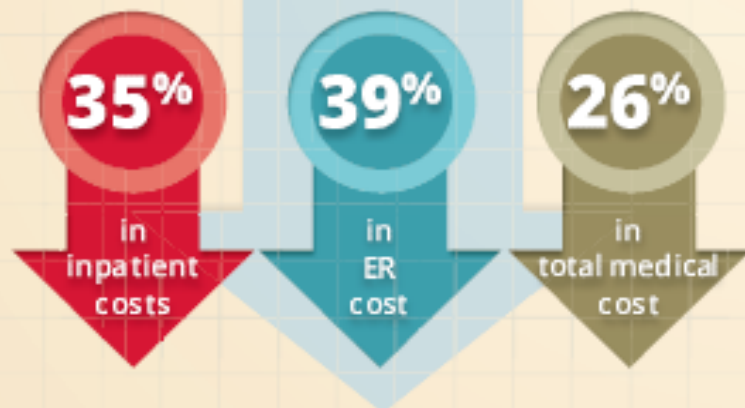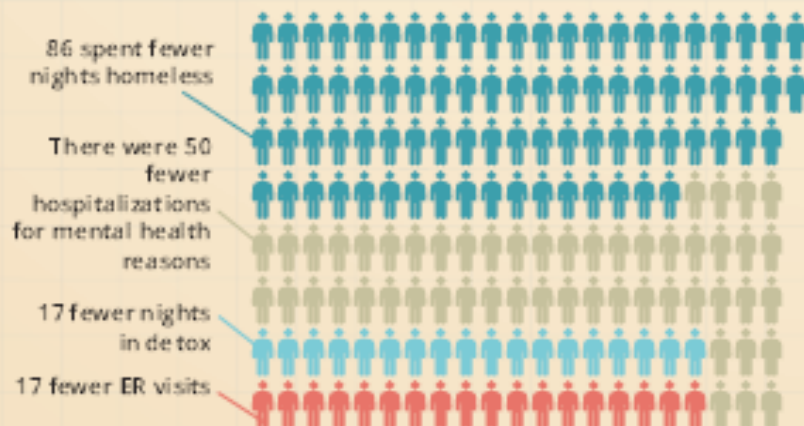
Maintenance of ideal body weight (BMI = 18.5 - 25)	=	35% 55% decrease in risk of cardiovascular disease
Maintenance of active lifestyle (~30 min walk daily)	=	35% 55% decrease in risk of cardiovascular disease
Quit Smoking	=	50% decrease in risk of cardiovascular disease

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:

86 spent fewer nights homeless

There were 50 fewer hospitalizations for mental health reasons

17 fewer nights in detox

17 fewer ER visits

This is $213,000 of savings per month.

That's $2,500,000 in savings over the year.

**Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.**

Why Integrated Care?

- 2/3 of people in the US with mental health and substance use issues are untreated or poorly treated, in part due to perceived stigma in seeking services*

- Racial and ethnic minorities are less likely to access mental health care in county or community mental health settings, even when referred by a medical provider*

*Corrigan, P.W , Watson, A.C., Byrne, P., Davis, K. E. 2005. Mental illness stigma: Problem of public health or social justice? Social Work, 50(4), October, 363-368.
*Clark W, Welch SN, Berry SH, Collentine AM, Collins R, Lebron D & Shearer A. (2013, May). California's historic effort to reduce the stigma of mental illness: The Mental Health Services Act. American Journal of Public Health, v. 103 (5).
*Ivbijaro, G. & Funk, M. (2008.) No mental health without primary care. Mental Health in Family Medicine, 5(3), September, 127-128.
*Kautz C, Mauch D, and Smith S. Reimbursement of Mental health services in primary care settings. Rockville: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2008.

Integrated, Coordinated Care: Key Strategies for Improving Access and Reducing Stigma & Discrimination

- Research shows that integrating mental health and substance use care with primary care is an effective strategy to reduce stigma and improve access to behavioral health services, especially for vulnerable populations

- A 2005 IOM report concluded that the only way to achieve true *quality and equality* in the health care system is to integrate primary care with mental health and substance use services

*Ivbijaro, G. & Funk, M. (2008.) No mental health without primary care. Mental Health in Family Medicine, 5(3), September, 127-128.
*Kautz C, Mauch D, and Smith S. Reimbursement of Mental health services in primary care settings. Rockville: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2008.

