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Agenda: _____ November 20, 2012

October 4, 2012

The Honorable Board of Supervisors
Administration Building
1221 Oak Street
Oakland, CA 94612

SUBJECT: APPROVAL OF FY 2012-13 MASTER CONTRACT AUGMENTATIONS FOR THE IMPLEMENTATION OF PRIMARY CARE BEHAVIORAL HEALTH INTEGRATION INITIATIVE.

Dear Board Members:

RECOMMENDATIONS:

1. Approve a master contract augmentation for Asian Health Services, a non-profit organization (Principal: Sherry Hirota, Executive Director; Location: Oakland, CA; Master Contract #900257; Procurement #7777) in the amount of \$144,000, to achieve specific performance indicators in a model of primary care behavioral health integration, increasing funding from \$216,000 to \$360,000 for the period July 1, 2012 through June 30, 2013;
2. Approve a master contract augmentation for Axis Community Health, a non-profit organization (Principal: Sue Compton, Executive Director; Location: Pleasanton, CA; Master Contract #000006; Procurement #7778) in the amount of \$84,000, to achieve specific performance indicators in a model of primary care behavioral health integration, increasing funding from \$126,000 to \$210,000 for the period July 1, 2012 through June 30, 2013;
3. Approve a master contract augmentation for La Clinica de la Raza, a non-profit organization (Principal: Jane Garcia, Executive Director; Location: Oakland, CA; Master Contract #900116; Procurement #7779) in the amount of \$222,170, to achieve specific performance indicators in a model of primary care behavioral health integration, increasing funding from \$197,830 to \$420,000 for the period July 1, 2012 through June 30, 2013;
4. Approve a master contract augmentation for LifeLong Medical Care, a non-profit organization (Principal: Martin Lynch, Executive Director; Location: Berkeley, CA; Master Contract #900131; Procurement #7780) in the amount of \$64,000, to achieve specific performance indicators in a model of primary care behavioral health integration, increasing funding from \$96,000 to \$160,000 for the period July 1, 2012 through June 30, 2013;
5. Approve a master contract augmentation for Native American Health Center, a non-profit organization (Principal: Martin Waukazoo; Location: Oakland, CA; Master Contract #900095; Procurement #7781) in the amount of \$40,000, to achieve specific performance indicators in a model of primary care

behavioral health integration, increasing funding from \$60,000 to \$100,000 for the period July 1, 2012 through June 30, 2013;

6. Approve a master contract augmentation for Tiburcio Vasquez Health Center, a non-profit organization (Principal: David Vliet, CEO; Location: Union City, CA; Master Contract #900214; Procurement #7782) in the amount of \$100,000, to achieve specific performance indicators in a model of primary care behavioral health integration, increasing funding from \$150,000 to \$250,000 for the period July 1, 2012 through June 30, 2013;
7. Approve a master contract augmentation for Tri-City Health Center, a non-profit organization (Principal: Kathy Lievre, Location: Fremont, CA; Master Contract #900120; Procurement #7783) in the amount of \$104,000, to achieve specific performance indicators in a model of primary care behavioral health integration, increasing funding from \$156,000 to \$260,000 for the period July 1, 2012 through June 30, 2013;
8. Approve a master contract augmentation for West Oakland Health Council, a non-profit organization (WOHC), a non-profit organization (Principal: Robert Cooper, M.D., Executive Director; Location: Oakland, CA; Master Contract #900105; Procurement #8363), in the amount of \$144,000, to hire behavioral health specialists to work within their primary care clinics and to achieve specific performance indicators in a model of primary care behavioral health integration, increasing funding from \$0 to \$144,000 and changing the contract term from April 1, 2012 through December 31, 2013 to November 1, 2012 through June 30, 2013; and
9. Authorize the Director of Behavioral Health Care Services (BHCS) and/or her designee to execute the negotiated contracts, which have already been signed by the intended awardees, on your behalf.

SUMMARY:

On February 28, 2012, your Board approved funding for eight Federally Qualified Health Centers (FQHCs) to participate in the Primary Care Behavioral Health Integration Initiative. BHCS is requesting approval of a revised contract period of November 1, 2012 to June 30, 2013 for West Oakland Health Center's procurement contract. BHCS is also requesting approval for augmentations for the seven additional FQHCs that are currently participating in the Primary Care Behavioral Health Integration Initiative.

