

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

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**PROGRAM TITLE:** Integrated Mental Health – Primary Care  
**PROVIDER:** Department of Behavioral Health (DBH), Central California Faculty Medical Group (CCFMG), Community Regional Medical Center (CRMC), and University of California San Francisco Fresno (UCSFF)

**PROGRAM DESCRIPTION:** The Integrated Mental Health – Primary Care (IMH-PC) program is a collaborative between DBH, CCFMG, CRMC, and UCSFF focused on providing mental health services in the primary care setting. The program is designed to promote, foster, and strengthen relationships between the agencies to ensure coordination with the goal of delivering comprehensive services for positive client physical and mental health wellness. IMH-PC is staffed with 1.2 full-time equivalent (FTE) psychiatrists provided by CCFMG and funded by DBH thru an existing County contract. This includes 2 adult psychiatrists and one child and adolescent psychiatrist. Additionally the IMH-PC team includes the following DBH positions: 2.0-3.0 FTE Mental Health Clinicians (2.0 for Jan-June 2015), 0.2 FTE DBH Clinical Supervisor, and 0.2 FTE Office Assistant. Facility space and ancillary support at the Ambulatory Care Center (ACC) are provided by CRMC. The psychiatrist provides education, evaluation, and treatment as well as treatment recommendations. DBH clinical staff consult directly with medical staff and patients at ACC. The DBH clinical staff provides brief evidence-based outpatient therapy and linkage between IMH-PC and other DBH and regional programs. The staff provides treatment and linkage for clients with mild to moderate impairment while clients with severe impairment are referred to DBH and/or other appropriate resources.

The IMH-PC program has been extremely successful in outcomes (see attached) as well as increasing collaboration between its partner organizations. The program has been the focus of a favorable Fresno Bee article, featured in the UCSFF Special Lecture series, two Department of Psychiatry Grand Round presentations, and the Community Medical Center Winter Symposium facility spotlight presentation in Whistler, Canada. The treatment outcomes were presented at the American Psychiatric Association yearly conference in May 2015 as a research poster, and the educational component of the service has won the Innovations in Education grant from UCSF for 2015-2016.

**AGES SERVED:**  Children  TAY  Adult  Older Adult

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**DATES OF OPERATION:**

Feb 2013 – Current

**DATES OF DATA REPORTING PERIOD:**

Jan 2015-July2015

**OUTCOME GOAL**

Goals for 2015 were to continue to build a positive working relationship between all of the partners; develop the newly expanded services in Women’s and Children’s Health Centers; fully implement IMH-PC program; expand the use of the PHQ-9 (Patient Health Questionnaire-9 for depression); and continue to link clients to the most appropriate services.

The goal for the second half of 2015 is to continue to implement the IMPACT model of treatment and for client improvement to be measured by the PHQ-9 and other screening tools like the GAD-7.

- A total of **4490** PHQ-9s were given to clients in Jan-July CY 2015
- A majority of the PHQ-9s were completed at Family Practice (30%), Women’s Health (30%), and Internal Medicine (29%).
- A total of **1169** consumers were served in Jan-July CY 2015
- A majority of consumers were from Internal Medicine (33%), and Family Practice (41%).

**OUTCOME DATA**

PHQ-9 COMPLETED BY CLINIC					
Month	Internal Medicine	Family Practice	Women’s Health	Children’s Health	Total
<b>Total</b>	1299	1366	1365	460	4490
<b>Percent</b>	29%	30%	30%	10%	100%

Please see Chart A and Chart B

Number of Services Provided by IMH-PC Staff					
Month	Internal Medicine	Family Practice	Women’s Health Center	Children’s Health Center	Total
January	52	60	43	8	163
February	56	56	21	15	148
March	76	84	32	27	219
April	81	73	40	27	221
May	62	89	20	28	199
June	58	116	30	15	219
<b>Total</b>	385	478	186	120	1169
<b>Percent</b>	33%	41%	16%	10%	100%