Despite the Evidence, There are Barriers and Resistance to Integrated Care

For example:

- Provider knowledge about the impact of integration on stigma reduction lags behind the research evidence

- Stigma associated with MH and SU populations, generally and in primary care

- Stigma and discrimination across professions (PC, MH, SU)

- Lack of shared understanding of Recovery

- Not always shared terminology – recovery, person-centeredness, peer involvement, lived experience

What consumers want from PCPs*

- Two minutes to talk before interrupting
- Explanation of illness and its meaning and impact, using understandable words
- Information written in language that is understandable
- Explanation of what a medication does, side effects to be aware of, and an opportunity to discuss any concerns

* Source: Depression and Bipolar Support Alliance survey

What consumers want from PCPs*

- Link treatment to recovery goals – what the patient cares about
- Not assuming that just because the patient has a mental health problem that the "presenting complaint" is all in his/her head
- Encouragement to participate in peer support groups
- Peer specialists working in the practice
- See the whole person, not just the physical or mental illness

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Why consumers feel stigmatized by health providers

- Orientation of primary care is reactive – which deters clients who are reluctant or unable to seek help
- Physicians inexperienced in or uncomfortable with mental health work may resist getting further involved with a client by actively asking about symptoms (M. Phelan, 2001)
- Cramped schedules can limit time physicians have to discuss behavioral health issues with clients

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Why consumers feel stigmatized by health providers

- Subtle or not so subtle judgments and communication about patients' mental health and substance use issues

- Short consultation times make it difficult for physicians to conduct complete physical assessments with cautious or suspicious patients

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Why stigma should matter to providers

- Perceived stigma and experiences of discrimination influence:
  - Medication adherence
  - Drop-outs and no show rates
  - Access
  - Physical health
  - Health reform – achieving the Triple Aim
  - Quality care - welcoming environment is consistent with good care

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Person-Centered vs. Illness-Centered Treatment

Person-Centered

➢ Relationship is the foundation
➢ Begin with welcoming – outreach and engagement
➢ Services based on personal suffering and help needed
➢ Treatment and habilation are goal driven
➢ Personal recovery is central
➢ Track personal progress towards recovery
➢ Use techniques that promote personal growth and self responsibility
➢ Services end when the person manages their own life and attains meaningful roles
➢ Relationship may change and grow throughout and continue even after services end

Illness Centered

➢ Diagnosis is the foundation
➢ Begin with illness assessment
➢ Services are based on diagnosis and needed treatment
➢ Services focus on illness reduction goals
➢ Treatment is symptom driven and rehabilitation is disability driven
➢ Recovery (sometimes) results after the illness and the disability are taken care of
➢ Track illness progress towards symptom reduction and cure
➢ Use techniques that promote illness control and reduction of risk of damage from the illness
➢ Services end when the illness cured
➢ Relationship exists to treat the illness and must be carefully restricted to keep it professional

Consumer Recommendations for Integrated Services

- Consumer Choice
- Relationships with Providers
- Accompaniment / Peer Navigation
- Patience

Joan Rice, Multnomah Mental Health and Addiction Services, Oregon

Consumer Choice

- No wrong door for receiving care
- Power to decide when to disclose to PCP
- Continuity of care – choice to remain with providers they've established relationships with
- Don't serve just the severely mentally ill in community mental health settings -- have mix of people at different stages of recovery to create atmosphere of hope

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Joan Rice, Multnomah Mental Health and Addiction Services, Oregon

Relationships with Providers

- Consumers value long-term, trusting relationships at CMHC
- Established relationships at CMHC might increase acceptance of primary care services
- At CMHC, all levels of clinic staff positively acknowledge staff

Joan Rice, Multnomah Mental Health and Addiction Services, Oregon

Roles of Peers/Persons in Recovery and Family Members as Care Coordination Team Members

- **Outreach/Engagement**-explain why/what of CC

- **Navigators** across svcs.

- **Promotores**-community health educators

- **Peer Wellness Coaches** to support health goals

- **Facilitate wellness/self-management support groups** (WRAP, WHAM,Hearts and Minds,etc)

- **Care Coordinator for Trt Team-** insure referral/appt. follow-up, shared care plan, reconciled meds

- **Family Partners** can act as CC's and also focus on educating/ supporting families re: healthy eating, activities, supporting client engagement

"I want a job, a house and a date on saturday night"

