

Case #3: SBIRT as part of Project Care: Integrating Behavioral Health Services in Kern County, CA

Synopsis of a recorded webinar

DATE: June 25, 2014

Presenters:

Lily Alvarez, Behavioral Health System Administrator, Kern County Mental Health Department

Christopher Reilly, LMFT, Behavioral Health Director, Clinica Sierra Vista

Darren Urada, PhD, UCLA Integrated Substance Abuse Programs

Overview:

As more residents gain access to primary care, mental health, and substance use disorder services as a result of the Affordable Care Act, community health centers will need to identify and address more behavioral health issues in their primary medical practice. This webinar demonstrates how a behavioral health managed care company (Kern County Behavioral Health) directs funds from the Mental Health Services Act (a 1% tax on millionaires) to support the provision of behavioral health services in eight Federally-Qualified Health Centers (FQHCs).

Patient population served:

Kern County's Project Care is serving tens of thousands of patients by bringing behavioral health awareness and treatment to populations of county residents that had not previously considered, understood or otherwise been able to access service through traditional points of entry.

Content description:

Ms. Alvarez presents an overview of how Kern County supports the integrated healthcare model in the eight FQHCs and one county hospital. She addresses:

- Features (and goals) of healthcare integration (including universal mental health and alcohol use screening)
- Overcoming barriers
- Challenges still to be addressed
- Ongoing infrastructure to support the project

Mr. Reilly describes how the project is working at one of the selected FQHCs, Clinica Sierra Vista. He discusses the following areas:

- The challenges of bringing behavioral health specialists into a community health care setting
- Specific elements of the "culture clash"
- Resolving the "culture clash" by integrating the behavioral health care specialists so that they are utilized frequently and in real time by the medical providers
- Finding the right kind of behavioral health provider and broadening that definition with the funders
- Establishing a sustainable business plan and figuring out in detail how to address fiscal challenges
- Assessing the ongoing viability of the project at Clinica Sierra Vista and elsewhere

Dr. Urada presents evaluation data that measured:

- Staff perceptions of the value of the services provided by the behavior health providers; value of the screening information for the primary care providers; communication between medical and behavioral health staff; whether integration should be recommended to other primary care providers; whether the balance between behavioral health and non-behavioral health patients at the clinic is appropriate
- Overall integration progress
- Screening data
- Planned future and ongoing evaluation

Screens Used:

PHQ-9, GAD-7 (Generalized Anxiety Disorder 7-item scale), AUDIT-C

Billing information:

There was considerable discussion of billing in the context of the reimbursement environment in California. But some of the processes discussed to enhance billing opportunities could be applied to situations in other states.

Link to Webinar: http://ireta.org/6_25_14webinar



National Screening, Brief Intervention & Referral to Treatment

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