



# *SAMHSA-HRSA Center for Integrated Health Solutions*

## 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**



**Stan Sorensen**  
**Bartz-Altadonna CHC**

**MindKare® Mental Health  
Screening Kiosks**



**Michelle Holmberg**  
**Screening for Mental Health, Inc.**

# Implementation Plans

**Time to  
UPDATE!**

## Implementation Objective #1:

Action Steps	Champion	Timeline	Learnings, challenges & opportunities
3/1/15			
<b>5/1/15</b>			
7/1/15			



**SAMHSA-HRSA**

# Bethel Family Clinic

P. O. Box 1908

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 18<sup>th</sup>, 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**

**Team Approach  
to care**

**Patient  
Engagement**

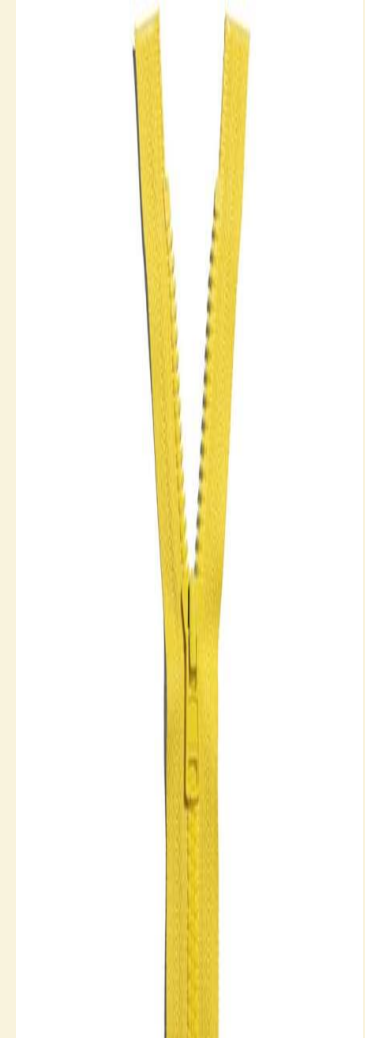
Spread vision  
agency-wide

Develop training  
initiative/expand  
roles

# 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

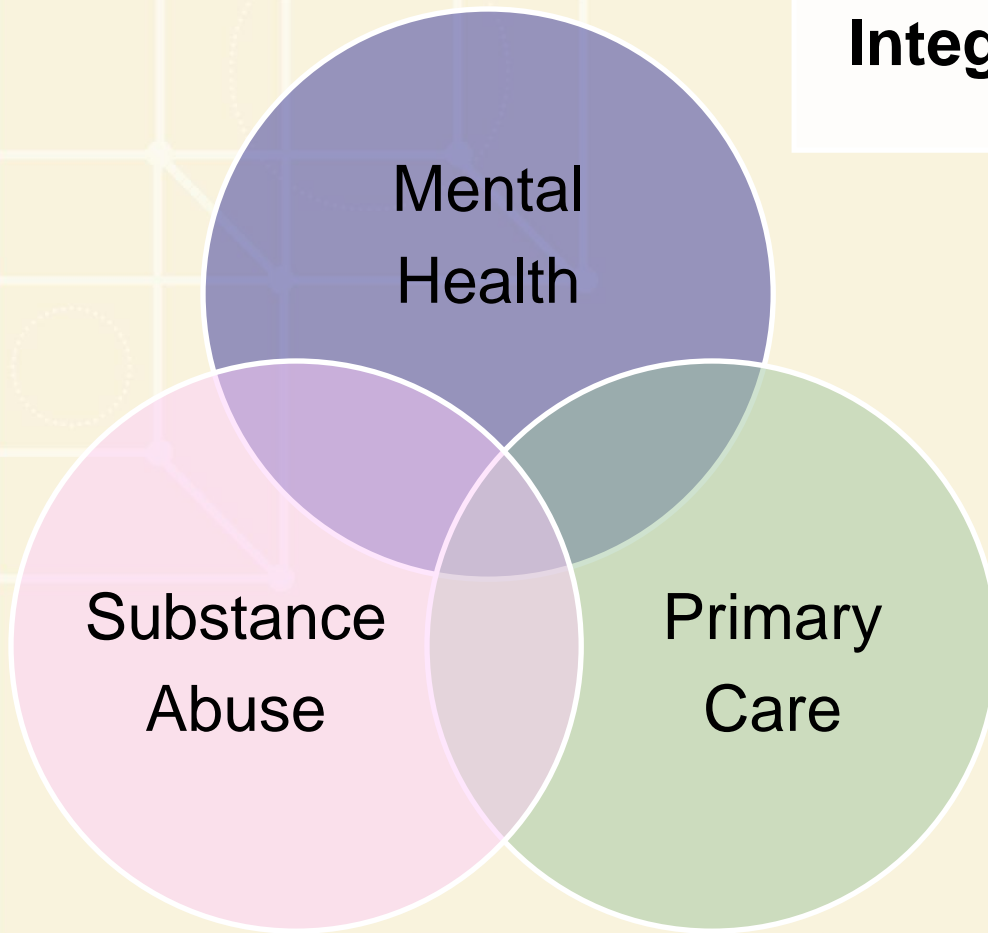
Protocols for clinical decision making

- 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

# Mississippi Department of Mental Health (MDMH)

Lisa Henick, Director of Special Projects

[lisa.henick@dmh.state.ms.us](mailto:lisa.henick@dmh.state.ms.us)

601-359-6591

Thaddeus Williams, Mental Health Program  
Planner/Evaluator

[thad.williams@dmh.state.ms.us](mailto:thad.williams@dmh.state.ms.us)

601-359-6522



# Hinds Behavioral Health Services

**Kathy Crockett, Ph.D.**

**Executive Director**

P. O. Box 7777

Jackson, MS 39284

Phone: 601-321-2400

Fax: 601-321-2476

[kcrockett@hbhs9.com](mailto:kcrockett@hbhs9.com)

# Resources

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

[http://www.integration.samhsa.gov/operations-administration/Workflow\\_Tip\\_Sheet\\_1\\_pager\\_11\\_26.pdf](http://www.integration.samhsa.gov/operations-administration/Workflow_Tip_Sheet_1_pager_11_26.pdf)

## **Business Process Analysis Workbook for Behavioral Health Providers**

<http://www.integration.samhsa.gov/operations-administration/workflow>

## **SBIRT: Opportunities for Implementation and Points for Consideration**

[http://www.integration.samhsa.gov/SBIRT\\_Issue\\_Brief.pdf](http://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf)



# Next Steps

- **May 1st – Submit Implementation Plan updates**  
[HannahM@thenationalcouncil.org](mailto:HannahM@thenationalcouncil.org)
- **May 20th 3-4pm EST: Webinar #6**  
Bullhook Community Health Center (MT)  
STEPS at Liberty Center & Every Woman's House (OH)



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

**Slides for today's webinar are  
available on the CIHS website at:**

[www.Integration.samhsa.gov](http://www.Integration.samhsa.gov)

*under About Us/Innovation Communities*