



marin community clinics  
connecting for health

# Integrated Behavioral Health Marin Community Clinics

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# Marin Community Clinics

- FQHC with 4 clinics in Marin County
  - 30,000+ patients
    - 12,000 pedis
    - 18,500 adults
- Two-thirds of our patients are Latino
- 50% of patient population best served in language other than English
- ▶ Integrated behavioral health services since 2009

# Behavioral Health Services

- ▶ A journey from co-located care to collaborative “integrated” care



# Behavioral Health Services


- ▶ 12 BH providers (7 BHPs, 5 BH prescribers)
  - Department has doubled in past year
  - FTE: 5.9 BHP; 2.7 psychiatry
- ▶ 1 administrative program coordinator
- ▶ 4 BH-MAs (“BH care coordinators”)
- ▶ 2 interns next year
- ▶ and a partridge...



# Behavioral Health Services

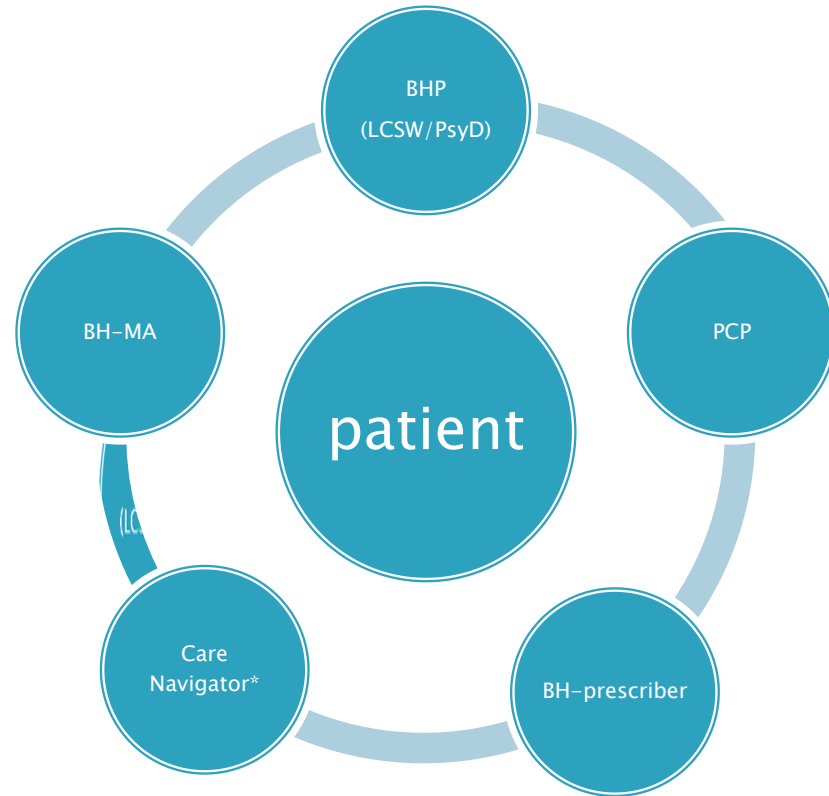
- ▶ Brief, evidence-based treatment for patients with mild-moderate behavioral health needs
  - ▶ Children and Adults
    - Individual and group therapy (brief)
    - Medication management (brief)
    - Recently expanded our child program, including a 3-tier “extended” treatment model
    - Expanded our pediatric development program (ASQ screening and case management by LMFT, 1,980 children screened in 2015).
    - Extended access evening appointments 3 days/week
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# Our model

- ▶ A hybrid stepped-care model
  - ▶ Influenced by collaborative care model
    - Patient-centered team-based care
    - Population-based care
    - Measurement based treatment-to-target (GAD, PHQ-9)
    - Evidence-based care (certification PST, competency-based annual review)
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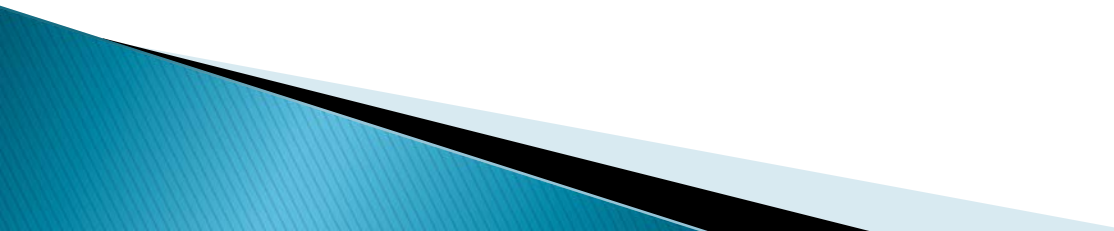
# Behavioral Health at each site

- ▶ BH-MA
- ▶ BHP
- ▶ BH prescriber




- ▶ \*Centralized care navigator

# What makes us integrated?

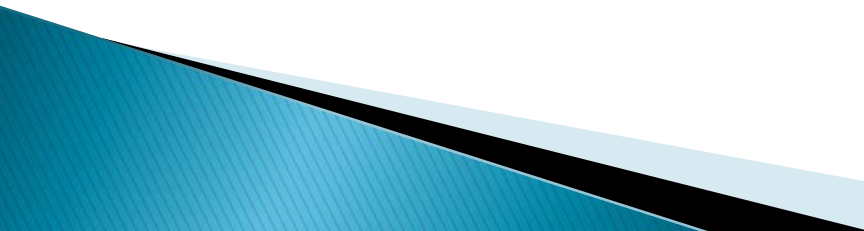
- ▶ Warm handoffs
  - ▶ Shared E.H.R (much consultation is electronic)
  - ▶ Interdisciplinary case conferences for special populations (high-risk OB)
  - ▶ Co-lead diabetes, stress, and pain mgmt groups
  - ▶ Med management consultations (time allotted, OD role); “hand backs”
  - ▶ Policies and procedures (e.g., controlled substances)
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# What are our strengths?

- ▶ Very engaged and supportive team;
  - ▶ Emphasis on BH providers supporting each other formally (case conferences, weekly team meetings) and informally (happy hour, phone and email consults)
  - ▶ BH-MAs are outstanding and dedicated
  - ▶ Program coordinator role
  - ▶ Supportive CMO, dedicated to integration, “can do”/“let’s try it!” attitude
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# What are our “pain points”?

- ▶ Highly traumatized population with facing significant environmental barriers/social determinants (i.e., complex case management needs)
  - ▶ The “complex moderates”... and lack of Spanish speaking services in the greater community
  - ▶ High no-show rate (20%, >30% with cancellations); AKA “feast or famine” phenomenon
  - ▶ Physical space constraints
  - ▶ Integration/collaboration varies by clinic
  - ▶ Historic “black box” of stepped care with CMH
  - ▶ Lack of addiction services in Marin County
  - ▶ ... Medicare...
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# BH at MCC... the future

- ▶ Payment reform– increased case management capacity; telephone consults...
  - ▶ Panel management;
  - ▶ Expanded medication consultation to increase access;
  - ▶ Expanded group services;
  - ▶ Expanded intern training program, including case mgmt capacity;
  - ▶ BH/PCP shared care case conferences (lunch & learns);
  - ▶ Stepped care procedure to/from MCC–CMH with formalized referral procedure
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We love sharing best-practices. Looking forward to continuing the conversation. Thank you!