Keris Jän Myrick, **Project Return Peer Support Network**
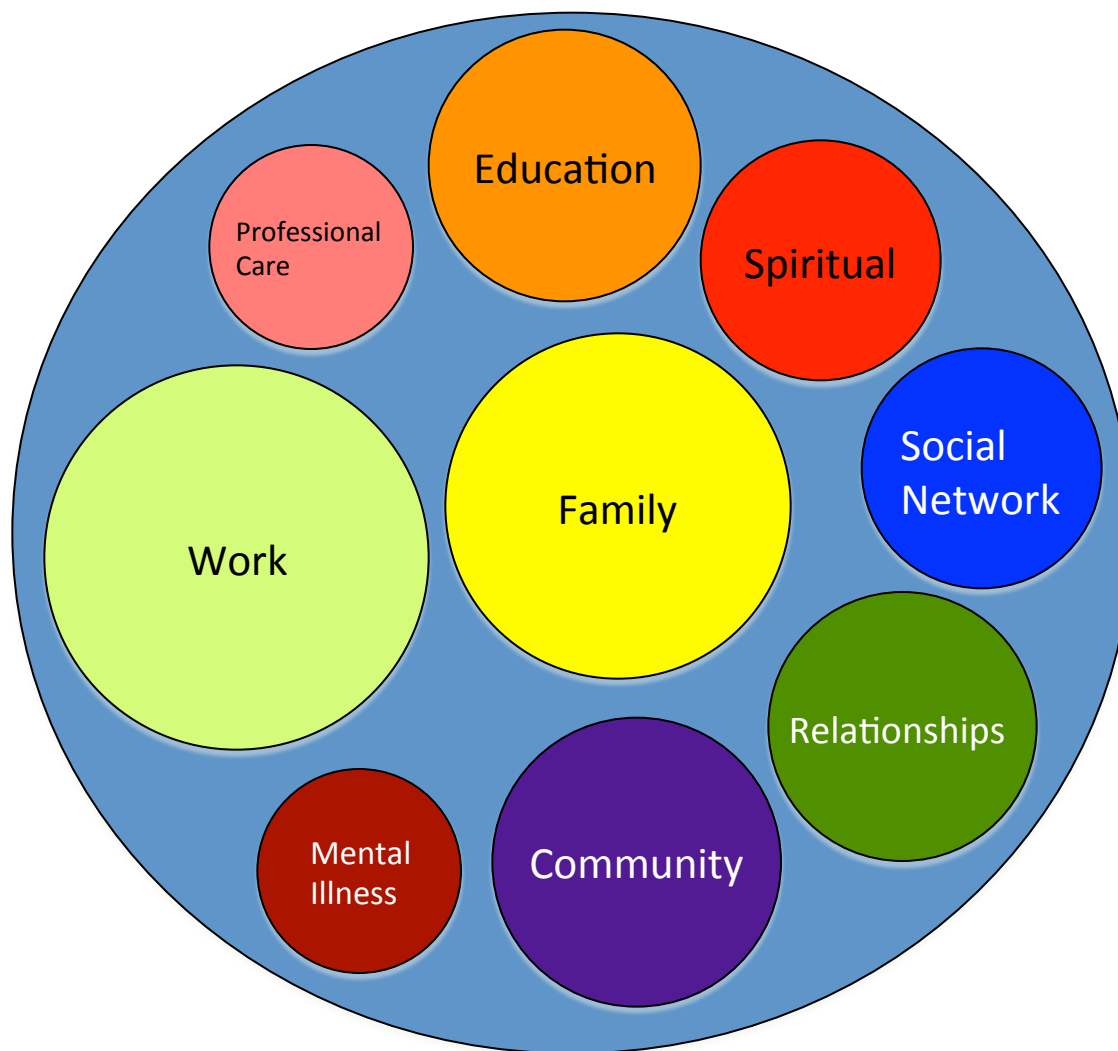
IBHP workforce survey: Primary Care with Integrated Behavioral Health

Interest in Working in Primary Care w/ Integrated Behavioral Health by Professional Group

