



Role of Behavioral Health Providers

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Objectives

- ▶ To describe the role of the Behavioral Health Provider (BHP) on the Integrated Care Team at the Stout Street Health Center
- ▶ To provide examples of how our BHPs interact with varying providers in the Stout Street Health Center
- ▶ To provide an example of a BHP work flow/brief interventions typically administered by BHPs in the Stout Street Health Center
- ▶ To introduce a Stout Street Health Center BHP to describe her Integrated BH Diabetes Management Group



What is a BHP?

- ▶ The **Behavioral Health Provider** is a member of the primary care team whose main role is to identify, consult, treat, triage and manage primary care patients with behavioral health and/or medical problems to improve their ability to function.



Why is a BHP helpful in primary care?

- ▶ 50% of mental health care is currently provided in primary care.
- ▶ 70% of community health patients have mental health and/or substance use disorders.
- ▶ 70% of all primary care visits have some sort of psychosocial component.
- ▶ 50-60% of non-adherence to psychoactive medications occur within the first 4 weeks.
- ▶ One in four patients referred to specialty mental health do not make it to their first appointment.

(Strosahl & Robinson, 2009)



How is the BHP different from a “traditional” therapist?

- ▶ **Targeted interventions**
 - ▶ Limited sessions
- ▶ **Faster pace**
 - ▶ 15-30 minute sessions
- ▶ **Physician controls treatment**
 - ▶ Referral based on presentation
- ▶ **Confidentiality includes PCP**
 - ▶ Shared medical record
- ▶ **Public health approach**
 - ▶ Population-based v. individual-based
- ▶ **Functional Focus**
 - ▶ Medical and behavioral health



What does Behavioral Health Integration look like at SSHC?

- ▶ **Combination of BHP and traditional therapist roles**
 - ▶ At least one BHP is always dedicated to same-day consultation and intervention.
 - ▶ BHPs continue to see some patients for traditional therapy when specialty care is indicated.
 - ▶ BHPs facilitate/co-facilitate groups throughout the day.
 - ▶ Behavioral health groups
 - ▶ Disease management groups
 - ▶ Psychoeducational groups



Common medical diagnoses our BHPs can assist in treating

- ▶ Depression
- ▶ Anxiety Disorders
- ▶ Insomnia
- ▶ Obesity
- ▶ Hypertension/Cardiovascular Disease
- ▶ Diabetes
- ▶ COPD/Asthma
- ▶ Chronic Pain
- ▶ Tobacco Use
- ▶ Substance Use
- ▶ Severe and Persistent Mental Illness



How do our BHPs assist with medical patients?

- ▶ Treatment compliance / Medication adherence
 - ▶ Ambivalence/Motivation enhancement
 - ▶ Goal setting
 - ▶ Behavior change plans
 - ▶ Coping with medical diagnoses
 - ▶ Coping with stress
 - ▶ Coaching
 - ▶ Interventions Utilized:
 - ▶ Motivational Interviewing
 - ▶ Cognitive Behavioral Therapy
 - ▶ Acceptance and Commitment Therapy
 - ▶ Solution-Focused Therapy
 - ▶ Dialectical Behavioral Therapy
 - ▶ Group Therapy
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How might our BHPs interact with providers?

▶ Primary Care Providers

- ▶ Consults around mental health concerns
- ▶ Provides interventions to support disease management
- ▶ Shares appointments for some patients
- ▶ Assists with linkage to psychiatric prescribers
- ▶ Provides feedback on patient progress

▶ Psychiatric Providers

- ▶ Completes intakes prior to initial visit for medication evaluation
- ▶ Provides therapeutic interventions for patients
- ▶ Facilitates engagement in group treatment options
- ▶ Provides check-ins with patients in between visits when appropriate
- ▶ Assists with medication compliance



How might our BHPs interact with providers?

▶ MAs

- ▶ Rooming/checking out patients for BHP follow up visits
- ▶ Provides ongoing day to day collaboration to ensure successful patient visits
- ▶ MAs supports BHPs with patients with challenging behavior, SUD and/or mental health assessment

▶ RNs

- ▶ Supports triage work as needed
- ▶ Provides Interventions/assessments for patients in crisis
- ▶ Co-facilitation of groups
- ▶ RN supports BHP if medical triage is necessary during routine BHP follow up



How might our BHPs interact with providers?

▶ Pharmacy

- ▶ Supports medication compliance
- ▶ Helps to strategize around how to help simplify patient regimen when necessary
- ▶ Supports Pharmacist by reinforcing proper use of medication and appropriate expectations with patient

▶ Nurse educator/Respiratory therapy

- ▶ Works collaboratively to support patient lifestyle change goals
- ▶ Supports BHP with patients who are struggling with the “how to” for meeting goals
- ▶ Nurse educator/RT available to provide specialized education for patients



How might our BHPs interact with providers/staff?

