

CMSP Behavioral Health Pilot Project

Interim Report, October 2008

About the CMSP Behavioral Health Pilot Project

California's County Medical Services Program (CMSP) provides health care services for indigent adults that are not eligible for Medi-Cal, the state's Medicaid program.

CMSP has covered mental health and substance abuse treatment for 25 years but only on a limited basis. In 2007, the CMSP Governing Board designed a new behavioral health pilot project to test the effectiveness of short-term mental health and substance abuse treatment, integrated into the primary care delivery system. The pilot offers new CMSP reimbursement of individual and group counseling services for mental health (up to 10 sessions per year) and substance abuse conditions (up to 20 sessions per year).

Through a competitive process, the Governing Board selected 14 organizations as pilot sites. These 14 grantees serve 15 of the 34 CMSP counties.

The pilot projects officially began in March 2008, although some sites did not assess any CMSP members until later in 2008. The pilots are scheduled to run through 2011.

About The Lewin Group

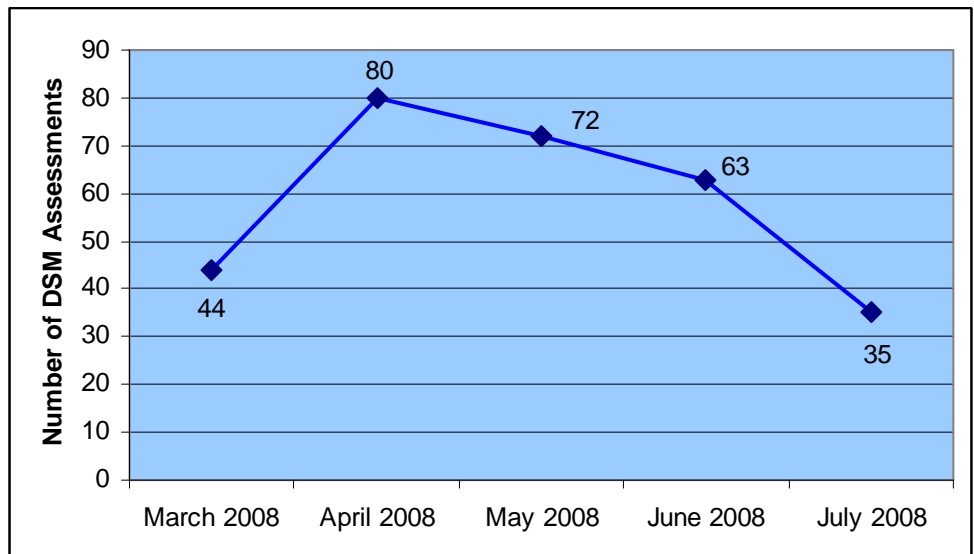
The CMSP Governing Board contracted with The Lewin Group to evaluate the behavioral health pilot project.

This report is the first in a series of three interim reports to present initial findings to the Governing Board. A final analysis of the pilot projects will be complete in 2011.

How many people are receiving services through the behavioral health pilots?

The behavioral health pilot project requires that sites conduct an initial DSM IV assessment to evaluate mental health and substance abuse treatment needs of CMSP members and determine the appropriateness of short-term mental health and substance abuse treatment. Through July 31, 2008, grantees had received referrals to the behavioral health pilot projects for 307 CMSP beneficiaries and completed 294 assessments. **Exhibit 1** shows the number of new assessments by month since program inception.

Exhibit 1: Initial DSM IV assessments since program inception



Note: Excludes thirteen assessments that occurred prior to program inception or were otherwise missing or invalid due to data-entry errors.

Who is receiving services through the behavioral health pilots?

The DSM IV assessments include the Global Assessment of Functioning (GAF), which determines the patient's functional state on a scale of 0 to 100. CMSP members engaged in the behavioral health pilot project averaged a GAF score of 52 with a median of 51. **Exhibit 2** shows the frequency of GAF scores among CMSP members assessed through the pilot projects. The table groups the respective GAF scores into deciles as categorized in the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association. Approximately 86 percent of all the individuals served through the behavioral health pilot project fall between the GAF

scores of 41 to 60. This group experiences moderate to serious mental health problems with moderate to serious impairment in social, occupational, or school functioning. The minimum GAF score selected by the CMSP Governing Board for the behavioral health pilot projects is 41. Grantees assessed nine CMSP beneficiaries with GAF scores below that minimum.