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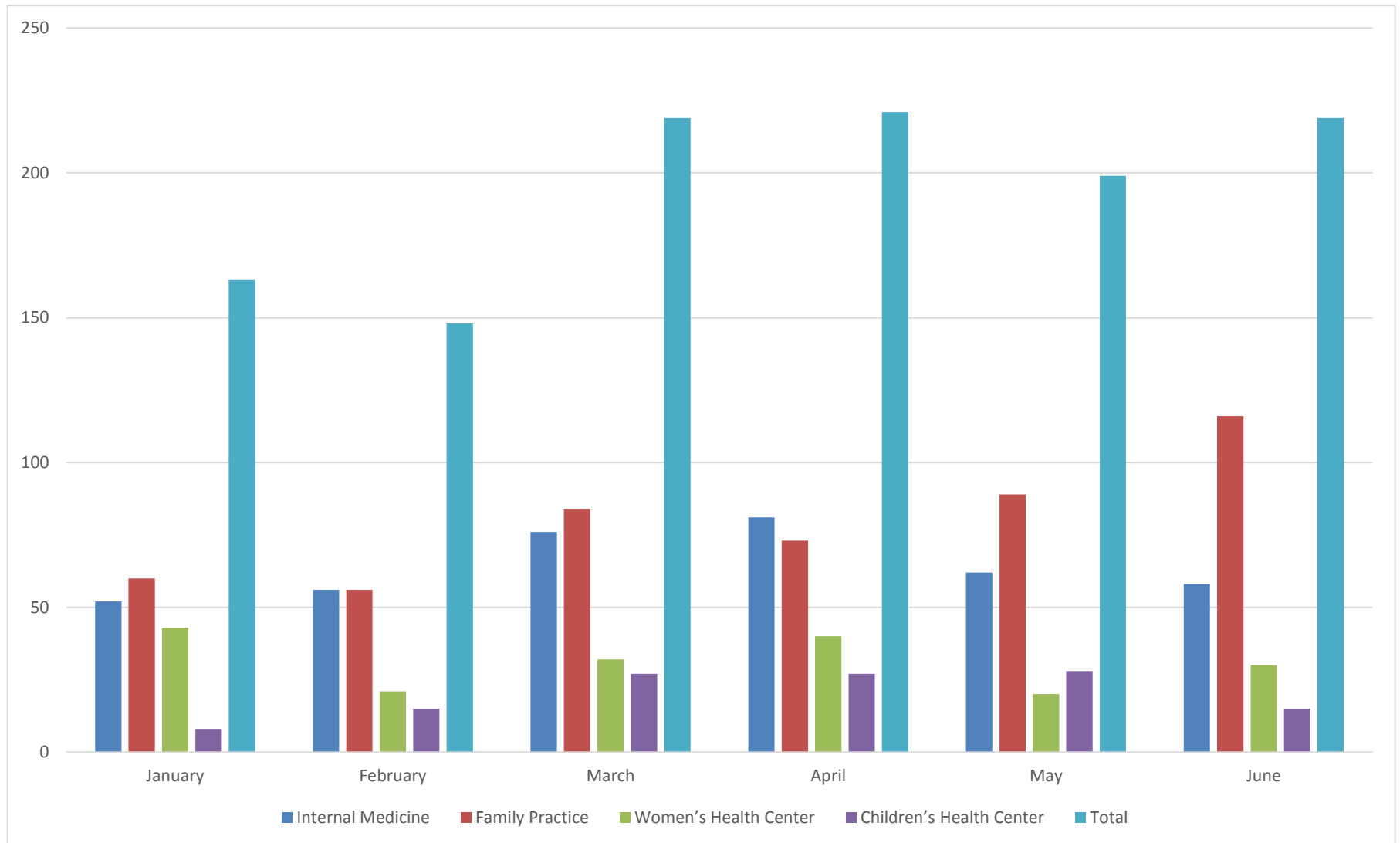
- PHQ-9 scores decreased in all clinics demonstrating improvement in depression scores over the time of the program's operation. These demonstrated both direct and indirect services including education and resources provided in addition to direct patient care by IMH-PC staff.