▶ Health Operations Assistants (HOAs)

- ▶ Collaboration for scheduling and positive patient visits
- ▶ BHP assistance for de-escalation at front desk

▶ Patient Navigators

- ▶ Working together to help patient with referral follow-through

▶ Vision staff

- ▶ Counseling for clients struggling with new diagnoses

▶ Dental staff

- ▶ Relaxation techniques to assist with anxious patients

▶ Case management/Outreach/PATH

- ▶ Collaboration to ensure patient basic needs (housing) are being addressed
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Integrated Care Universal Screening

- ▶ A critical element of integrated care is **universal screening** for behavioral health factors in primary care patients.
- ▶ **Screening** is used to identify patients for whom a BHP intervention is appropriate.
- ▶ Screening can also be used as a first step of **patient engagement** to help target what a patient might like to discuss and work on in terms of mutual treatment planning with PCP and BHP.
- ▶ Interventions can be targeted based on symptoms, diagnoses, and clinical presentation to create **targeted consult requests**.



Screening, Brief Intervention and Referral to Treatment (SBIRT) - MA/BHP Workflow Example

▶ MA Interventions:

- ▶ Assist with Waiting Room Screens (PHQ-2, Adapted NIDA Quick Screen), PHQ-9, AUDIT, DAST-10 if WR Screens are positive
- ▶ Assist with Warm Handoff to BHP (ideal)

▶ BHP Interventions:

- ▶ Education around low risk vs. high risk drinking
- ▶ Ongoing motivational interviewing
- ▶ Strategies for cutting back on any harmful substance
- ▶ Goal-setting, behavior change plans, relapse prevention plans
- ▶ Help accessing resources and community supports
- ▶ Team approach:
 - ▶ Refer to CACIII for specialized interventions
 - ▶ Refer to Substance Treatment Groups



Medication Assisted Treatment (MAT) and Substance Abuse Counseling

- ▶ Utilizing buprenorphine products for opiate dependent patients
- ▶ Extensive substance abuse counseling, nurse case management, and peer mentor/patient navigation services
- ▶ In conjunction with already existing SBIRT process
- ▶ **BHP Interventions:**
 - ▶ Initial assessments and intakes for MAT services
 - ▶ Treatment planning, patient progress monitoring
 - ▶ Leads patient support, education, or substance use, mental health and BH treatment groups



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Introduction of Ashley Blaine, DBH, LCSW

- ▶ Presentation of the development and outcomes associated with two CCH Integrated Behavioral Health groups:
- ▶ **A 10-week Integrated Diabetes Management Group** that was developed to increase self-management skills which involved incorporating speakers from our dental and eye clinics and our pharmacy (Ashley Blaine, DBH, LCSW)



Thank you!

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Improving Diabetes Management for Homeless and Low-Income Adults through an Integrated Health Group

ASHLEY BLAINE DBH, LCSW

Group Outline

Session 1:

- Diabetes 101

Sessions 2 and 3:

- Healthy Eating

Session 4:

- Physical Activity

Sessions 5 and 6:

- Behavioral Health

Session 7:

- Medication/Pharmacy

Session 8:

- Dental Health

Session 9:

- Eye Health

Session 10:

- Wrap Up Party



Typical Group

- Introductions and Vitals
- Check-In
 - Review of homework and blood sugar logs
- Provider Presentation
 - Open format
- Medical Visits
- Group Activity and Discussion
- Wrap Up