Exhibit 2: Frequency of GAF scores among CMSP members in pilot project

Global Assessment of Functioning (GAF)	GAF Score Range	Total	Percent of Total
Persistent danger of severely hurting self or others/Serious suicidal acts	1 - 10	0	0.0%
Some danger of hurting self or others/Gross impairment in communication	11 - 20	0	0.0%
Serious impairment in communication or judgment/Inability to function in almost all areas	21 - 30	1	0.3%
Major impairment in several areas/Some impairment in reality testing or communication	31 - 40	8	2.7%
Serious symptoms/Serious impairment in social, occupational, or school functioning	41 - 50	133	45.2%
Moderate symptoms/Moderate difficulty in social, occupational, or school functioning	51 - 60	121	41.2%
Some mild symptoms/Some difficulty in social, occupational, or school functioning	61 - 70	29	9.9%
Symptoms are transient and expectable reactions to psychosocial stressors	71 - 80	2	0.7%
Absent or minimal symptoms/No more than everyday problems or concerns	81 - 90	0	0.0%
Superior functioning/Life's problems never seem to get out of hand/Sought out by others	91 - 100	0	0.0%
Total Assessments		294	100%

The clinical assessment also establishes one or more behavioral health diagnoses for the patient.

Exhibit 3 includes the principal and secondary diagnoses for 294 CMSP members that have been assessed for the pilot project. Approximately 43 percent of assessments indicated a single diagnosis while the remainder showed multiple disorders. More than half of the beneficiaries have a principal diagnosis of depression or anxiety. It is important to note that the second most common secondary diagnosis, if one is identified, is substance abuse. The relatively low rate of substance abuse as a principal diagnosis does not accurately reflect the need for substance abuse treatment since approximately 16 percent of participants have a secondary diagnosis of substance use disorder.

Exhibit 3: Frequency of clinical behavioral health diagnoses

DSM IV - Axis 1 Clinical Disorders	Principal Diagnosis	Secondary Diagnosis	Principal or Secondary Dx
Depressive disorders	33%	8%	41%
Anxiety disorders	24%	19%	38%
Bipolar disorders	15%	1%	16%
Adjustment disorders	10%	1%	11%
Substance use disorders	8%	16%	22%
Other	10%	5%	13%
None	0%	49%	n/a

Note: Some CMSP members have been diagnosed with anxiety or substance use disorders as both a principal and secondary diagnosis. (Individuals can be diagnosed with two distinct conditions of anxiety disorder.) This effectively lowers the overall rate in the last column of Exhibit 3.

For CMSP members participating in the pilot project, behavioral health disorders correlate to other psychosocial and environmental challenges. **Exhibit 4** shows the frequency of psychosocial and environmental problems experienced over the course of the preceding year among those assessed for behavioral health treatment. Psychosocial and environmental problems are negative life events, a lack of social support and resources, and interpersonal or environmental difficulties. These challenges are identified through the DSM IV assessment in a series of discrete categories. For each category, the clinician notes if a problem is present. To date, the typical CMSP member assessed for the pilot project has experienced problems in four of the nine categories. The most prevalent were economic problems (e.g., inadequate finances, extreme poverty) and occupational problems (e.g., unemployment, stressful work schedule, job change).

Exhibit 4: Frequency of psychosocial and environmental problems

DSM IV - Axis 4 - Categories	Percent reporting problems
Economic	77%
Occupation	71%
Primary support	60%
Social environment	53%
Housing	39%
Legal	22%
Access to health care	17%
Education	13%
Other	25%

What services are CMSP beneficiaries receiving?

Of the 307 individuals referred to the CMSP behavioral health pilot sites through July 31, 2008, pilot sites reported receiving 295 referrals for mental health treatment and nine for substance abuse. The type of treatment for three individuals is currently unknown. **Appendix A** shows the distribution of service types and the average and range of GAF scores for all grantees.

How are CMSP beneficiaries referred to the pilot projects?

The pilot projects were designed to promote integration of primary care and behavioral health delivery. To date, the referral patterns for the program suggest a close relationship to primary care. In fact, nearly 80 percent of CMSP members were referred for behavioral health treatment by medical providers at the pilot sites. Just over 10 percent were self and family referrals.

How does utilization compare to projections by pilot sites?

The competitive process to select behavioral health pilot project grantees required that applicants project the number of CMSP beneficiaries they would serve through the new initiative. Collectively, the grantees estimated that they would assess more than 2,600 individuals per year and over 7,800 individuals over the length of the three-year grant period. **Exhibit 5** converts each grantee's projected annual number of initial assessments into a monthly rate. The table also includes the actual number of new beneficiaries by each grantee per month.

