

# Integrated Primary Care and Behavioral Healthcare in Arlington and Alexandria CSBs and Other CSB Health Home Initiatives

Presentation to the House  
Appropriations Health and  
Human Resources Subcommittee  
October 15, 2012

# Why Integrate Care at the CSB Site?

- Integrated care at the behavioral health site has been shown to be the most effective way to treat people with serious mental illness and substance abuse
- Studies indicate that up to 75% of people with a serious mental illness or substance use disorder also have one or more co-occurring chronic physical conditions
- Integrated Care is more than just locating behavioral health services and primary care in the same place
- Integrated care is sharing information and working together – directly and through the electronic records - in order to provide the most effective and safe treatment

# Why Integrate Care at the CSB Site?

- The health of individuals with serious mental illness (SMI) can be impacted poorly by the very psychotropic medications that can control their mental illnesses.
- Psychotropic medications often disrupt health and metabolic functions and cause inordinate and uncontrollable weight gain
- Many primary care practices do not welcome individuals with SMI to their practices or have limited their number of Medicaid recipients
- Virginia's results and results in other states demonstrate that individuals with SMI, when provided the choice, opt for the behavioral health site to access primary care

# Arlington/Alexandria/ANSHI Partnership

- Alexandria and Arlington CSBs developed a partnership with the Alexandria Neighborhood Health Services, Inc.
- Funding was received for three years from the Virginia Health Care Foundation for the partnership to provide integrated care at both CSBs in late 2009
- Project began in January 2010
- Innovation Grant Funding from SAMHSA just received to continue project for next four years

# Arlington/Alexandria/ANHSI

- ANLOL projects were designed to serve individuals with no coverage
- This project also served individuals with coverage who were unable to access traditional primary care
- Without primary care access, local emergency departments were the primary care access point
- Recruiting the “right” PCPs who could understand and accept the population was difficult and took a number of hiring attempts

# Arlington/Alexandria/ANHSI

- CSBs are able to provide special consultation to ANHSI for clients needing behavioral health treatment
- “Bi-directional” referral system is now in place
- The only federal Innovation Grant awarded in Virginia so far
- Grant will allow expansion to greater numbers of individuals with severe substance use disorders
- Such individuals also have difficulty accessing primary care

# Background of Those Served

945 clients with serious mental illness have been served to date in the project with a total of 2,135 visits. Some have substance use issues

- Approximately 50% of the 945 have incomes of less than \$10,000 with 70% having less than a high school degree
- 34 % of the people served are African American and 20% are Latino
- 85% of the people served in Arlington have high blood pressure and 44% have diabetes
- In Alexandria, 58% of the people served have a chronic medical diagnosis such as high blood pressure, diabetes and elevated cholesterol

# The Outcomes

- As a result of receiving care, 27% of the people served have been **newly** diagnosed and are being treated for high blood pressure
- Of those patients, 62% met the goal of having a normal blood pressure reading after 6 months of integrated care.
- 16% have been **newly** diagnosed and are being treated for diabetes
- Of those patients, 43% in Arlington and 28.5% in Alexandria met the goal of having a HBA1c level of less than 7 after 6 months of integrated care.
- The medical doctors have also diagnosed and are treating multiple previously untreated other conditions such as Hepatitis C, breast and other cancers, Hyper and Hypothyroidism
- As expected, the physicians also are finding and treating urinary tract infections, upper respiratory infections, skin rashes, and other conditions which, left untreated, become more serious.

**Untreated medical problems seriously impact an individual's health and well being and can lead to early death.**

**Studies show that people with a serious mental illness die on average 25 years earlier than people without a mental illness.**

# A Story

- A male client with severe bipolar disorder and insulin-dependent diabetes had not followed up with his diabetes care for many years due to difficulties tolerating interactions with medical providers. While waiting for his initial appointment, the client began to make statements such as “This doctor better not have an attitude,” and began to threaten to leave before his appointment. The psychiatrist and case manager, who were both present at the time, were able to encourage the client to stay until he met the physician. The psychiatrist briefly let the physician know that the client was anxious about the physician’s approach to him. In the hall, the client began to talk loudly about doctors that “have attitudes,” and again began to leave. The physician took a gentle and respectful approach and was able to encourage the client to come into the exam room. The client later stated, “That doctor is not like the other ones,” and he has been able to remain in medical care, receiving treatment. He is now medication compliant, attends all appointments without problem and his diabetes is under control and successfully being managed.