- Moderate or High Interest
- Little or No Interest

Professional Group	Moderate or High Interest	Little or No Interest
Nurses (N=59)	81.4%	18.6%
Physicians (N=29)	75.9%	24.1%
Social Workers (N=148)	74.3%	25.7%
MFTs (N=65)	29.2%	70.8%
Psychologists (N=51)	54.9%	45.1%
AOD Professionals (N=114)	84.2%	15.8%
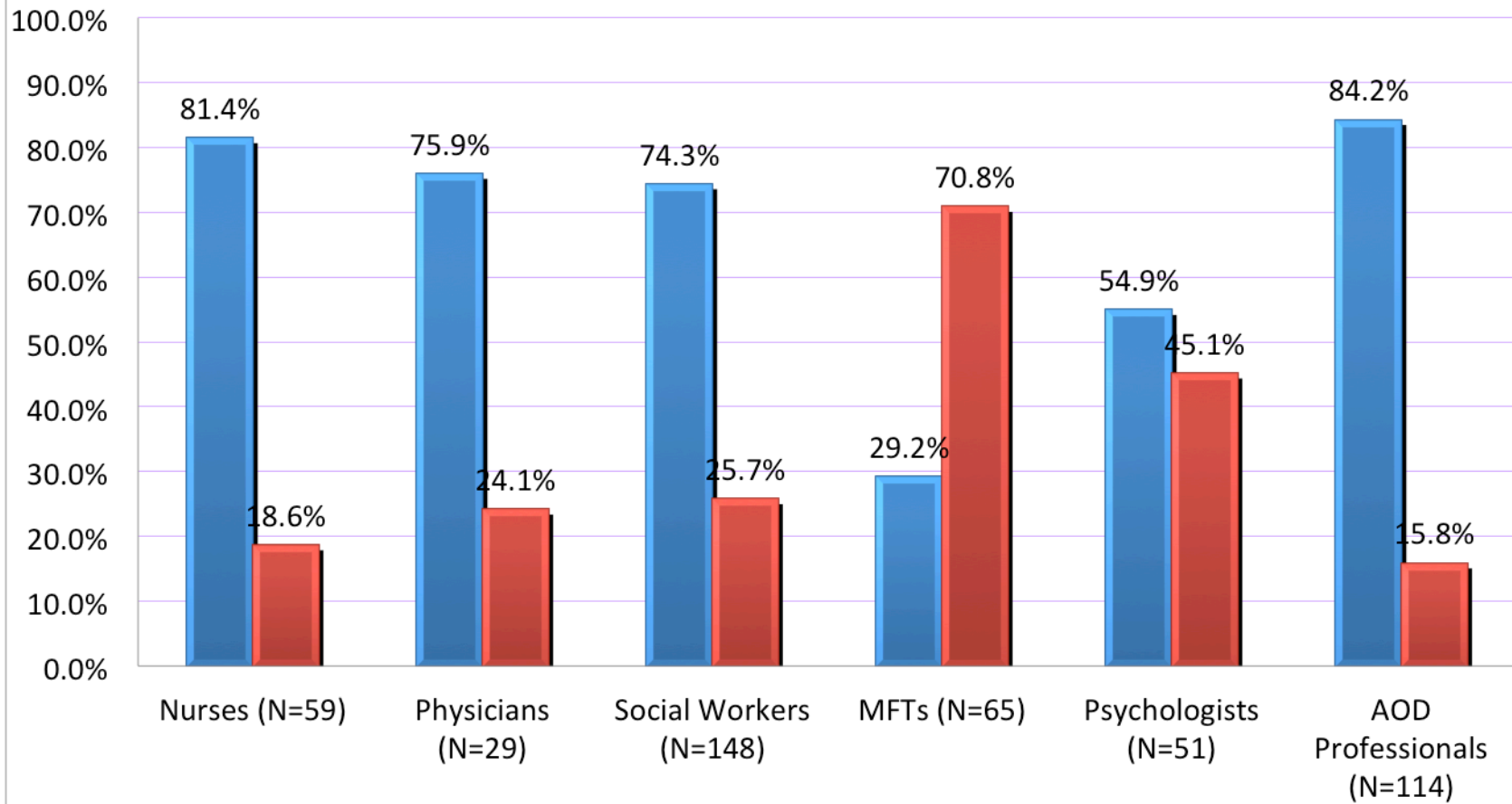
IBHP Workforce Survey: Mental Health Setting with Integrated Primary Care

Interest in Working in Mental Health w/ Integrated Primary Care, by Professional Group

