B-HIP | Behavioral Health Integration Project
San Luis Obispo County, California

INTEGRATING BEHAVIORAL HEALTH AND PRIMARY CARE SERVICES IN SAN LUIS OBISPO COUNTY – a project update

Insure the Uninsured Project Regional Meeting – July 17, 2018

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TMHA

Background on Project

- **Goal:** 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.
- **Lead agency:** Transitions-Mental Health Association
- **Partners:** County Behavioral Health, County Public Health, Community Health Centers, CenCal Health, Dignity Health, Tenet Health, Cal Poly Health and Wellbeing, Promotores Collaborative
- Monthly facilitated stakeholder meetings

County of San Luis Obispo, California — Alcaldes 1850 — Not for ourselves alone

CHC Community Health Centers — Healthcare For Life

Cal Poly San Luis Obispo — Health & Counseling Services — Student Affairs

Dignity Health

tenet HEALTH

CenCal HEALTH — Local. Quality. Healthcare.

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Key Data Findings

Expansion of BH benefits

- Expanded benefits for mild/moderate conditions through Medi-Cal (CenCal/Holman) and Covered CA.
- Drug Medi-Cal Organized Delivery System.

Demand for BH services in County

- Adult SMI: 10,000-12,000
- Adult mild/moderate: 43,000
- Children: 12,000-21,000

Community capacity to meet demand

- Major increases in SMI and Mild/Moderate outpatient capacity, but still wait-time issues; psychiatry access difficult
- Only one16-bed psychiatric health facility - only 12% of estimated need for inpatient psychiatric capacity

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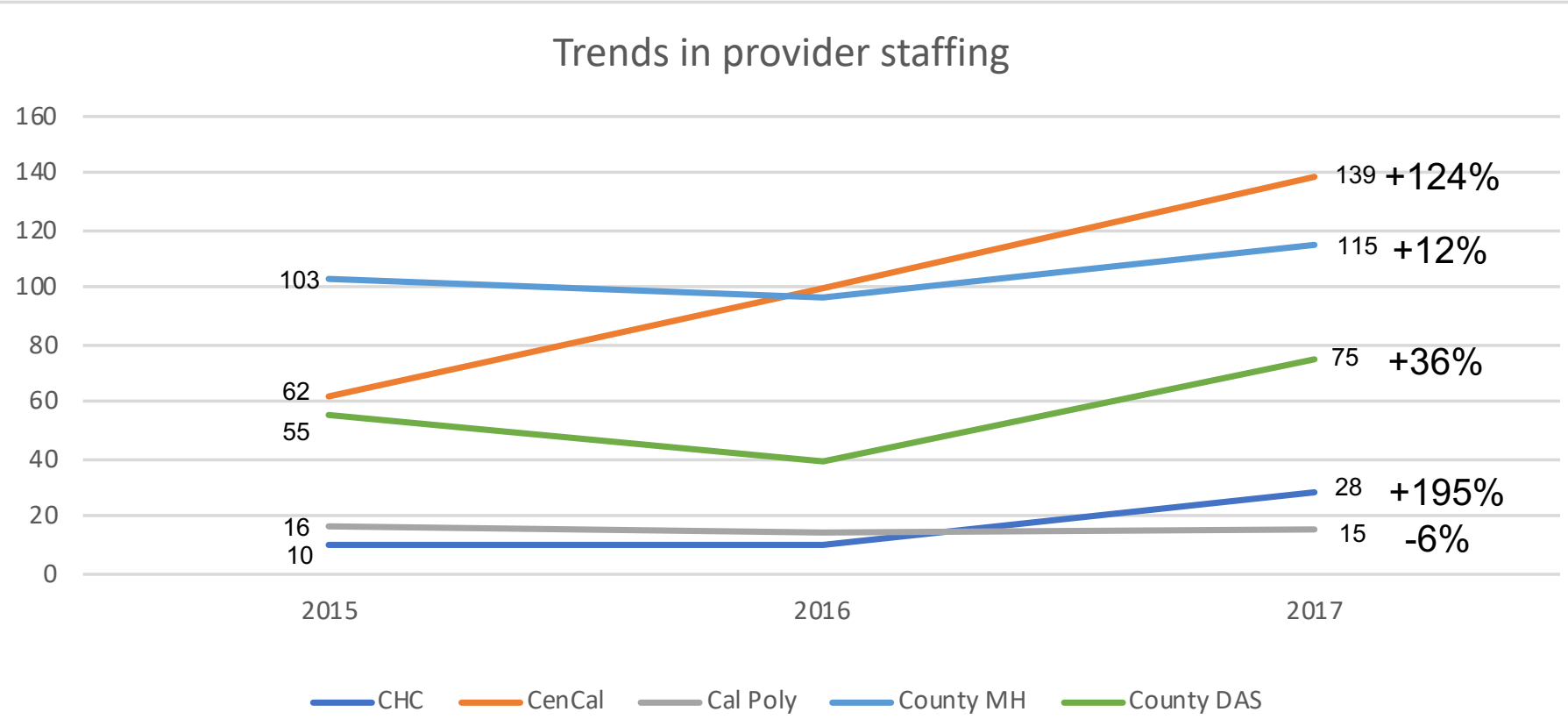
Change in provider staffing – SLO County



