GE-NMF PCLP Community Project

MENTAL HEALTH INTEGRATION PROGRAM AT NORTHEAST COMMUNITY CLINIC:
A PHYSICIAN ASSISTANT STUDENT’S EXPERIENCES IN DEVELOPING POLICIES AND PROCEDURES FOR A FEDERALLY QUALIFIED HEALTH CENTER

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Externship Site: Northeast Community Clinic, Los Angeles, CA
   Site Mentor: Dr. Christopher Lau
   Faculty Advisor: Dr. Kevin Lohenry
Start and End Dates: July 16 – August 21, 2012
Introduction

- PAS-III at Midwestern University in Glendale, AZ
- Originally from Fremont, CA (San Francisco Bay Area)
- Completed undergraduate education at UCLA
  - Wanted to return to help underserved populations in Los Angeles
Why I Chose this Topic

- My original project idea of organizing a bone marrow registry drive was too constricted.
  - Would not benefit NECC’s patient population
- Mental health is one of my professional interests.
- Wanted to see how programs for federally qualified health centers (FQHC) are developed.
- Wanted to learn more about the business and administrative side of medicine.
- NECC wanted to roll this project out soon.
According to Healthy People:

- In 2004, 1 in 4 adults had a mental illness in the past year, and 1 in 17 had a serious mental illness (SMI).
  - Serious mental illness – a condition listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) that has persisted for at least 12 months and causes significant impairment in the patient’s life.

- Multiple studies have shown a link between a patient’s mental health and his physical health.

According to the National Alliance on Mental Health (for CA):

- In 2006, 3,334 people committed suicide.
- As of 2010, 3.19% of adults are living with SMI.
- In 2010, California’s mental health services were only meeting the needs of 34% of adults living with SMI.
## Background: Los Angeles County

<table>
<thead>
<tr>
<th>California Health Interview Survey Data for Los Angeles County</th>
<th>Federal Poverty Level</th>
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<tbody>
<tr>
<td></td>
<td>0-99%</td>
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<tr>
<td>Likely has had serious psychological distress during past year</td>
<td>10.5%</td>
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<tr>
<td>Severe work impairment past 12 months</td>
<td>10.3%*</td>
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<tr>
<td>Needed help for emotional/mental health problems or use of alcohol/drug</td>
<td>16.6%</td>
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<tr>
<td>Has taken prescription medicine for emotional/mental health issue in past year</td>
<td>11.9%</td>
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<tr>
<td>Had difficulties/delays getting mental health care</td>
<td>6.8%</td>
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<tr>
<td>Received emergency room care for emotional/mental issues during past year</td>
<td>12.0%</td>
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<tr>
<td>Mental health treatment covered by insurance</td>
<td>61.0%</td>
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*Statistically unstable.
I read many government documents about LA County’s low-income health program, called Healthy Way LA (HWLA).

HWLA partnered with LA County’s Department of Mental Health to implement a Mental Health Integration Program (MHIP).

The MHIP will offer mental health services in a tiered structure based on the patient’s symptom severity and eligibility criteria.

NECC needs a new internal program to accommodate new HWLA mental health patients.
Methods

- I worked primarily with Bernard Carrillo, a physician assistant at the clinic who also doubles as the Clinic Services Administrator.

- Screening forms: PHQ 9, GAD 7, MDQ, PCL C
  - Picked questions from each one to make CMAP, NECC's Comprehensive Mental Assessment Plan
  - Positive responses on CMAP triggered need for patient to fill out more specific forms to screen for specific mental disorders
Methods

- Workflow algorithm
  - Very time consuming
  - First time working with Microsoft Visio
  - Needed for all NECC treatment plans

- Policies and Procedures
  - Also very time consuming
  - Also needed for all NECC treatment plans
Conclusions and Future Plans

- Administrative work for large organizations like NECC (11 clinic sites) is very time consuming and detail oriented.
- County contracts are difficult to process and very bureaucratic.
- There are still many factors to consider before the MHIP can be rolled out at NECC, including:
  - Hiring new counselors (LCSW)
  - Contracting psychiatrists and other mental health services providers
  - Develop billing processes
  - Explain new program to medical providers and LCSWs
Recommendations to Future Scholars

- No “results” in the traditional sense because I did not collect any data.
  - Would have liked to see how many patients would be referred to mental health services to see if the CMAP screening tool is valuable and yields a high referral count.
- If I were to redo this project, I would choose a program that is already in existence so I could collect data.
- However, I still learned a tremendous amount about county policies, FQHC administration, using new software, and designing new programs.
- I greatly enjoyed my experience and am extremely grateful for the opportunity!
Acknowledgements

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- Jane Rhee, Dr. Lau’s executive assistant
- Bernard Carrillo, PA-C and Clinic Services Administrator
- Dr. Kevin Lohenry, my faculty advisor