■ Moderate or High Interest   ■ Little or No Interest

Professional Group	Moderate or High Interest	Little or No Interest
Nurses (N=59)	88.9%	11.1%
Physicians (N=29)	46.4%	53.6%
Social Workers (N=148)	86.5%	13.5%
MFTs (N=65)	19.7%	80.3%
Psychologists (N=51)	61.5%	38.5%
AOD Professionals (N=114)	85.2%	14.8%
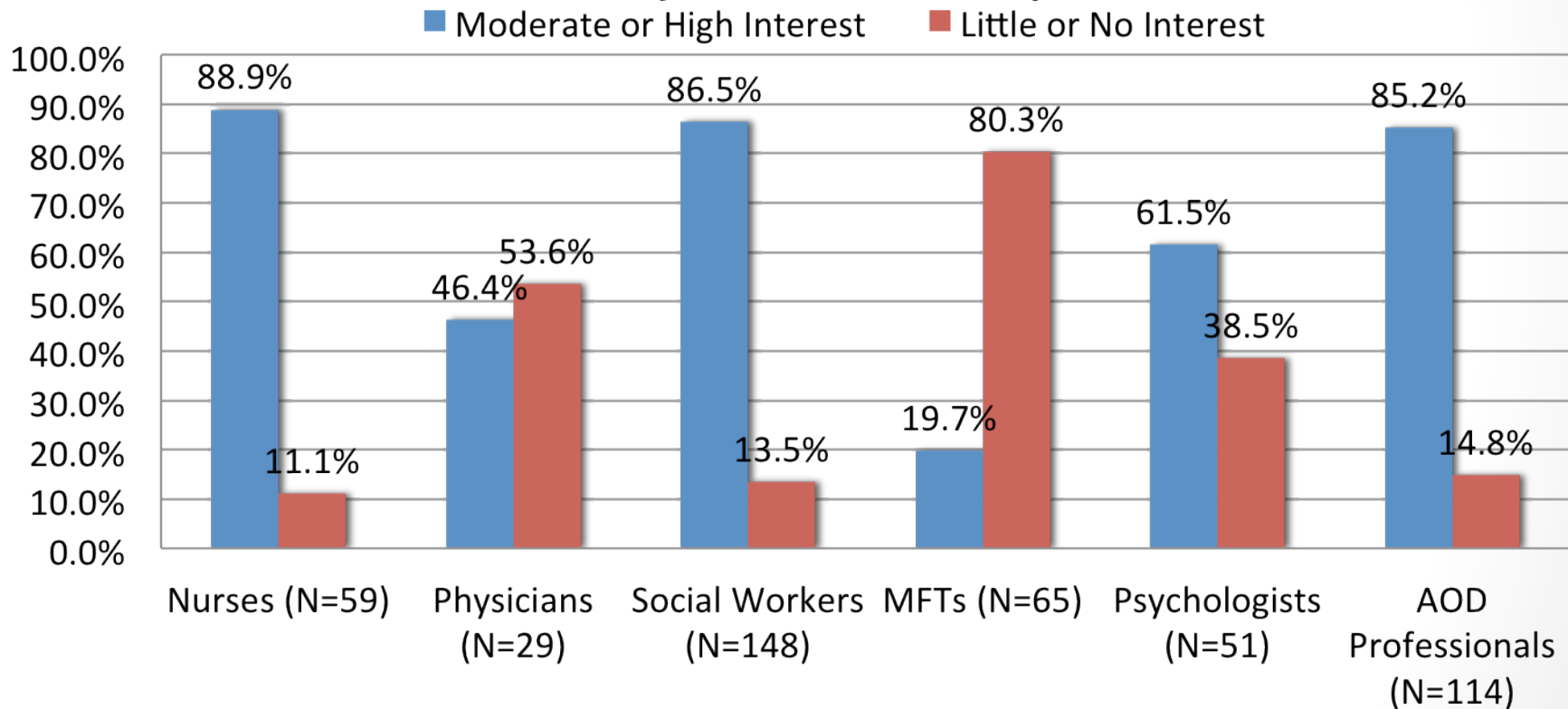
IBHP Workforce Survey: Mental Health with Integrated Substance Use