# One more story....

- A 45 year old female client with schizophrenia and multiple medical issues had not seen a primary care doctor for 8 years. After much encouragement from her case manager, the woman became a client of the integrated care project and began being seen by both the psychiatrist and the primary care doctor. Because each doctor can see what the other has prescribed for our clients in the electronic record, the medical doctor noticed during a review that the medications prescribed by the psychiatrist were contraindicated with the medications that she herself prescribed and if continued, could have serious health implications. The two doctors consulted and the psychiatrist switched the client to a different medication that did not have the same potential negative consequences.

## Other CSB Integrated Care Initiatives

- In **Fairfax County, CSB** psychiatrists are deployed to the 3 centers of Fairfax Community Health Care Network (CHCN) and CHCN deploys internists to 2 CSB mental health locations.
- Fairfax-Falls Church CSB and two managed care organizations are coordinating behavioral health and primary care for shared Medicaid clients who have had difficulty accessing primary care on their own. Plans are in place to co-locate PCPs in clinics

## Other CSB Integrated Care Initiatives

- By January, 2013, Fairfax-Falls Church CSB will have an integrated behavioral health and primary care component at its Gartlan Center in Mount Vernon. ANHSI, Inc is its partner for primary care.
- By March of 2013, Fairfax-Falls Church CSB will have an integrated behavioral health and primary care component at its Reston location with its primary care partner, Loudoun Community Health Center, an FQHC.

## Other CSB Integrated Care Initiatives

- **Norfolk CSB** received a federal grant to establish integrated care at the behavioral health site and serve 2000 unique individuals.
- By February 3, 2012, with clinic, medical staff, and medical equipment in place, the doors opened. So far, over 300 individuals with behavioral health conditions have enrolled.
- Outcomes include improvements in blood pressure, cholesterol levels, BMI, metabolic functions and diabetes control.

# Emerging Integrated Care Initiatives

- **Northwestern CSB** is in partnership with Valley Health to establish integrated care. Grafton Integrated Health Care is in the evolving partnership to serve this 5 county/1 city area
- **Harrisonburg-Rockingham CSB** is partnering with the Free Clinic and the Community Health Center to co-locate and to integrate a behavioral health prescriber in 2 primary care sites.

# Emerging Initiatives

- **Region Ten CSB** is in partnership with the Free Clinic for integrated care and the CSB provides psychiatric services at the Free Clinic. The CSB is discussing other strategies with primary care practices in the Charlottesville-Albemarle area.
- **Central Virginia CSB** is in partnership with Centra Health System to provide screenings for pregnant women and is partnering with Lynchburg Family Practice to integrate primary and behavioral health care with on-site therapy, screening and case management.

# Emerging Initiatives

- **Chesapeake CSB** is in discussions with Peninsula Institute for Community Health to integrate care through staff placement and sharing of health information.
- **Hampton-Newport News CSB** has two pending primary care partnerships in the works.
- Loudoun Community Health Center and the **Loudoun CSB** have entered a partnership to exchange health and behavioral health care services.

# Unique Behavioral Health Home

- **Western Tidewater CSB (WTCSB)** has entered into a partnership with Oakwood Assisted Living Facility in Suffolk to act as the ALF's health home for 90 individuals.
- All medical, behavioral, and program needs will be the responsibility of the WTCSB, including ALF staff training.
- Local DSS and other related agencies have been informed of this partnership.

# Unique Behavioral Health Home

- Using a person-centered integrated model for chronic care, WTCSB will use its targeted case management to coordinate 24/7 emergency, intervention and treatment services, and acute, primary and specialty care, utilizing a range of community providers.
- WTCSB will track health risk factors and monitor major health domains, including cancer, pulmonary/heart disease, obesity, diabetes , and other metabolic disorders

# Unique Behavioral Health Home

- WTCSB will engage residents in programs such as anger management, smoking cessation, personal hygiene, communicable diseases, decision-making, medication management, conflict resolution and other interventions to promote health, well-being and greater independence.
- Approximately 2/3 of the 90 individuals have severe and/or chronic mental illness or substance use conditions.

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