<b>PHQ-9 AVERAGE SCORES BY CLINIC</b>				
<b>Month</b>	<b>Internal Medicine</b>	<b>Family Practice</b>	<b>Women's Health</b>	<b>Children's Health</b>
December 2013	11.55	9.68	6.02	4.77
June 2015	8.20	3.67	3.95	3.83
<b>Total decrease</b>	3.35	6.01	2.07	0.94
<b>Percent decreased</b>	29%	62%	34%	20%

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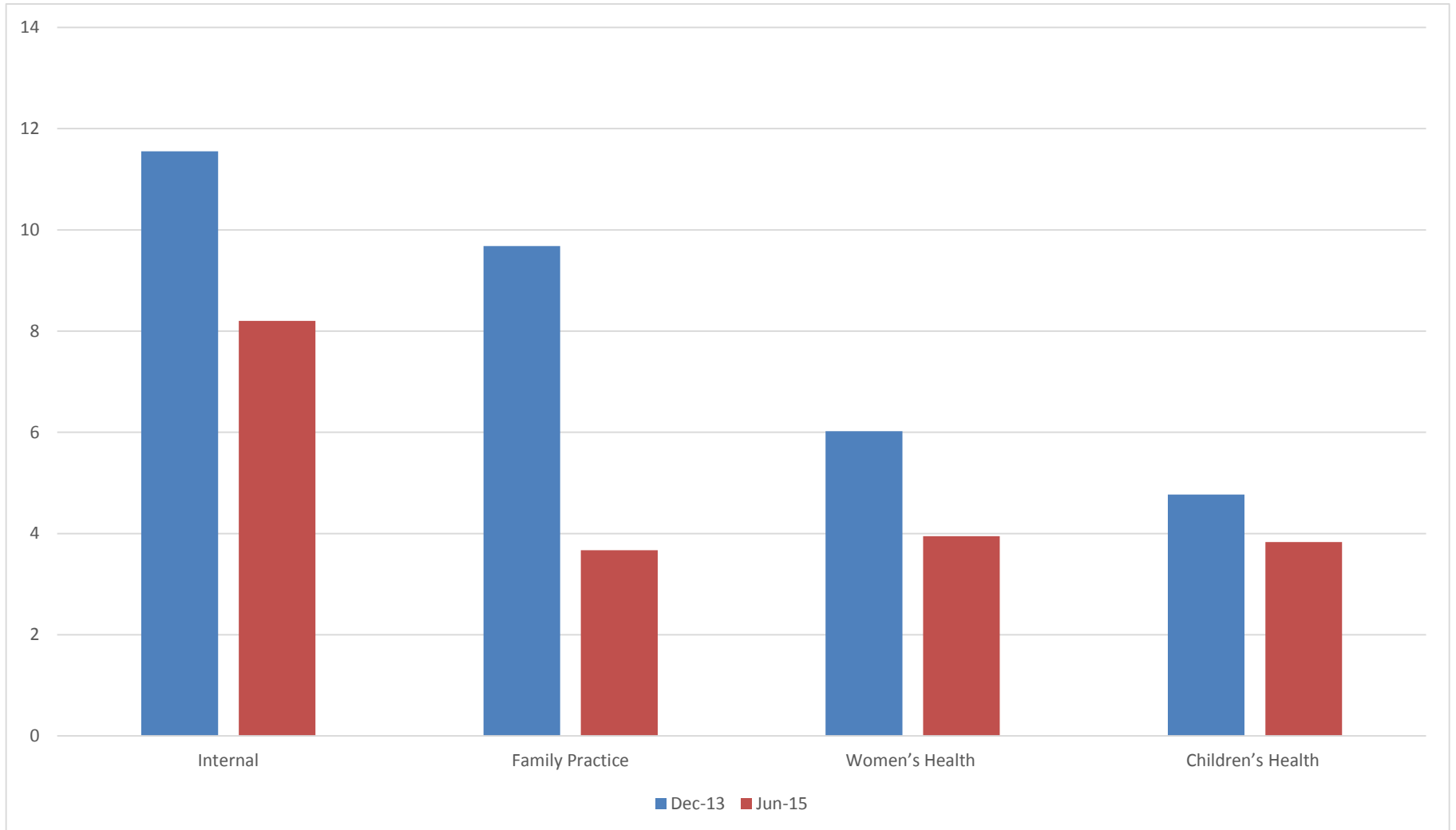
## CHART A

Total Number of Services Provided by IMH-PC Staff



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**CHART B**  
**PHQ-9 AVERAGE SCORES BY CLINIC**



**NOTE: Higher scores represent more severe depression**

**DEPARTMENT RECOMMENDATION(S):** The Department recommends continuing IMH-PC program in FY 2015-2016.