Interest in Working in Mental Health w/ Integrated Substance Use Services, by Professional Group
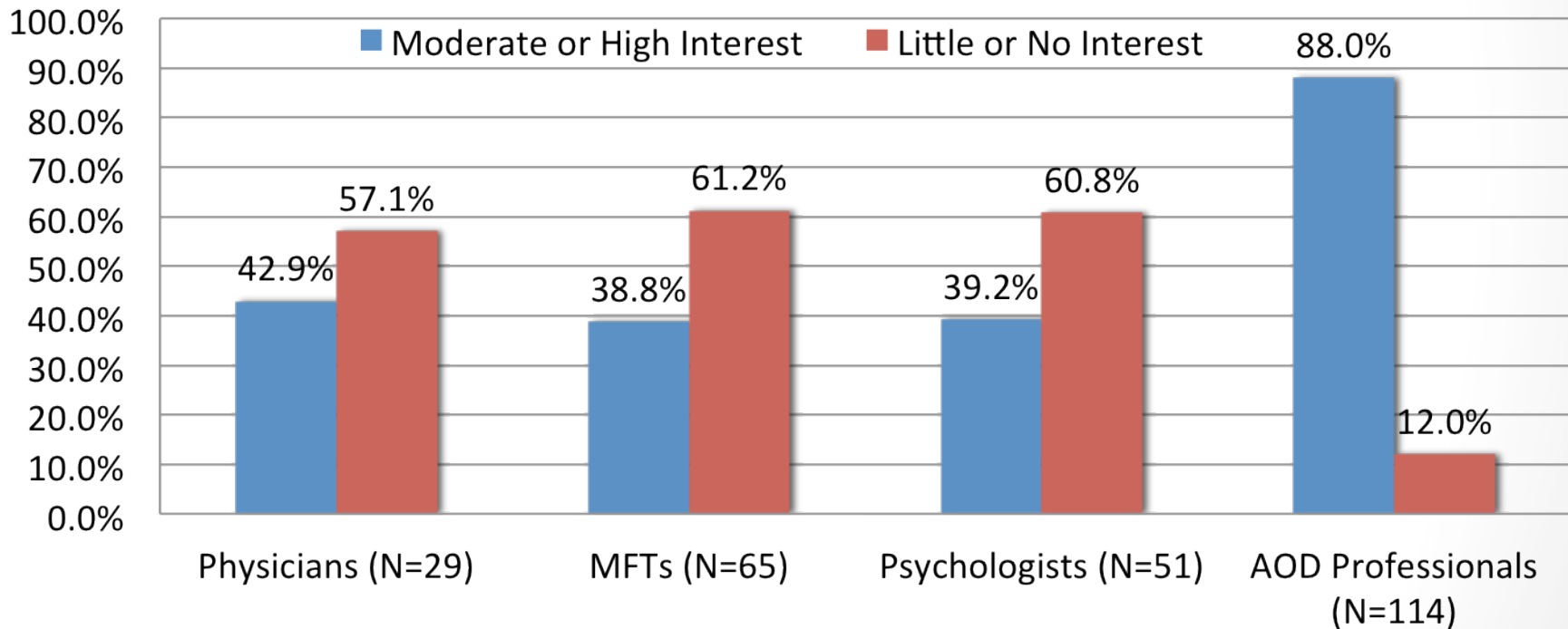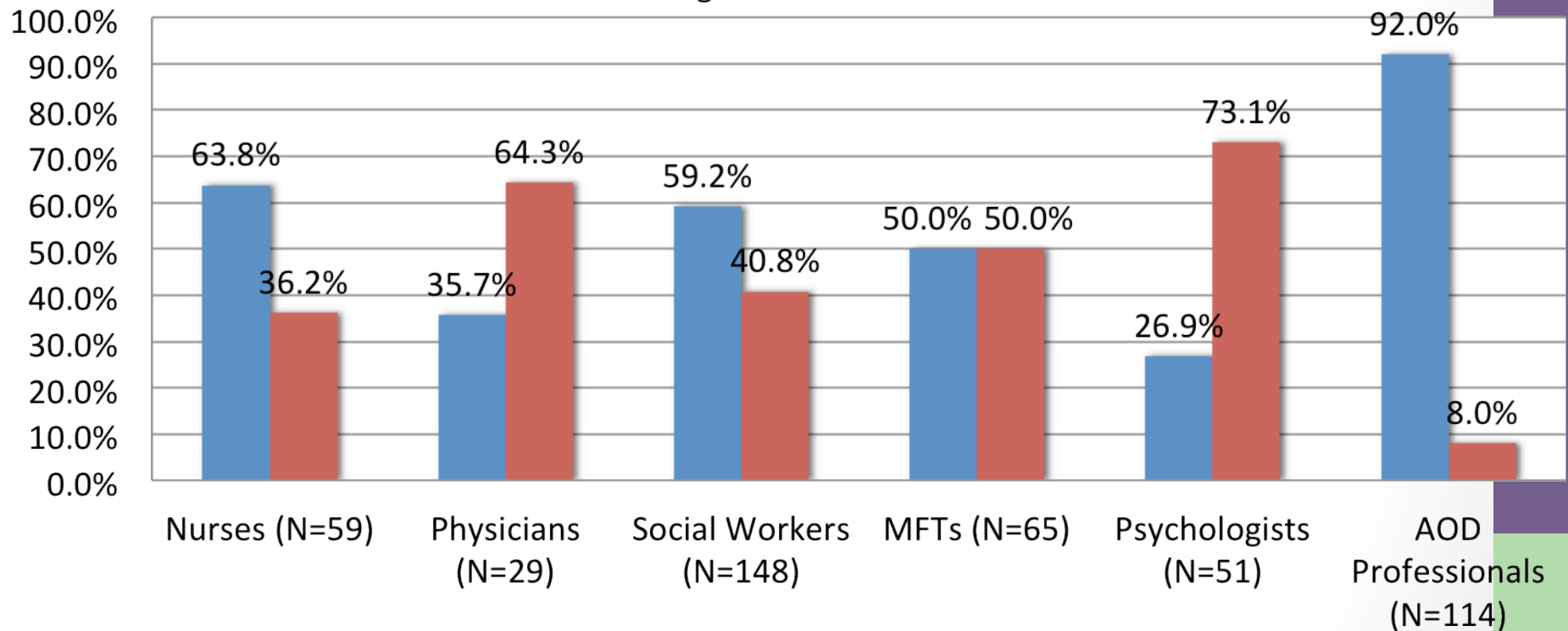
*Nurses and Social Workers were not asked this question.