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Key Findings

Increased utilization of BH services

- CenCal services for those with mild/moderate conditions up 132% since 2014.
  - Reaching an estimated 31 percent of those with mild/moderate conditions in 2017 – an increase from 21 percent in 2014
- County Behavioral Health provided services to 38% more persons with serious mental illness from 2014
  - Reaching 6 percent of Medi-Cal population – above the estimated rate of persons with SMI
- Spanish speaking residents not being reached to same degree as English speakers
- Emergency department "mental disorder" discharges increasing 37% to 80%. One hospital reported 18% decrease
- Hospital "mental disorder" increases ranging from 20% to over 200%

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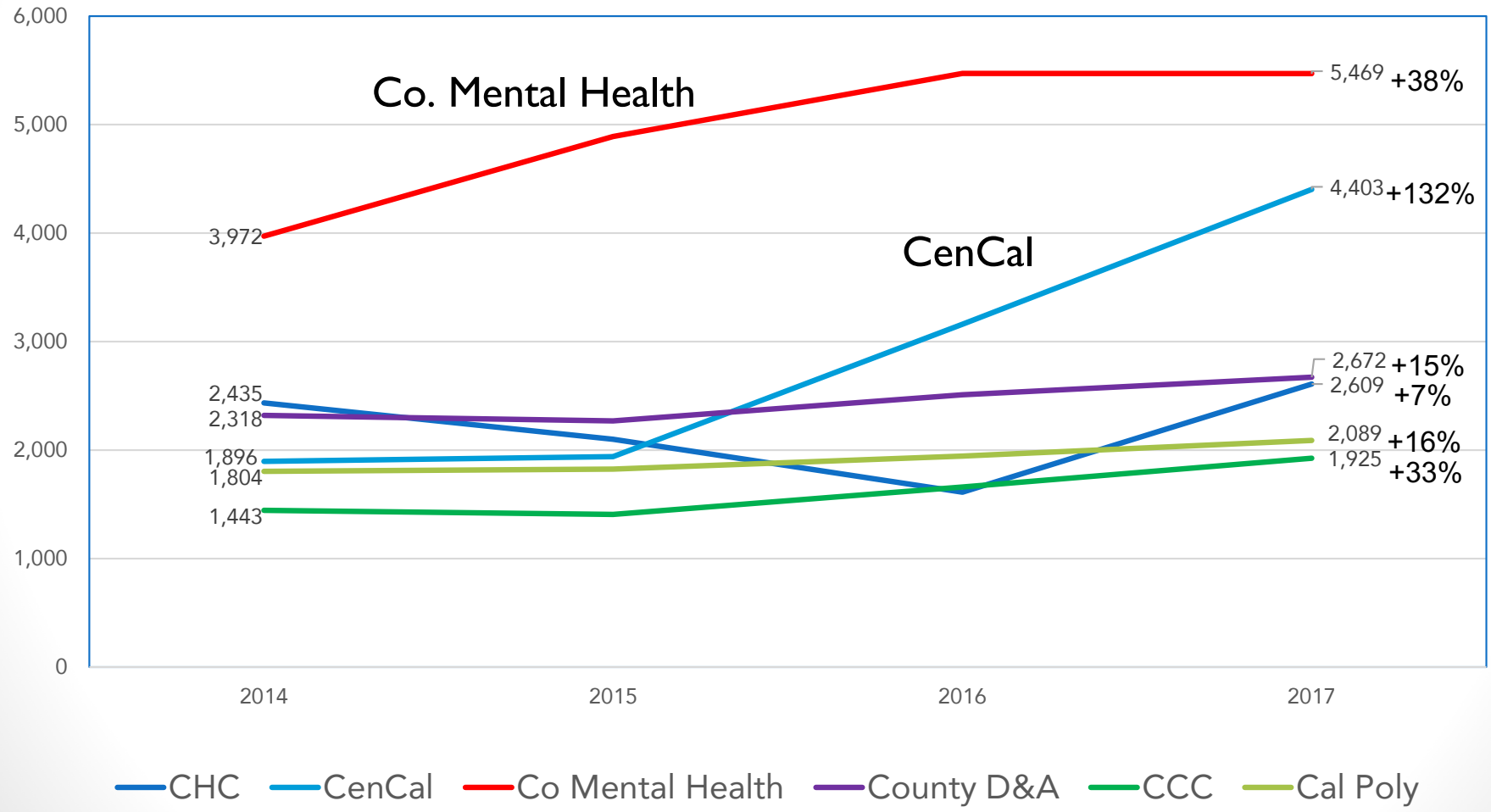
Change in behavioral health utilization – SLO County

