Integrated Behavioral Health Division, Ambulatory Care Services
Denver Health
Still searching for the neck

Simply put, collaborative care is rediscovering the neck.
Integrated Behavioral Health Division

28 Behavioral Health Consultants (BHCs)
   (Licensed Clinical Social Workers/LCSWs and Licensed Psychologists)
2 psychology externs
4 Social Work interns
1 LPCC fellow
3 Psychiatrists
6 Certified Addictions Counselors (CAC III/LAC)
6 Infant Mental Health providers
2 Tele-counseling providers
3 Behavioral Health Educators (BHEs)
The integrated care model is structured to provide BH care as part of routine healthcare.

Members can see a BH provider anytime they are visiting a PCP at their Patient-Centered Medical Home (PCMH).

Each clinic has full-time BH providers that keep schedules open so that they are available on demand.

When needed, follow-up visits are typically made at the clinic front desk before the member leaves the clinic.

The BH provider generally gives the member a business card with either his/her personal office phone number or the clinic Appointment Center number.

If a member has more extensive BH needs, the BH provider at the clinic facilitates additional care with outpatient or inpatient services.
Behavioral Health Consultant Model

- **Huddle** at the start of session with clinic providers and care team about patients with behavioral health needs.
- **Identify** opportunities for behavioral health interventions based on daily schedule, BH registry/reports, and screening (using EPDS or PHQ-4)
- **Collaborate** with primary care team.
- **Warm hand offs** (PCP directly introduces the patient to the BHC during the medical visit, relies on trust and relationship with PCP).
- **Behavioral health visits (up to six, 30 minute sessions per year)** for short-term therapeutic interventions as well as **integrated care visits** during PCP appointments.
- **Coordinate** with and refer patients to psychiatrist as needed
- **Outreach**
  - High acuity patients
  - Patients discharged from psychiatric emergency department or inpatient psychiatry
Program Goals

• Integrate substance use disorder treatment in the primary care clinics to:
  – Increase SBIRT screening to identify problematic use
  – Expand access to Medication-Assisted Treatment for patients with opioid use disorders
  – Provide substance use disorder and opioid use disorder counseling with referrals to higher levels of care as needed
  – Break down traditional silos of mental health and substance use treatment and provide a team-based approach
# Active patients & productivity

## # Patients receiving MAT

<table>
<thead>
<tr>
<th>Clinic</th>
<th># Patients receiving MAT</th>
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<tbody>
<tr>
<td>DH PAV G ADULT</td>
<td>46</td>
</tr>
<tr>
<td>DH PAV G LEVELONE PHYS</td>
<td>1</td>
</tr>
<tr>
<td>EASTSIDE ADULT</td>
<td>38</td>
</tr>
<tr>
<td>EIS PRIMARY CARE</td>
<td>1</td>
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<tr>
<td>LOWRY FAM MED</td>
<td>55</td>
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<tr>
<td>PEÑA PRIMARY CARE</td>
<td>18</td>
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<tr>
<td>WESTSIDE ADULT</td>
<td>41</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
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## Total Encounters

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>Jan-June 2018</th>
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<tbody>
<tr>
<td>Total Encounters</td>
<td>4969</td>
<td>3869 (x 2 = 7,738; +56%)</td>
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<tr>
<td>Unduplicated patients</td>
<td>1665</td>
<td>1235</td>
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IBH Initiatives

- MAT: employing CAC/LAC providers in seven of nine CHS clinics currently who provide SUD and OUD services and support the medical providers in MAT.
- PRD screening: Screening with Edinburgh Postnatal Depression Scale began in 2014 and has rolled out to all CHS clinics serving women and pediatrics! 80% target rate (screening with EPDS at least one time during pregnancy through 6 months postpartum)
- PHQ-4 screening: Screening with PHQ-4 (contains 2 Qs from PHQ-2 and 2 Qs from GAD-7) began in April 2018.
- Workforce development: engaging learners from social work, psychology, and counseling fields with experiential training in integrated behavioral health
IBH Employee Engagement and Provider Resilience

- Monthly Team Meetings
  - Self-Care
  - Yoga, mindfulness, gratitude exercises in team meetings
  - Goal for self-care in annual review
- Didactics for compassion fatigue, vicarious trauma
- Gratitude (shout-outs, thank you’s)
- Group supervision and individual supervision for team
- BHC Clinic Division Champions (Family Medicine, GIM/Specialty, Women’s Care/Peds)
- Monthly consultation groups (Bilingual Multicultural, Pediatric/Women’s Care, Family Medicine, and GIM)