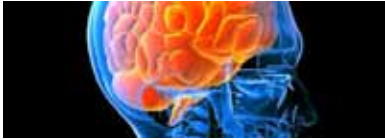


Integrated Behavioral Health Services



Anitra Walker, LCSW
Liz Frye, MD, MPH


Integrated Behavioral Health Background

- SHLI Integrated Care Initiative started in July 2011
- 2 initial demonstration sites; Focus on integration of behavioral health into existing primary care clinics
- Psychiatrists funded by the project as consultants to the primary care sites
- Cherokee Health System



Making the Case for Integrated Care

- The burden of mental disorders is great
- Mental and physical health problems are interwoven
- Reduces stigma and discrimination
- Cost Effective
- Better outcomes



Models of Integrated Care

- Collaborative Model
 - Basic referrals to outside agencies providing specialty care for Behavioral Health
- Co-Located Model
 - Two separate agencies providing care in the same location (physical and behavioral health)
- Integrated Model
 - Unified primary care and behavioral health where psychiatric services are a part of a larger primary care practice

Integrated Behavioral Health System of Care

Behavioral Health staff provide evidenced based interventions such as motivational interviewing, SBIRT, Health and Behavior Interventions, IMPACT model in a variety of settings (Patient-centered clinic designs, mobile, telemedicine & street medicine):



Mercy Care Behavioral Health Services

- Behavioral Health Assessments
- Health Services and Nursing Assessments
- Medication Management
- Individual, Group, and Family Therapy
- Psycho-educational, informational, and supportive groups offered for both mental health and substance abuse
- Peer Services
- Health and Behavior Interventions to focus on behavioral aspect of medical problems
- Community linkage and referrals
- Mercy Care Chamblee – Future Plans

Treating both the body and the mind



Behavioral Health Staff

- Psychiatrist
- Psychiatric Nurse Practitioner
- Licensed Clinical Social Workers
- Other Master's Level Clinicians
- Certified Addiction Counselors
- Case Managers (PATH)
- Resource Specialists
- Peer Specialists
- Medical Professionals



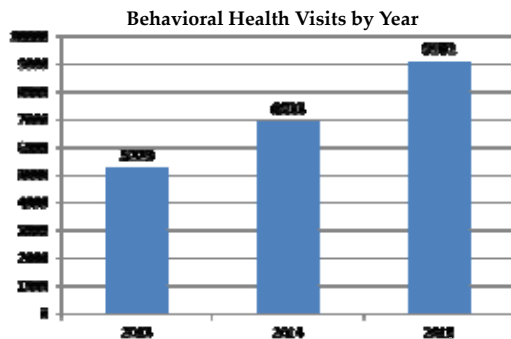
Spiritual Care Integration

- Chaplin hired in January 2016
- Completes daily rounding in waiting room area of Mercy Care's busiest clinics
- Refers as necessary to other services within Mercy Care such as Behavioral Health/ Primary Care

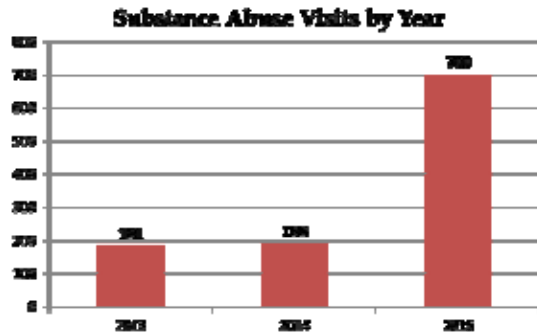


"He has sent me...to proclaim liberty to captives, recovery of sight to the blind and release to prisoners..." (Luke 4:18)

Behavioral Health by the Numbers (UDS)



Behavioral Health by the Numbers (UDS)



Integrated BH Data FY15

Depression Screening and Follow-up – 49%

Percent of patients age 12 and older with at least one medical visit in past 12 months who were screened for depression using a standardized tool (PHQ-9) and, if screened positive, had a follow-up plan documented.

Symptom Reduction – 46%

Percent of patients with 2 or more PHQ-9 Depression Severity Scores who have experienced a decrease of 5 or more points in their score since initial assessment.

Physical Health Improvement – 65%

At least 75% of patients seen for ongoing therapeutic services will attend 100% of their scheduled medical appointments.