Trends in utilization of services



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Key Findings

Consumer focus group feedback on BH integration

- 2 set of focus groups in 2015 and 2018
- Similar finding over three years
- Long waits for appts and at offices
- Desire for continuity of providers, longer appointments, empathy
- Communication among providers lacking, but also afraid of stigma by primary care providers
- Transportation needed
- Providing "system navigators" would be helpful
- More Spanish speaking providers needed

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What we accomplished

- Increased communication among providers and recognition of need for integrated care
- Improved information sharing
  - Multi-agency release of information form (Form 815)
  - Octavia case management software
  - Health Information Exchange
- Expanded patient navigation capacity
- Sponsored provider empathy trainings
- SAMHSA funded pilot projects on integrating care
  - SLO-HIP – health services for County BH clients
  - SLO Hub – integrated care for dual diagnosed homeless
- Client empowerment

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Form 815	**County of SLO Multi-Agency Referral and Client Release of Information**	Authorization: PAGE 1 of 2 Rev. 4/18/18

Date: _____ Last Name: _____ First Name: _____ Mid Init: ___

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ OK To Leave Message: ____ Language: _____ DOB _____

Parent or Guardian _____ Case Type _____ For Future Use _____

AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION

I authorize the agencies initialed below to share my health care and personal information with each other. If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialed below to share that person's health care and personal information with each other.
I understand that this authorization is voluntary and that I do not have to sign it.

PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION:
Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described.

Treatment Providers - You do not need an individual's name to share PHI with treatment providers

Initial Here		Initial Here	
Initial Here	County of SLO Public Health Department	Initial Here	County of SLO Mental Health Services
Initial Here	CenCal Health	Initial Here	Transitions Mental Health Association (T-MHA)
Initial Here	Community Health Centers	Initial Here	Hospital:
Initial Here	County of SLO Drug and Alcohol Services	Initial Here	Other:

NON-Treatment Providers - You MUST HAVE an individual's name to share Drug and Alcohol Program PHI

Initial Here		NAMES	
Initial Here	County of SLO Probation Department	NAMES	
Initial Here	Dept. of Social Services:	NAMES	
Initial Here	CAPSLO:	NAMES	
Initial Here	Tri-Counties Regional Center	NAMES	
Initial Here	Foster Family Agency:	NAMES	
Initial Here	Department of Rehabilitation	NAMES	
Initial Here	Family Resource Centers:	NAMES	
Initial Here	Victim/Witness Program - County D.A.	NAMES	
Initial Here	Veterans Services Dept. - County of SLO	NAMES	
Initial Here	SLO County Office of Ed. (SLOCOE)	NAMES	
Initial Here	Allan Hancock EOPS/CalWORKs	NAMES	
Initial Here	Cuesta College:	NAMES	
Initial Here	School District:	NAMES	
Initial Here	Stand Strong	NAMES	
Initial Here	HASLO (Housing Authority)	NAMES	
Initial Here	Homeless Services:	NAMES	
Initial Here	Independent Living Program	NAMES	
Initial Here	RISE	NAMES	
Initial Here	Job Centers:	NAMES	
Initial Here	Other:	NAMES	
Initial Here	Other:	NAMES	

Available at SLO DSS and SLO PUBLIC HEALTH
Form-815-County-of-SLO-Multi-Agency-Referral-and-Client-Release-of-Information.aspx

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Work yet to do:

Actual integration of services and systems

Community consensus on behavioral health services and resources

Pre-criminal justice system interventions

Continued data gathering to identify gaps and coordinate care

Braiding of funding sources

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Questions? Comments?

For more information:

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