Integrating Behavioral Health into Primary Care
Innovation Community
Webinar #5
April 15, 2015
Today’s Agenda

1. Updates, Reminders

2. Hearing from Colleagues
   • Bethel Family Clinic
   • Mississippi Department of Mental Health & Hinds Behavioral Health Services

3. Resources & Next Steps
In March

Above and Beyond with one FTE

MindKare® Mental Health Screening Kiosks

Stan Sorensen
Bartz-Altadonna CHC

Michelle Holmberg
Screening for Mental Health, Inc.
## Implementation Plans

### Implementation Objective #1:

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*Time to UPDATE!*
Bethel Family Clinic
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Bethel, Alaska 99559
(907) 543-3773

Behavioral Health Integration
by Teri Davis
About us

• Federally Qualified Health Center (FQHC)
• Opened in 1981
• Current staff include:
  Executive Director- LaTesia Guinn
  Medical Director- Allen Freudenthal, MD
  Nurse practitioner- Paul McDonald, ANP
  Behavioral Health Clinician- Teri Davis, MS, LPC
  Psychologist on contract- Sarah Angstman, PhD
  4 Medical Assistants
  5 Support Staff
Clinic Services

- Primary care
- Preventative care
- X-ray services
- Lab services
- In-house pharmacy
- Work physicals
- CDL physicals
- Flight physicals
- Behavioral Health
History of Behavioral Health @ BFC

Prior to December 2014
* LCSW & LPC provided after hours/weekend part-time behavioral health services and EAP services.
* Minimal to no integration

After December 2014
* LCSW still providing after hours/weekends part-time behavioral health services (approx. 2 hours a week)
* Received Behavioral Health Integration grant
* Hired a full time LPC using BHI grant
* Began offering full time BH services
* Began integration process
Physical Integration

Shared Electronic Medical Record System (NextGen)

Shared physical location

- BH office is in the same hallway as all clinic exam rooms
- BH office and Medical providers office within 10 steps from each other
- Shared admin staff
- Shared clinical staff
- Shared waiting room
BHI Implementation
Screening tools

PHQ-2/9- (Patient Health Questionnaire)
* All new medical and BH patients
* Every 2 weeks for established patients
* In EMR system for tracking

SBIRT- (Screening Brief Intervention Referral to Treatment)
* All new medical and BH patients
* Every quarter for established patients
* Not in EMR, done on paper; then tracking is done using an Excel spreadsheet.

• Both screening tools are done by the medical assistant who informs the provider of positive scores.

• Used as “prompts” for providers to ask more questions, provide education, consider referral to BH clinician
Referral Process from Medical to BH

Medical provider identifies a BH need & patient consents
Screening tool identifies a BH need & patient consents
Client requests BH services during medical visit

Options:

1) Medical provider can go to BH clinician office and see if available, if so, can bring clinician into exam room to meet patient, warm hand off, clinician schedules appt with patient for now or future appt depending on availability.

2) Medical provider can assist patient in scheduling appt with BH clinician using front desk schedulers.

3) Medical provider can ask medical assistant to assist patient in scheduling appt with BH clinician.

4) Medical provider can give patient BH business card, and they can schedule appointment on their own.
Referral Process from BH to Medical

BH clinician identifies medication or medical need

BH client requests medication or medical exam

Options:

1) BH clinician can go to medical provider office and see if available, if so, can bring medical provider into BH room to meet patient, warm hand off, exam/prescription is done right away or future appointment is scheduled depending on availability

2) BH clinician assists client in scheduling next available appointment with appropriate medical provider using front desk schedulers.
Successes

SINCE DECEMBER 18th, 2014

- Full time BH clinician has nearly a full caseload
- 60% of active BH clients are being seen by medical provider, in clinic, for preventative care, primary care, or medication management.
- 6 clients are engaged in weekly BH therapy as a result of medical provider referrals in the past 3 months
- 2 clients in the past month have been accepted to residential substance use treatment the same day they were seen because of the availability of a BH assessment, case management, physical exam for treatment and TB test all in one location
- Decreased all BH services prices by 25% to improve accessibility to self pay, underinsured and those with deductibles.
Challenges

- BH caseload is nearly full, so availability for warm hand-offs is very limited
- Provider buy-in, ability to identify BH needs
- Provider comfort with BH
- Responsibility of each discipline with mutual clients
- Time for providers and clinician to have verbal discussions and consultations regarding mutual clients
- EMR issues
- Providers rotating schedules
Work Plan

Action Step
Train all medical staff and front desk staff to properly administer screening tools

Champion
Teri

Timeline
By 3/1/15

Challenges include
time to provide adequate training, getting all MA’s together while clinic is open for patients, consistency with implementation.