DISCUSSION:

On February 28, 2012 your Board approved \$2.7 million in one-time Mental Health Services Act (MHSA) funds for the Primary Care Behavioral Health Integration Initiative (Item #9, File #27950). At that time, the funding included an allocation for hiring staff and a separate allocation for the demonstrated achievement of a prescribed set of performance indicators. After further discussion last spring with the Alameda Health Consortium, which represents the FQHCs in Alameda County, BHCS adopted a more staged approach to the implementation of this initiative.

The Primary Care Behavioral Health Integration Initiative is implementing the Advancing Integrated Mental Health Solutions (AIMS) model of effective behavioral health interventions in primary care. It includes an integrated team approach, the use of appropriately sized behavioral health patient registry "careloads" to support and guide ongoing care management, and attention to changes in patient assessment scores as guides to whether the treatment interventions are working or need to be modified. Since the registries are for the purpose of intensive care management and outcome tracking, they are comprised of an active careload limited to about 65 patients per behavioral health professional. The behavioral health professional actively follows and provides evidenced-based treatment interventions for this careload. The model assumes that in addition to this careload, the behavioral health professionals are available for brief consultations with patients referred by their primary care physicians. In addition to the behavioral health professional, the team approach requires support from other key staff members that includes management of tasks such as keeping registry data updated, managing appointments, follow-up phone calls, and other integrated care tasks.

BHCS developed two categories of funding for this Initiative:

Category I Payments: These payments support the hiring and training of behavioral health staff and are based upon a commitment from the FQHC clinics to accomplish multiple specified tasks in the future that are foundational to the establishment and use of patient registries for care management. Payments are made monthly and generally remain the same assuming each clinic is making reasonable progress with the tasks.

Categories II Performance-Based Payments: These payments are based upon measurable achievements of specific tasks in the previous quarter for each behavioral health patient careload. Each careload must be linked with a specific behavioral health professional responsible for coordinating implementation of integrated care tasks for that particular group of patients. Consequently, a clinic with multiple such careloads may earn payments at different levels within the same quarter, and may find their payments for each of these careloads changing up or down in subsequent quarters according to their performance. The highest level of payment is based on achievement of specific types of measurable patient outcomes. Examples of outcomes that may be included are: 35 percent of those enrolled in the registry careload for at least ten weeks had their assessment score drop by at least five points; at least 75 percent of the clients in the careload have a documented note in their record regarding the status of their use of psychotropic medications (i.e., whether or not they are taking any medications, the dose, frequency, and whether the client is following the prescribed regimen).

The contract augmentation being recommended for WOHC will fund the initial hiring and training of staff (Category I) and performance-based payments (Category II). Category I funding for the initial hiring and training of staff at the seven other FQHCs was approved by your Board on July 24, 2012 (Item #80, File #28312). The majority of these FQHCs have already completed their hiring and training processes. The contract augmentations for the additional seven FQHCs recommended in this letter will fund their Category II payments.

BHCS has been working closely with the Alameda County Health Consortium and the FQHCs to refine the set of performance indicators associated with these contracts, and the terms of payment which will be related to the FQHCs' attainment of the specified performance indicators. These performance indicators, and associated payment terms, are important as they represent a move towards results-based accountability and will establish important groundwork for the implementation of the Affordable Care Act. This Initiative will specifically increase the capacity and effectiveness of primary care clinics to treat individuals facing co-occurring mental health and physical health issues.

SELECTION CRITERIA AND PROCESS:

The participating Federally Qualified Health Centers were identified based on their historical role in providing health care to uninsured clients in Alameda County as described in the February 28, 2012 board letter. These providers are non-profit agencies and are exempt from the Small, Local and Emerging Business (SLEB) policy.

FINANCING:

MHSA one-time funding for these programs is included in the BHCS budget. There is no increase in net county cost.

Respectfully submitted,



Alex Briscoe, Director
Alameda County Health Care Services Agency

AB: FB/rl/kr
cc: County Administrator
County Counsel
Auditor-Controller