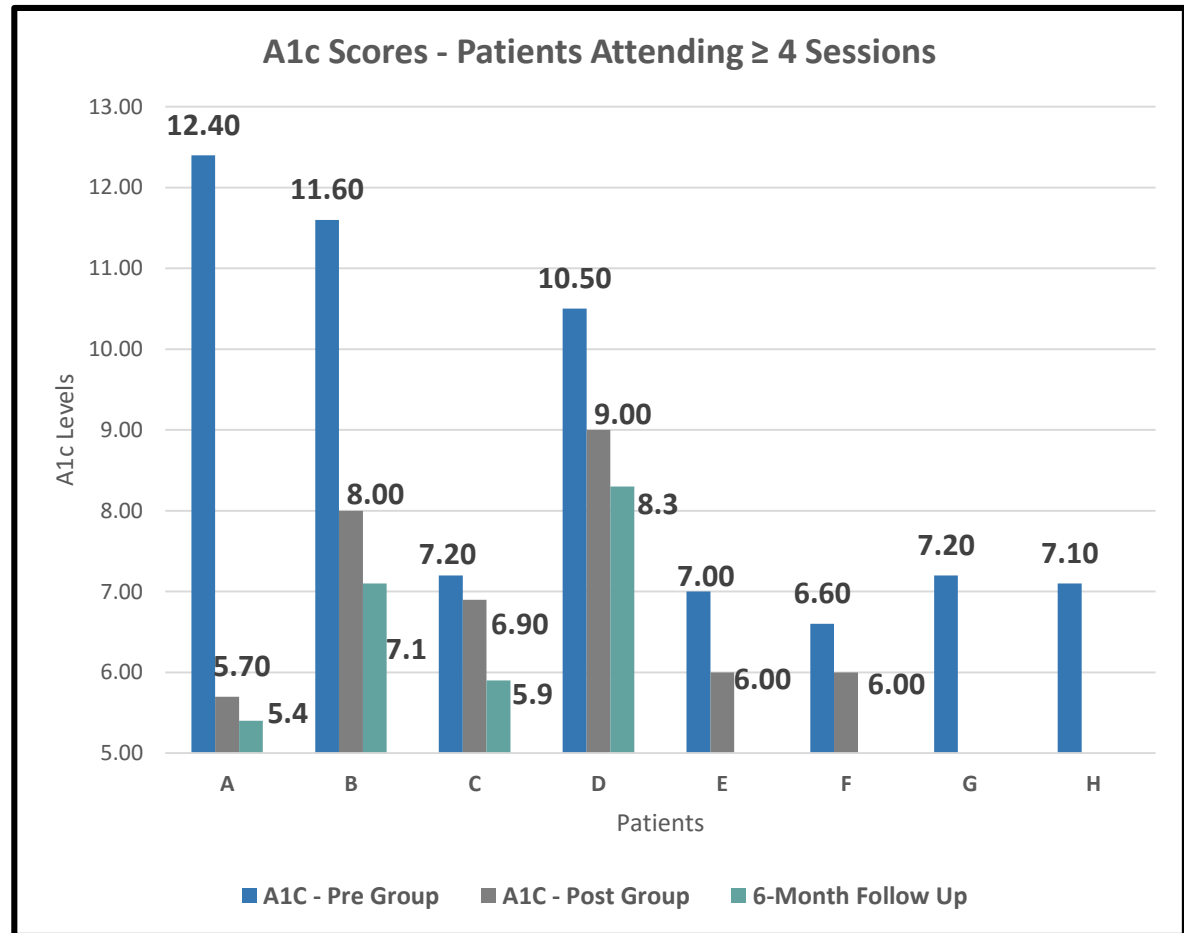


Group Engagement

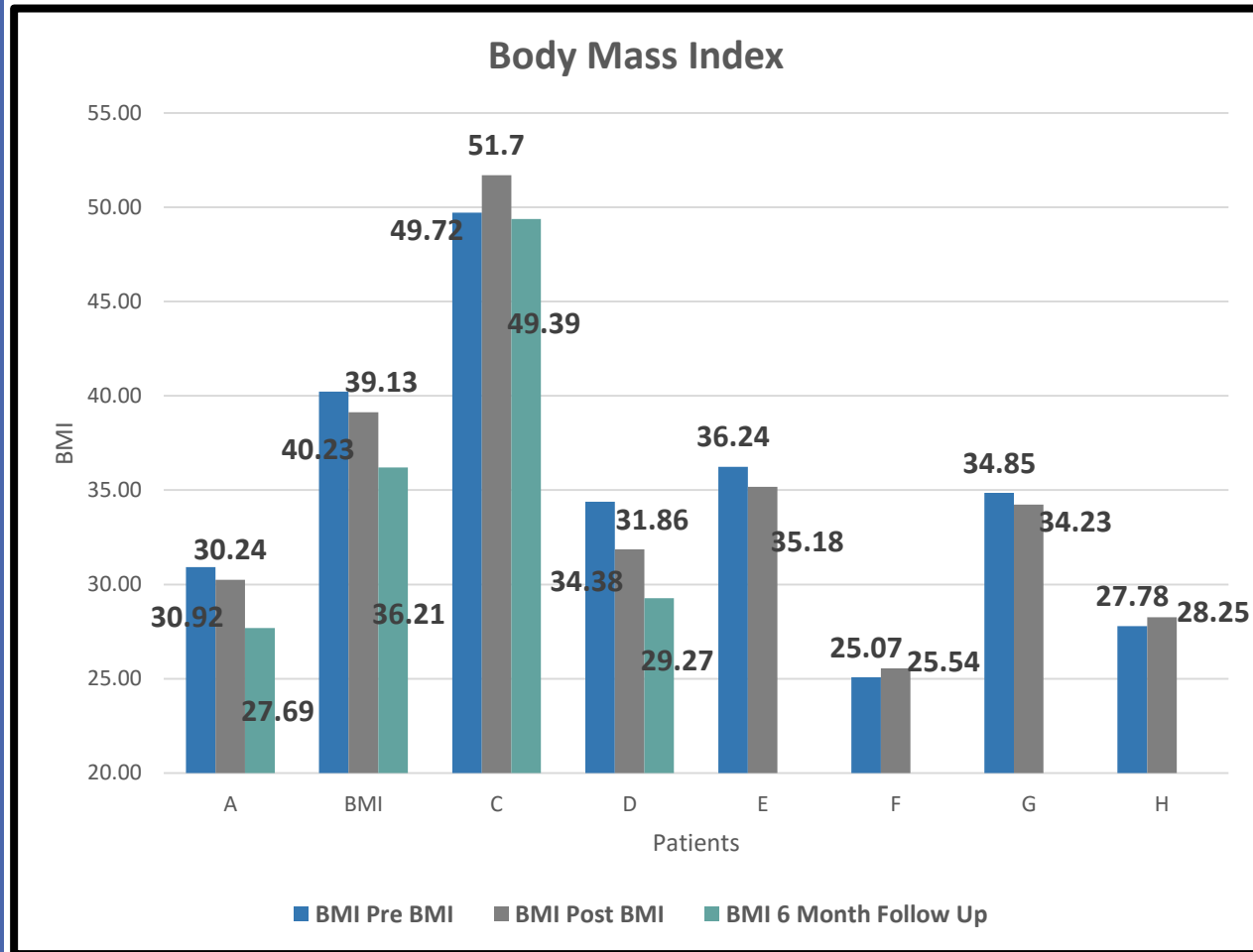
Total Referred	Total Engaged	Attended 1-3 sessions	Attended 4-6 sessions	Attended 7-10 sessions
53	19	11	4	4

- Identified issues for continued engagement:
 - Work schedules
 - Transportation
 - Ability to manage in crowd
- Current group ranges from 4 – 10 patients

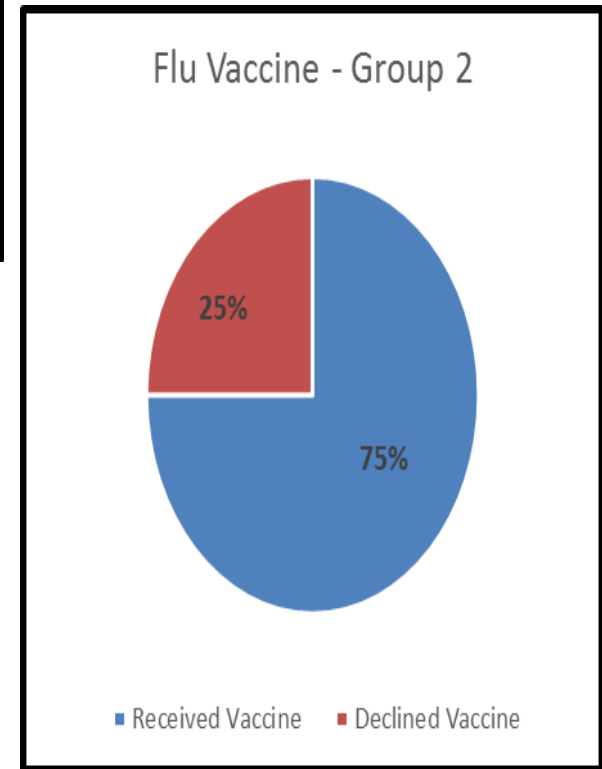
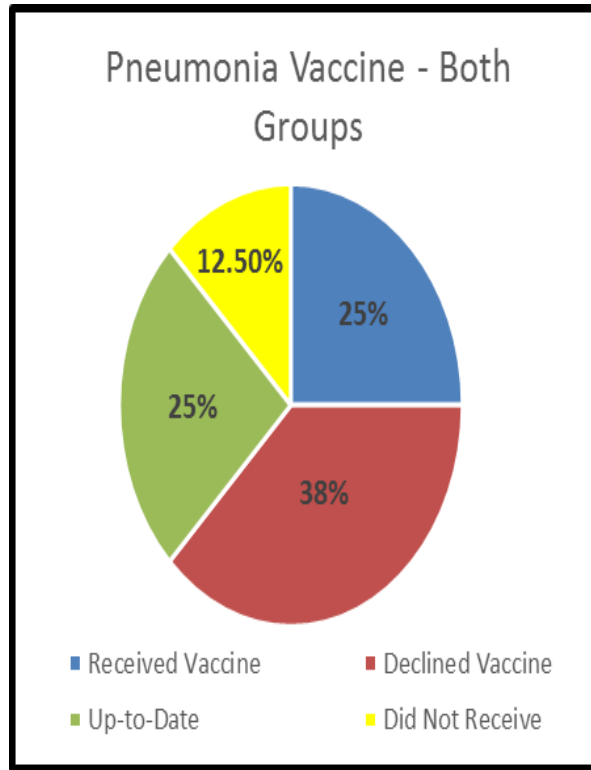
Outcomes: A1c Scores



