



COUNCIL OF
COMMUNITY CLINICS

California Mental Health Planning Council

IMPACT with Older Adults

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Mental Health and Primary Care Integration Project Background

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- The Council of Community Clinics (CCC) represents and supports 16 community clinic corporations operating over 90 sites in San Diego, Imperial and Riverside Counties.
- CCC is subcontracting with 9 clinic organizations to provide mental health services at 17 sites.
- Services first provided in February of 2007, with the majority of clinics initiating services in May of 2007.



Services

- **Individuals with SMI/SED who are unfunded for mental health services:**

- do not have Medi-Cal or other health insurance
- have a social security number



Contract to Serve Three Age Groups

- Children and Youth (ages 0-17)
- Adults (ages 18-59)
- Older Adults (ages 60 and over)

Two Treatment Models

- Specialty Pool Services (SPS)
- IMPACT



Specialty Pool Services

- “Traditional” model - “therapy” provided by psychologist, MFT, LCSW, or interns of same. Medication management provided by psychiatrist
 - Maximum 24 visits for children and youth to include family therapy if/when possible (medication visits are separate)
 - Maximum 12 visits for adults/older adults (including medication visits)
- Short Term Medications – for up to 90 days from issuance of first prescription, then referral to pharmacy assistance programs (PAPs)
- Short Term Treatment Model – one year, then those needing additional treatment/services are transitioned to traditional County Mental Health providers

 **Lesson Learned** – Short term nature discourages integration



IMPACT

- **IMPACT (Improving Mood Promoting Access Collaborative Care Treatment)***
An evidence-based best practice which includes Behavioral Activation and Problem Solving Therapy provided by a Depression Care Manager (DCM), combined with medication management provided by a Primary Care Provider (PCP).

*<http://impact-uw.org>



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- **Up to 16 visits with a Depression Care Manager**
 - Visits are not billed fee-for-service. Initial enrollment documents submitted and authorization given.
 - CCC reimburses clinic for a 0.50 or 0.25 FTE DCM
 - DCMs manage a caseload of clients (96 clients during the fiscal year for a 0.50 FTE)
- **Up to 4 visits with the PCP to prescribe and monitor medication**
 - PCP visit is billed fee for service
- **Treatment period of one year**
- **Medication for a period of one year**
- **Consulting psychiatry services provided by a CCC consultant (Board certified psychiatrist/FP physician)**



Essential Elements of IMPACT

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1. Collaborative Care
2. Depression Care Manager
3. Consulting Psychiatrist
4. Outcome Measurement
5. Stepped care



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- DCM's educate clients regarding the connection between mind and body (e.g depression and diabetes) thereby assisting client's in managing their physical health issues in conjunction with mental health issues.
- DCMs meet monthly as a group to receive additional training on the model and to problem solve.



Cross-training

- Cross-training DCM's to support PCP in encouraging clients to make the necessary behavioral changes.
 - Psychotropic Medications
 - Diabetes
 - Chronic pain
 - Maternal Depression - June 26
 - CVD pending
 - Asthma pending