Integrated Behavioral Health System

- All patients screened at intake and 1 year follow-up with PCP
- Screen for mental and addictive disorders
- PCP refers to licensed behavioral health staff for positive screen
- Sample Question: "Have you ever tried to commit suicide?"

BEHAVIORAL HEALTH SCREENING

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Directions: This information provided on this form will help us become aware of your behavioral health. If you have any questions or need this assistance in answering the following, please ask an MCHS staff member.

Question	Not at all	Somewhat	Quite a bit	Very much
1. Over the past 12 months, have you often been bothered by:				
1. Little interest or pleasure in doing things?	0	1	2	3
2. Feeling down, depressed, or hopeless?				
Total (only circle responses)				

When you ever had thoughts about committing suicide within the past two months?

YES NO

When you ever tried to commit suicide?

YES NO

When you ever been hospitalized for mental health problems?

YES NO

When you ever been taken to an emergency room or other place where you were not safe?

YES NO

When you ever had nightmares or flashbacks as a result of being involved in a personal health crisis? For example, war, fire, flood, rape, sexual violence, drug abuse, etc.

YES NO

When you ever spent a lot of time worrying?

YES NO

When you ever have to decide when you feel unable or want full of energy and couldn't sleep?

YES NO

When you ever experienced problems caused by drinking alcohol/drugs and you continued to use?

YES NO

When you currently being seen by a behavioral health provider?

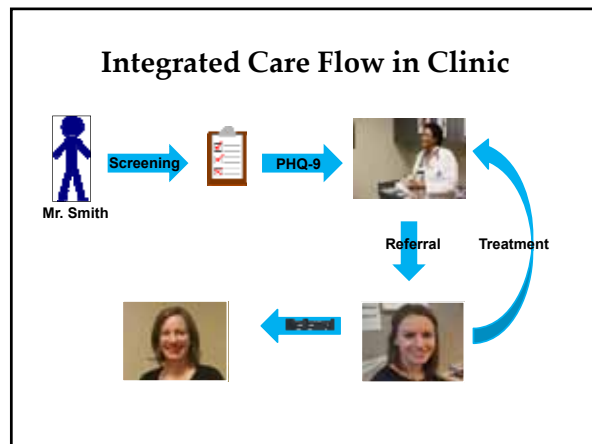
YES NO

Comments:

Submitting Provider's Signature:

Signature:

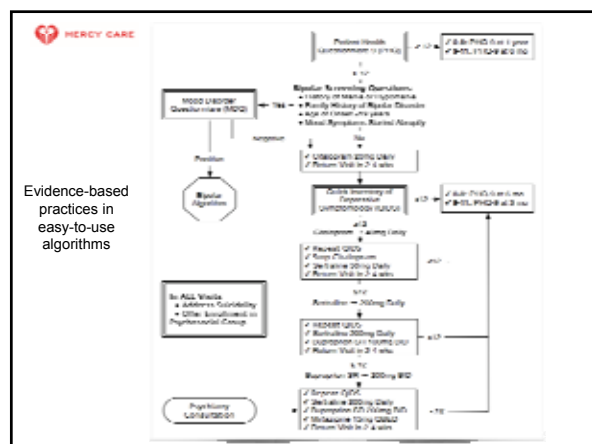
Consent of this form will not be released without your permission unless you are in immediate danger to harm yourself or others.




Role of the Primary Care Provider (PCP)

- Treat anxiety and depression within primary care setting
- Collaborate with Behavioral Health Specialist and Psychiatrist
- Use measurement-based care to evaluate ongoing status of psychiatric disorders
- Implement algorithms/treatment recommendations of psychiatrist





Role of the Behavioral Health Specialist (BHS)

- Screen for and diagnose mental and addictive disorders
 - Assess for changes in symptoms
 - Collaborate with Primary Care Provider during and outside of patient visits
 - Provide brief counseling through behavioral activation therapy and motivational interviewing
 - Provide feedback to PCP about symptom management and medication adherence
 - Advocate for patients
- 
- A small, square portrait of a woman with dark hair, smiling, wearing a dark top. It is positioned in the upper right corner of the slide.