IBHP Workforce Survey: Substance Use Treatment Setting with Integrated PC or Mental Health

Interest in Working in Substance Use Services w/ Integrated Primary Care and/or Mental Health Care, by Professional Group

■ Moderate or High Interest   ■ Little or No Interest

Professional Group	Moderate or High Interest	Little or No Interest
Nurses (N=59)	63.8%	36.2%
Physicians (N=29)	35.7%	64.3%
Social Workers (N=148)	59.2%	40.8%
MFTs (N=65)	50.0%	50.0%
Psychologists (N=51)	26.9%	73.1%
AOD Professionals (N=114)	92.0%	8.0%

IBHP workforce survey: Extent of Agreement that Integrated Care Reduces Stigma

Agreement with the statement "In general, integrated care decreases stigma for people seeking mental health services"
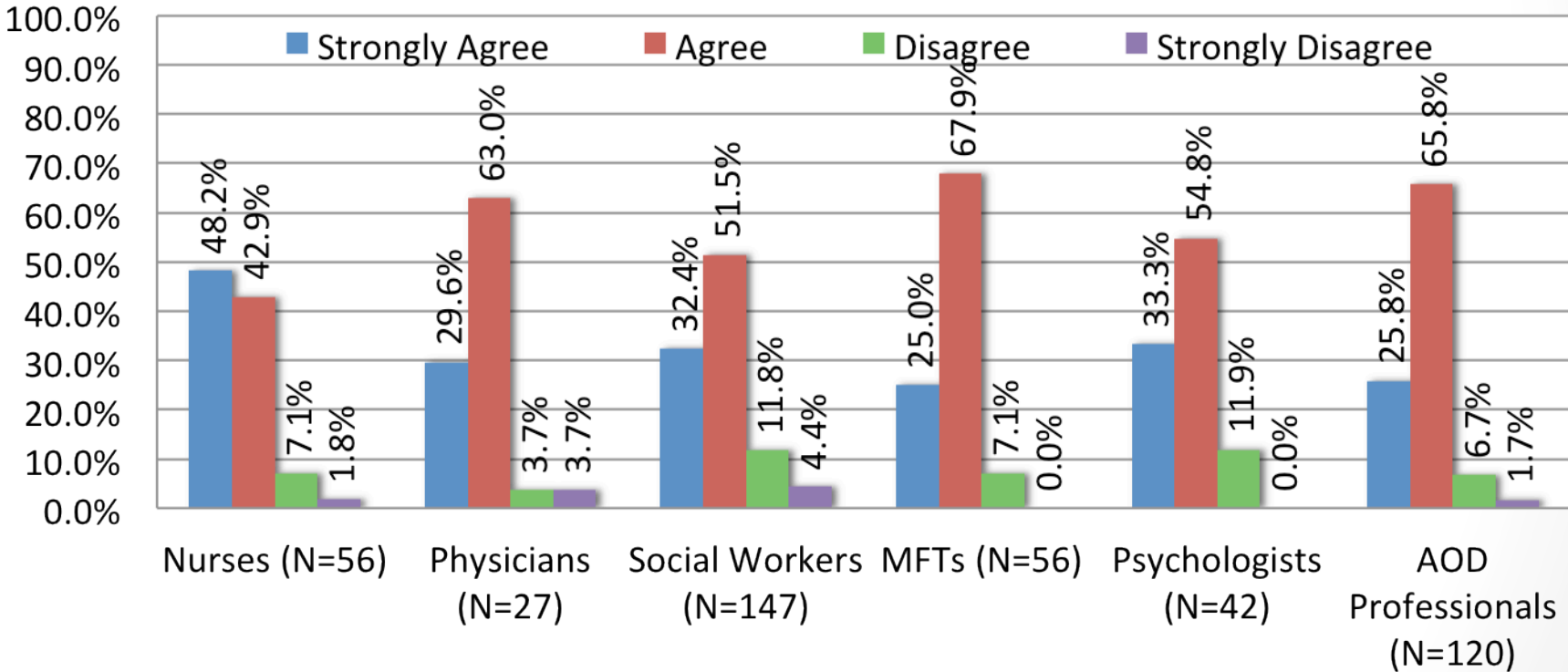
Care Coordination