The number of CMSP members served during the first five months of the pilot project is well below the initial projections, although this is not a surprising finding based on the need for sites to ramp up their implementation. Among all CMSP behavioral health grantees, Open Door Community Health Centers (68) and Petaluma Health Center and partner clinics (75) have served the most beneficiaries since March 2008. Community Health Clinic Ole and Sierra Family Medical Clinic were the only other pilot sites to exceed 20 individuals through the end of July.

Exhibit 5: Projected and actual initial assessments

Lead Grantee	Projected Monthly Initial Assessments vs. Actual	
	Projected Monthly	Actual Monthly
Chapa-De Indian Health Program	9	2
Community Health Clinic Ole	9	6
El Dorado County Community Health Center	30	6
McCloud Healthcare Clinic	9	1
Open Door Community Health Centers	21	17
Petaluma Health Center	44	15
Shasta Consortium of Community Health Centers	23	4
Sierra Family Medical Clinic	33	6
Sonoma Valley Community Health Center	6	3
Southern Mono Healthcare District	6	1
Tehama County Health Services Agency	26	6
Sonora Regional Medical Center	13	5
Del Norte Clinics	15	no data
Redwood Rural Health Center	4	1
Total	249	62

Note: The "actual monthly" rates were calculated based on the program start date as documented in **Appendix A** and the reported number of new assessments in the following months.

Are pilot sites adhering to assessment and reporting requirements?

To facilitate an evaluation of the behavioral health pilot project, the CMSP Governing Board required that grantees collect and report information on a regular basis. To date, grantees have largely complied with the evaluation requirements and are working collaboratively with the evaluation team at The Lewin Group. Technical issues that have delayed submissions by some pilot sites have been addressed and a secure online data transmission process has been piloted and is currently being evaluated for permanent implementation. Only Del Norte Clinics, Inc. has failed to report any utilization and demographic data. Petaluma Health Center and partner clinics and Sonora Regional Medical Center have reported serving patients with GAF scores below 41, the minimum selected for the CMSP Behavioral Health Pilot Projects.

To collect information on clinical outcomes, grantees are required to administer the Duke Health Profile. To date, more than six hundred Duke Health Profiles have been completed by participating CMSP members, and grantee records indicate that they have completed at least one profile for 68 percent of all participants.

Appendix A: Summary of treatment type and GAF scores for all CMSP pilot sites

CMSP Behavioral Health Pilot Project Lead Grantees	Program Start	Treatment Type			Referral Source				Global Assessment of Functioning			Case Status		
		Mental Health	Substance Abuse	Unknown	One of Grantee's Medical Providers	Outside Medical Provider	Self or Family	Other	Average	Minimum	Maximum	Closed	Open	Unknown
Chapa-De Indian Health Program	March 2008	9			11%		22%	67%	49	45	63	11%	78%	11%
Community Health Clinic Ole	April 2008	22	Not offered		100%				48	40	55	5%	95%	
El Dorado Community Health Center	May 2008	17			82%		18%		55	48	70		94%	6%
McCloud Healthcare Clinic	April 2008	2			100%				50	44	56	50%	50%	
Open Door Community Health Centers	April 2008	68	Not offered		100%				54	40	71	1%	99%	
Petaluma Health Center	March 2008	72		3	75%	1%	7%	17%	51	31	75		96%	4%
Redwoods Rural Health Center	April 2008	4	Not offered		25%	25%	25%	25%	57	48	68	50%	50%	
Shasta Consortium	March 2008	19			26%		63%	11%	52	42	70		100%	
Sierra Family Medical Clinic	April 2008	19	3		82%	5%	14%		61	50	70		100%	
Sonoma Valley Community Health Center	March 2008	15			80%		20%		49	41	57	13%	87%	
Sonora Regional Medical Center	April 2008	19	Not offered		53%	16%	11%	21%	49	30	60	16%	84%	
Southern Mono Healthcare District	March 2008	7			29%	29%	43%		52	51	55	14%	86%	
Tehama County Health Services Agency Clinic	March 2008	22	6		86%	14%			49	42	55	7%	93%	
Del Norte Clinics			Not offered											
Total	--	295	9	3	77%	4%	11%	8%	52	30	75	4%	72%	23%

Note: The program start date refers to the initial assessment closest to the program inception date of March 2008.

