WHY INTEGRATION?

- Behavioral health issues are common (1 in 4 U.S. adults/year) and often unrecognized and untreated.
- Behavioral health issues and psychosocial stressors are associated with many chronic diseases and exacerbations of conditions, e.g., diabetes, cancer, asthma, etc.
- Individuals with untreated or inadequately treated behavioral health issues are more likely to utilize expensive health care services and to have poorer overall health outcomes.
- More than 50% of people seeking care for behavioral health issues received care in the general medical sector only and many could benefit from more specialized supports.
- Many people with behavioral health issues first seek care in a primary care setting, if they seek care at all.
WHY INTEGRATION?

- People with serious behavioral health issues in the U.S. have a 25-year mortality disparity compared to the general population.
- People with serious behavioral health issues often face difficulty accessing care and are less likely to receive evidenced-based interventions.
- Integrating care can increase access, reduce stigma, and help reduce health disparities.
- Integrated care models have demonstrated improved health outcomes and enhanced patient experiences of care.
**INTEGRATION ACTIVITY (TAILWINDS & HEADWINDS)**

<table>
<thead>
<tr>
<th>Level of Activity</th>
<th>Tailwind Example</th>
<th>Headwind Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal and State</td>
<td>Sec. 1115 waiver and inclusion of mental health as a required benefit for LIHP</td>
<td>California exclusion of payment for same-day behavioral health visits in FQHCs</td>
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<tr>
<td>State and County</td>
<td>Alameda County inclusion in dual eligibles (Medicare/Medical) pilot project</td>
<td>Significant funding reductions in healthcare at State level</td>
</tr>
<tr>
<td>County and Provider</td>
<td>MHSA and HealthPAC funding used to support integration projects</td>
<td>Lack of provider funding increases over time to keep up with increased costs</td>
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<tr>
<td>Provider and Staff</td>
<td>ACMC and Alameda Health Consortium support for integration efforts</td>
<td>Lack of qualified, well-trained, diverse professional workforce to take on new roles</td>
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</tbody>
</table>
HCSA-BHCS INVESTMENTS AND EFFORTS

- Cross-sector/organizational collaboration – data sharing, referrals, policy/procedure development, etc.
- Behavioral health workforce supports – internships, loan repayment, linkages with schools, training programs
- HealthPAC “behavioral health” visit funding in primary care
- New behavioral health care services level – time-limited care management (Level II services)
- MHSA funding to support integrated depression care for older adults in primary care
HCSA-BHCS INVESTMENTS AND EFFORTS

- HCSA-BHCS integration team (boundary spanner staffing)
- Technical Assistance/Consulting contract with Alameda Health Consortium and AIMS Center
- MHSA one-time funding to support hiring behavioral health professionals in primary care clinic sites
- MHSA one-time pay-for-performance funding to support and encourage the implementation of integrated care models in primary care
- Specialized health homes for people with serious behavioral health issues
HCSA-BHCS INVESTMENTS AND EFFORTS

- SAMHSA grant to bring primary care into specialty behavioral health settings
- County-hired consulting psychiatrists to work in primary care settings
- Psychiatric consultation for substance use disorder providers
- Participation in a new SAMHSA grant / learning collaborative around the integration of Medication Assisted Treatment (MAT) within substance use, mental health and primary care settings