Care coordination is "the deliberate integration of patient care activities between two or more participants [INCLUSIVE OF THE PATIENT] involved in a patient's care to facilitate the appropriate delivery of health care services."

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Rural Health Initiative

- Goal
  - To provide technical assistance and training for small and/or rural counties that are developing integrated behavioral health programs.

Perspective

- Focus on rural communities is a reflection of CCI-IBHP's research that has shown that...

  - Rural counties are often more prone to engage in integration practices in that there are often not other resource agencies available.

  - The inclusion of behavioral health services in primary care is an accommodation due to the scarcity of other providers offering these services.

  - County behavioral health agencies have expanded their services to include primary care either by co-location of providers or through arrangements with FQHCs or have located their staffs at FQHC sites.

County-Level Initiatives

- Bi-directional integration where partnering entities accepts referrals and provide care;

- Permanent co-location of services whereby organizations share office/clinic location;

- Integration occurring within community-based or free-standing agencies with co-location of two or more disciplines;

- Integration via coordinated care, such as participation on a multi-disciplinary team with regular meetings for care coordination.

Review of Innovation Plans (33 of 58)

- 24.2% of plans included physical and BH services.

- 50% of counties are co-locating services (e.g., integration with primary care or "one-stop services).

- More than one-third (36%) use peers, consumers or family members – paid or volunteer – to deliver integrated support services.

- About 25% are establishing intervention teams or systems change strategies (e.g., collaboration, networking, coordination of services).

CCI-IBHP Approach

- Work with county behavioral health agencies to leverage / build on current integration plans, facilitating communication and coordination with local agencies and groups.

- Meet with counties, review elements of integration plans and progress to date, identifying factors that support or interfere with successful integration.

- Meet with partner organizations to obtain their views on integration services.

- Work with counties to establish metrics to assess integration activities at the client and systems level.

PRIMARY CARE MENTAL HEALTH SUBSTANCE USE

PARTNERS IN HEALTH

MENTAL HEALTH, PRIMARY CARE AND SUBSTANCE USE INTERAGENCY COLLABORATION

TOOL KIT

2nd Edition, 2013

(Don't let the size scare you. It's easy to use)

IBHP
Integrated Behavioral Health Project

PROPOSITION
MENTAL HEALTH SERVICES ACT
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CALIFORNIA

CalMHSA
California Mental Health Services Authority
Compassion. Action. Change.

WELLNESS • RECOVERY • RESILIENCE

Resources for Addressing Stigma through Integrated Care

- www.IBHP.org: comprehensive clearinghouse of resources to support the implementation of integrated systems and care. Includes evidence-based practices and tools, policies and practices in CA and nationally.
- Topical briefs and tools issues related to integrated care
- Webinars
- California Innovations Summit (April 22-23, 2014)
- County and Regional Stakeholder Facilitation and Action Planning (pilot Sonoma, Fall 2013)
- Partners in Health: Mental Health, Primary Care and Substance Use Interagency Collaboration Tool Kit
- Peer Provider Tool Kit (forthcoming Spring 2014)

Thank you!

Karen Linkens –

karen@desertvistacounsulting.com

Gary Bess –

gary@garybess.com

Thank you from the Know the Signs team!

Sandra Black
sblack@edc.org

Anara Guard
aguard@edc.org

Theresa Ly
tly@edc.org

**We will not have a small county webinar in April.
Stay tuned for webinar information in May!**

Please fill out the Evaluation that will be emailed to you after the webinar!

Webinar will be archived on www.yourvoicecounts.org