This was completed however we are still looking to improve consistency across all Medical Assistants and decrease refusal rates
Work Plan

Action Step
Determine quantitative data on what is needed for behavioral health to be self-sustaining

Champion
Latesia

Timeline
By 5/1/2015

Challenges include
New program, so limited places to pull data from for comparison, defining “self-sustaining”. Opportunities include: giving staff a goal to shoot for regarding client numbers and finances.

This has not yet been completed. Difficulty finding quantitative data since program is less than 4 months in. Haven't received payment for all services to give income data, difficulty knowing average sustainability costs for BH as “start up costs” are still needed.
Work Plan

Action Step
Create workflow in writing (flow chart) for BH services, screening process and referrals

Champion
Teri

Timeline
By 5/1/2015

Challenges include
Most of this is in narrative form in the policy and procedure manual, need to put in flow chart. Challenges include: need for trial and error time to determine what works and what doesn’t. Need collaboration with medical provider who has limited time available.

This is not done yet, however it is in progress. Need access to provider for feedback, more trial and error time needed.
Work Plan

Action Step
Attend trainings on integration, collaborate with other clinics.

Champion
All staff

Timeline
By 5/1/2015

Challenges include
accessible trainings, and money for travel and training registration

BH clinician and contract Psychologist are attending National Council of Behavioral Health training in Orlando at the end of April and will focus on integration workshops.
Goal

Level 6 integration according to IPAT

😊

Questions? Feedback?
Thank you!!
Mississippi Department of Mental Health
And Hinds Behavioral Health Services

Thad Williams
Lisa Henick
Dr. Kathy Crockett
Integrated Care in Mississippi?

- Paradigm shift from medical model to recovery-oriented system of care
- Integrated care is one of the primary components of this transformation
- Bi-directional Care
- Access to care!
MDMH Progress Toward Integrated Care

• MDMH strategic plan – 2009
• Developed integration work group – 2011
• Promote integrated care concepts at various conferences – 2012-present
• Developed collaborative partnerships
• Identified grant opportunities
SAMHSA-HRSA Innovation Community

- Innovation community opportunity - 2014
- Expand our knowledge base
- Case Study #1-Jackson-Hinds Comprehensive Health Center (FQHC) – Dr. Jasmine Chapman, Executive Director
- Case Study #2 – Hinds Behavioral Health Services (CMHC)- Dr. Kathy Crockett, Executive Director
Staff Engagement

Staff Readiness

Spread vision agency-wide

Team Approach to care

Develop training initiative/expand roles

Patient Engagement
SEAMLESS CARE

- Patient Centered System
- Patient Engagement
- Transparency
- Improved Healthcare Delivery System
- Enhanced Patient Outcomes
- Reduction in Health Disparity

Seamless Services
Workflow Development

Workflow for care as usual versus integrated care

Protocols for clinical decision making

- Opportunities for staff to see collaborative care model
- Opportunities for staff to improve decision making regarding appropriate care
Opportunities

Integrated PC Care In A MH Setting

- Improved access to care
- Team-based holistic approach
- Effective collaborative networking
- Best outcomes

Mental Health

Substance Abuse

Primary Care
Mississippi Department of Mental Health (MDMH)

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Resources

Workflow Design: A Focus on the Experience of the Recipient of Services

Business Process Analysis Workbook for Behavioral Health Providers
http://www.integration.samhsa.gov/operations-administration/workflow

SBIRT: Opportunities for Implementation and Points for Consideration
Next Steps

• May 1st – Submit Implementation Plan updates
  HannahM@thenationalcouncil.org

• May 20th 3-4pm EST: Webinar #6
  Bullhook Community Health Center (MT)
  STEPS at Liberty Center & Every Woman’s House (OH)
Slides for today’s webinar are available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Communities