[illegible]

THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Do you ever have a period of time when you were not your usual self and:		
a) felt so sad or so happy that other people thought you were not really who you were or thought that you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
b) you were so excited that you seemed to people to expect things or experiences?	<input type="checkbox"/>	<input type="checkbox"/>
c) you felt that you were not who you are?	<input type="checkbox"/>	<input type="checkbox"/>
d) you got lost in day-dreams or could not pay attention to things around you?	<input type="checkbox"/>	<input type="checkbox"/>
e) you were so full of ideas that you could not think about things that were not yours?	<input type="checkbox"/>	<input type="checkbox"/>
f) thoughts would come into your head that you could not think about or control?	<input type="checkbox"/>	<input type="checkbox"/>
g) you were so easily disturbed by things around you that you had trouble concentrating or getting on with life?	<input type="checkbox"/>	<input type="checkbox"/>
h) you had trouble getting things done?	<input type="checkbox"/>	<input type="checkbox"/>
i) you were so full of ideas that you did things that you had not planned to do?	<input type="checkbox"/>	<input type="checkbox"/>
j) you were so full of ideas that you were doing things that, for example, you understood there to be no sense in the doing?	<input type="checkbox"/>	<input type="checkbox"/>
k) you were so full of ideas that you were not you?	<input type="checkbox"/>	<input type="checkbox"/>
l) you got things that were around you or in the air that simply might have thought you thought? (Delirium or Hallucinations)	<input type="checkbox"/>	<input type="checkbox"/>
m) anything or just got you in a bad mood for a while?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you checked "YES" to more than one of the above, how unusual is that for you based on what you know about yourself?	<input type="checkbox"/>	<input type="checkbox"/>
a) More usual or a problem that you get from time to time (not being usually so sad, being usually so happy or both) without getting into serious or legal things, such as serious anger or legal trouble?	<input type="checkbox"/>	<input type="checkbox"/>
b) Not usually	<input type="checkbox"/>	<input type="checkbox"/>
c) Moderately	<input type="checkbox"/>	<input type="checkbox"/>
d) Very Problematic	<input type="checkbox"/>	<input type="checkbox"/>

7 "YES" responses

YES

Moderate or Serious problem

Role of the Psychiatric Consultant

- Consultation in person, via telephone, or through EHR
 - Primary Care Providers
 - Behavioral Health Specialists on behalf of PCP
- All consults are appropriate!
 - Not sure how to start/change medication
 - Medication side effects/interactions
 - Wide variety of psychiatric and behavioral problems
 - Clinician is unsure if consultation is needed/appropriate
- Consultation examinations for patients who are not improving or need diagnostic clarity
- Training existing and new providers



Integrated Care in the Streets

- PCP, Psychiatrist, Nurse, and Peer Specialist together in a van
- Collaborative and coordinated care
- Primary care and foot/wound care used as a tool to engage people in treatment
- Screenings performed when mental illness is suspected (nearly everyone)



Sources of Support



- Grant Income = 70% Federal = 78%/Non-Federal = 22%
- General Contributions = 18%
- Net Patient Services Revenue = 8%
- Behavioral Health
 - Total Annual Cost - \$2.0m
 - Total Annual Revenue – Grant: \$850,000



Grant Income

AthenaGives	Street Medicine	Jul-15	\$8,000
Atlanta Women's Foundation	Behavioral Health	Apr-15	\$35,000
Frances Hollis Brain Foundation	Peer Support	Feb-15	\$10,000
Health Resources & Services Administration - Expanded Services	Behavioral Health	Jul-15	\$306,542
Lockheed Martin AERO Club	PSR	Oct-15	\$2,500
Morehouse School of Medicine - Integrated Care Leadership Program	Integrated Behavioral Health	Mar-16	\$5,000
SAMHSA Year 2 2015-2016	Integrated Behavioral Health & HIV Services	Mar-15	\$495,650

Challenges and Barriers

Access To:

- In-patient psychiatric and substance abuse services
- Medications – Non generic
- Affordable Housing
- Transportation
- Employment & Educational Opportunities

Financial:

- Limited New Funding under ACA – Medicaid Expansion
- State and County Funding for Behavioral Health

Staff Challenges:

- Recruitment of psychiatric staffing (Psychiatrist and Psychiatric NP)
- Comfort of primary care providers
- Behavioral Health Specialist staff stretched too thin



Summary

- The Integrated Behavioral Health Program is one of the only programs in the community that truly integrates medical, behavioral health, and spiritual services within the same organization.
- The program has a strong commitment to serve homeless individuals who have a mental illness and focus on promotion of total well being of the persons served.



Questions?

Anitra Walker: apeten@mercyatlanta.org

Liz Frye: lfrye@mercyatlanta.org