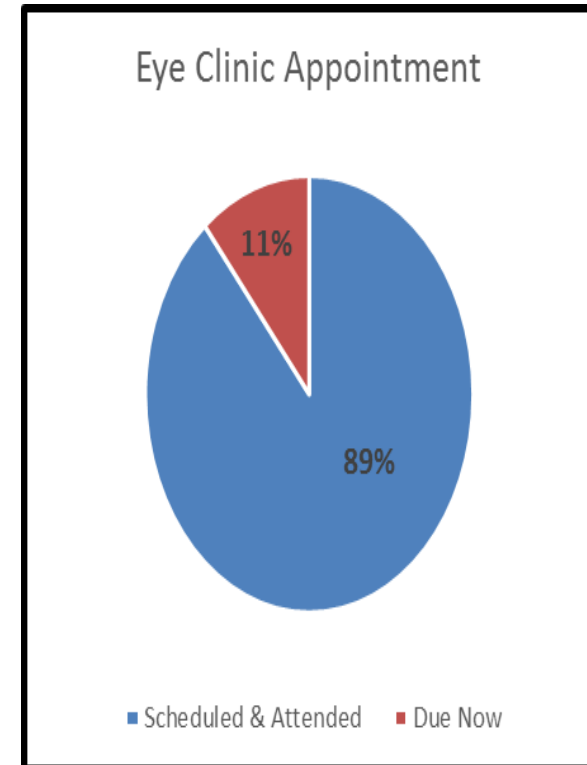
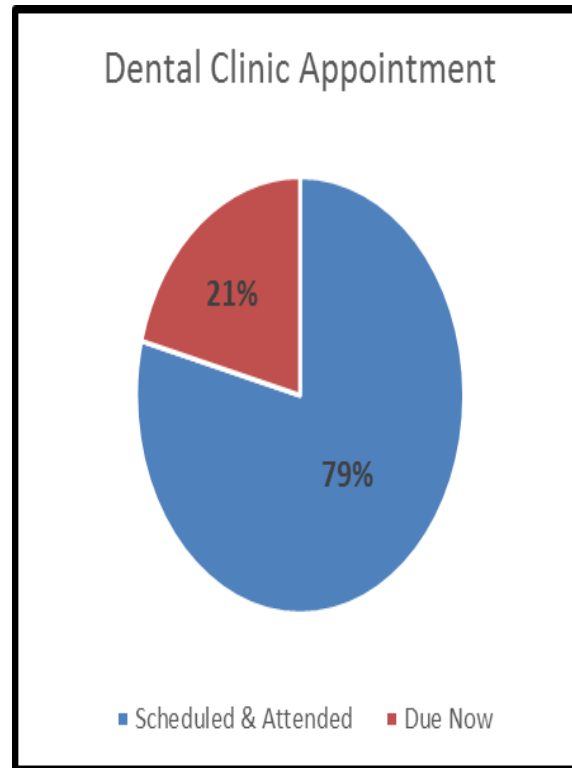
Outcomes: Weight



Outcomes: Vaccines



Outcomes: Follow Up Appointments



Outcomes: Survey Questions

Questions	Group 1 Mean Score	Group 2 Mean Score
How confident are you that you can control and manage your diabetes?	8.74	8.68
How understandable and useful is the information you received in group today about your diabetes?	9.49	8.93
How understandable and useful is the information your doctors and nurses give you about your diabetes?	9.77	9.19
How satisfied are you with the providers who ran this group?	9.69	9.67
How satisfied are you with the medical care you received today to manage your diabetes?	9.78	9.58
How likely are you to recommend this group to a friend with diabetes?	8.60	9.40

Wrap Up

- Currently running the third group section of The Diabetes Management Class
- Revisiting concepts with alumni through “Check-In” group that meets once a month
- Continuing to complete the PDSA cycle to keep improving

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Thank you!

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