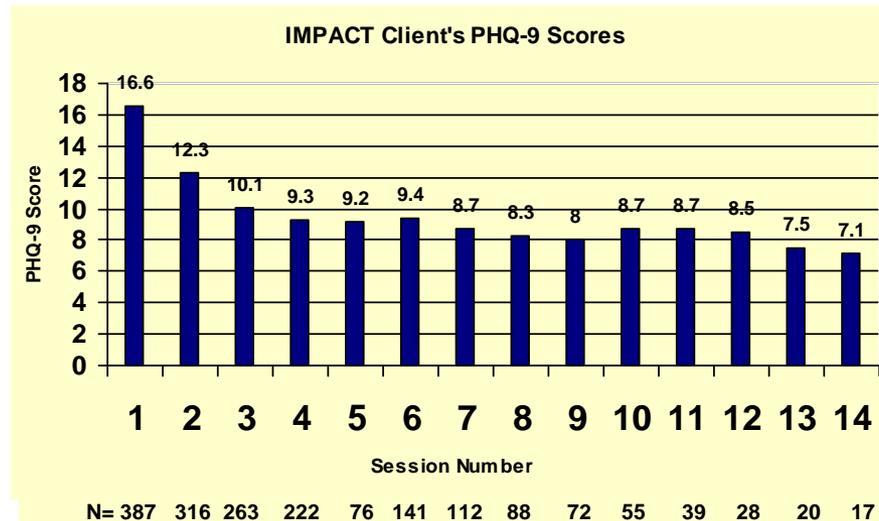
Senior Peer *Promotora* Program

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- Subcontracts with 5 clinics include the implementation of a senior peer *promotora* program in scope of work.
- All clinics with funding for a senior peer *promotora* program have funds for IMPACT.
- Purpose of Senior Peer *Promotora* Program:
 - *Promotoras* focus on outreach and engagement of older adults
 - *Promotora* networks of individuals trained in outreach to older adults to link with mental health services and other resources
 - Culturally and age-sensitive outreach, engagement, education, peer counseling and support, social service referrals and other services for older adults
 - Transportation for seniors and family/caregivers through vouchers, taxi, contracted van services or other means
 - Referral source for clinics Older Adult SMI and IMPACT programs.



IMPACT



- Clients complete the PHQ-9 at each visit.
- PHQ-9 scores for 387 A & OA's treated with the IMPACT model.
- Average score at enrollment was 16.6. By session four, the average score was below 10.
- "N" indicates the number of clients in treatment at each session.



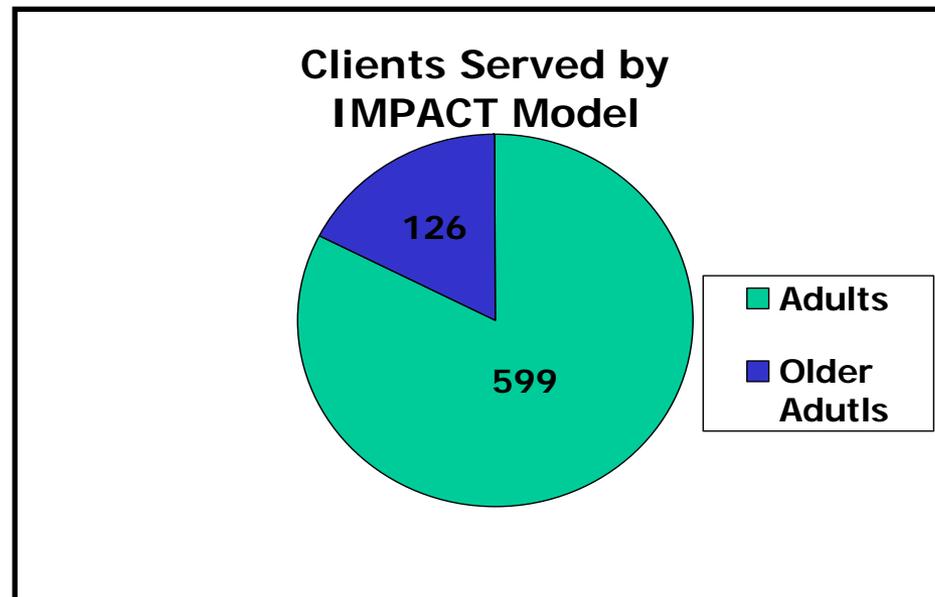
IMPACT Clients Served

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Data for February 1, 2007 – May 30, 2009

- 126 Older Adults received IMPACT services
- 599 Adults received IMPACT services

2,684
unduplicated
patients
inception
to date





Meeting the DMH Mandate

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- **68.9%** of clients who were approved for services by CCC (January 1, 2007 and October 1, 2008) had not been seen previously in the County Mental Health System.
- Meeting the DMH expectation that Counties identify **under** and **unserved** individuals and their families with MESA funding.
- **84%** of County clients report that English is their language preference as compared to **64%** for this project.
- **21%** of County clients report that they are Hispanic/Latino compared to **49.8%** for this project.



ADAPTATIONS

- Before we can talk about treating depression, often need to educate the clients about what it is they are suffering from. Manifest symptoms differently, may assume its physical.
- Sometime necessary to explain the meaning of some of the questions, for example some of those on the PHQ-9
- Typically DCM will encourage the client to develop his or her own solutions. However, because the cultural norm is to defer to the “expert”, waiting for the client may not be viable. Sometimes it is necessary to provide suggestions.
- The problem solving work sheet doesn’t always work well with this population as it is hard for client to pick one problem to focus on.
- Often it is necessary to provide education about parenting due to role confusion and culture clash
- The notion of having fun can be foreign to some clients as they haven’t realized they are entitled to have fun, so the notion of pleasant activities can be foreign.