Alameda County Behavioral Health Care Services

Oakland and Fremont, California: Cohort 2

Promoting Access to Health: PATH

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INTEGRATION MODEL : A non-profit community based health care provider co-locates a **primary care clinic** in a county-operated **behavioral health care center.** The site becomes a Medical Home for Seriously Mentally Ill Adults in the county's System of Care.

September 2011: LifeLong Medical Care PATH Clinic opens at the Oakland Adult Community Support Center.

August 2012: Tri-City Health Center PATH clinic opens at the Tri-City Adult Community Support Center / Fremont Family Resource Center.

LifeLong Medical Care
Health Services For All Ages

TRI-CITY HealthCenter
Our Community. Your Health.

PATH POPULATION OVERVIEW

Alameda County Service Teams:

2527 SMI Consumers* assigned to 12 Service Teams

* does not include medication management only consumers

The Oakland support center serves 390 SMI Consumers;

Current PATH enrollment: 206 Retention (2.5 years): 81%

The Tri-City support center serves 136 SMI Consumers;

Current PATH enrollment : 70 Retention after 2 years: 84%

Health Issues at enrollment: 77 % overweight; 40 % had high blood pressure; 66 % had high blood sugar; 23 % had high cholesterol.

The PATH Clinical Team

From the Community Health Center:

- Primary Care Providers (Physicians or PA's)
- Certified Medical Assistant
- Clinic Coordinator supports primary care and is a liaison to Behavioral Health staff.
- Front Desk Coordinator makes appointments, enters patient information into health information systems

From the Behavioral Health Center:

- BHCS Psychiatrists
- Nurse Care Coordinator
- Peer Support Counselors facilitate wellness activities, provide motivation, assist with care coordination and transportation
- BHCS case managers provide consultative support

Accomplishments & Successes

- **Consumer Health** - We improved "access" to primary care doctors and nurses, improved "metabolic indicators" and weight loss, smoking cessation, and medication compliance. Provided care and prevention for infectious and communicable diseases. Surgeries saved lives.

Outcomes were documented and shared in presentations and reports. We used this to secure funding, and to get buy-in from Alameda County Behavioral Health Executive Leadership to expand the program.

- **Finding Funding** – Tobacco Cessation grant; San Francisco Foundation grant for a sustainability planning; Blue Shield Foundation grant for interagency data sharing; NIMH Grant Application pending approval for research to improve sleep quality of SMI consumers; and County Behavioral Health Executive Leadership approved allocation of Mental Health Services Act funds to sustain existing SAMHSA PATH Project Services and expand to 2 new sites.

Accomplishments & Successes

- **Having Fun** - Social Work Interns studying Integrated Health ran the "Health and Wellness Classes" and re-named them to sound more inviting, bringing new energy; Smoking Cessation became "Bye, Bye Butts"; Stress Reduction became "Fun and Games"; Relaxation became "Feel Good Fridays"

- **Teamwork** - Doctors on both sides enjoyed working together. A half-day "Visioning Retreat" in Grant Years 2 and 4 to asked stakeholders "what is working?" "what can we improve upon?" "where do we want to go?" and gave us great ideas for problem solving

- **Expansion** - 2 more PATH Clinics approved to be set up in County operated BH Centers that serve SMI consumers and individuals with mild to moderate BH conditions; and existing PATH Clinics will start welcoming BH consumers from other agencies in Fiscal Year 14/15

Challenges

Working within a large organization:

- The bureaucratic processes (everything takes time)
- There may be barriers to hiring, purchasing, contracting
- Trying to get "billing" up and running on the Behavioral Health side
- Challenges in data sharing

.. And we have all of these reassessment interviews!

Working with consumers:

- Staff changes can be upsetting
- Substance use can affect engagement and compliance
- Challenges with transportation; limited access to healthy food

Some Tips for New Grantees

- Schedule a team "de-brief" after each clinic day to share information and problem solve (improves care coordination *and* helps build relationships)
- Convene "Lunch and Learns" so providers can introduce themselves to consumers, present different health topics, and encourage discussion (consumers feel less isolated)
- Get Peers involved early on, to help design service delivery and help modify educational material that makes sense to your consumers
- Orient consumers on "how to be an effective patient"
- Create a welcoming environment: we set up a "Café" with colorful posters on the walls, staff were friendly and accessible
- A weekly **cooking class** (to teach nutrition) attracted participants who came to eat

Words of Wisdom (what we know now!)

- Some consumers prefer one-on-one interactions; we originally focused the wellness program on group activities, and some did not attend
- Set up a recruitment and supervision process for Peers, Volunteers and Interns to help run the wellness program (groups or one-on-one)
- Provide case managers (assigned to our consumers) and/or families and caregivers with training, convey the benefits of caring for chronic conditions, get buy in so they feel valued for their help
- Measure as much as you can, make charts and graphs, and disseminate your successes widely; integration is a hot topic!