Key Factors for the Successful Transition Between the Co-location and Behavioral Health Consultation Model of Mental Health Service Delivery in the Medical Home
Healthy Connections: Multi-disciplinary Team

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- Licensed Independent Social Workers, Professional Clinical Counselors, Clinical Nurse Specialist, Early Childhood Specialist
Learning Objectives:

1) Identification of key differences between the co-location and the behavioral health consultation model of service delivery within the medical home

2) Developing ways to effectively shift into a behavioral health consultation model without compromising services to the clients

3) Learn key skills necessary to help traditionally trained mental health professionals shift into a behavioral health consultant
Population in Need

- Lucas County, youth population of 148,818
- 29,763 (20%) needing mental health services
- 3,300 served through community mental health system
Background

- 20% of children living in poverty
- Unemployment rate 10% to 20%
- 9.4% of children do not have health insurance
Healthy Connections: Origin

- Doctors/nurses identifying children with emotional and behavioral problems
- Referred to community mental health system
- Families not accessing services
- Limited or no communication between providers
Healthy Connections: Origin

Began integrated mental health services at St. Vincent Family Care Center in 1997 to increase access and utilization of mental health services and improve collaboration and communication between providers.
Healthy Connections’ Goal of Integrated Services

To improve *access* to and *utilization* of mental health services for community-based populations of children, adolescents and their families through integration of primary health care and behavioral health care services.
Models of Integration

- Co-location model:
  - Mental health services are provided in the same building
  - Services involve a comprehensive biopsychosocial assessment and psychotherapy oriented interventions
Models of Integration

- Co-location model:
  - Diagnosis and treatment plans are created separate from the medical team.
  - Records are kept in separate files and information shared on an “as needed” basis.
Models of Integration

- **Collaborative Model:**
  - Mental health services are provided in the same building
  - Services involve a comprehensive biopsychosocial assessment and psychotherapy oriented interventions – Progress towards goals are shared at regular intervals with the doctors/nurses
Models of Integration

- **Collaborative Model:**
  - Diagnosis and treatment plans are created in collaboration with the medical team but clinical responsibility stays with the mental health provider.
  - Records are kept in separate files but shared.
Models of Integration

- Behavioral Health Consultation (BHC) Model:
  - Mental health clinician is part of the health care team and provides services in the clinic
  - Symptom focused assessment and interventions to improve functioning
Models of Integration

- Behavioral Health Consultation (BHC) Model:
  - Diagnosis and treatment plan are a shared responsibility with the physician
  - Records are part of the medical chart
Healthy Connections at Four Sites

- St. Vincent Mercy Family Care Center Pediatrics (FCC)
- University of Toledo Medical Center Pediatrics (UTMC)
- Toledo-Lucas County Health Department Pediatrics & Obstetrics (HD)
- UTMC Ryan White HIV/AIDS Clinic
Total Visits by Site and Type of Service

- FCC: 1333
- FCC BHC: 4
- UTMC: 517
- UTMC BHC: 127
- Ryan White: 58
- Ryan White BHC: 32
- HD: 93
- HD BHC: 11
- MaPCP: 4
Key Factors for Integration

- Documentation and information sharing
- Funding and sustainability
- Diagnosing mental health disorders
- Shifting the mindset of clinical staff
- Developing resources
- Overcoming referral obstacles
- Becoming part of the medical team
St. Vincent Family Care Center
Pediatric Services

- 60% of the children live with single mothers
- Over 80% of the families live in poverty
- 97% use Medicaid for health care
- Primarily Collaborative services with immediate access if needed (e.g., crises)
St. Vincent Family Care Center
Pediatric Services

FCC Demographics

- 68% Black, not Hispanic
- 22% White, not Hispanic
- 7% Hispanic
- 3% Other
St. Vincent Family Care Center
Pediatric Services

- Key Factor: Documentation and Information Sharing
  - Communication both verbal and written
  - Collaboration on diagnosis, treatment plan, and follow-up
  - Physician Communication Form
  - SOAP note format
  - PSC screening/assessment tools, testing
  - Beware of language barriers
St. Vincent Family Care Center Pediatric Services

- Key Factor: Funding and sustainability
  - SVMMC Foundation
  - Mercy Children’s Hospital Foundation
  - OH Hospital Association
  - AAP CATCH grant
  - HRSA Healthy Tomorrows
  - HRSA Integrated Mental Health
  - ACF Women’s Health: Perinatal Depression
St. Vincent Family Care Center
Pediatric Services

- Key Factor: Funding and sustainability
- Certification as a community mental health center – site specific
- Accredited through Cenpatico for Medicaid HMO billing
- Reimbursement low
University of Toledo Medical Center Pediatric Services

- Diverse population from large geographic area
- 60% use Medicaid for healthcare
- Many patients are dealing with congenital and chronic medical conditions
- Resident training clinic
- History of Collaborative services and recent shift to include BHC services
University of Toledo Medical Center Pediatric Services

UTMC Demographics

- White, not Hispanic: 50%
- Black, not Hispanic: 40%
- Hispanic: 10%
Key factor: Diagnosing mental health disorders

- Developing ways to gather information as a team
- Utilizing assessment tools effectively
- Only gathering information necessary for diagnosis
University of Toledo Medical Center Pediatric Services

- Key factor: Shifting the mindset of clinical staff
  - Focus on presenting problem and functional restoration
  - Staying with the referral question
  - Completing consultations in < 30 minutes
  - Functional Analysis Assessments and specific interventions
University of Toledo Medical Center Pediatric Services

- **Key Factor: Developing Resources**
  - One page handouts (e.g., psychoeducation)
  - Providing information for the clinic staff on mental health issues
  - Staff is the **KEY** to successful integration 😊

**KNOW YOUR STUFF!!!! And be available!**
Toledo-Lucas County Health Department
Pediatric & OB/GYN Services

- Located in downtown area and serves the highest risk, transient and homeless families
- Equal amount of Collaborative and BHC services offered
Toledo-Lucas County Health Department
Pediatric & OB/GYN Services

LCHD Insurance Breakdown

- 62% Uninsured
- 23% Medicaid
- 10% Pending Medicaid
- 5% Other
Toledo-Lucas County Health Department
Pediatric & OB/GYN Services

- Key factor: Overcoming referral obstacles
  - Using referral resources well
    Referred out for psychiatric services that are needed or when more services are needed that therapist/BHC cannot provide.
Toledo-Lucas County Health Department
Pediatric & OB/GYN Services

- **Key factor: Overcoming referral obstacles**
  
  - Increasing referrals for BHC
    - Being available on site/present in clinic
    - Checking schedules for past patients
    - Presenting problems
    - Site can identify specific “red flags”
In 2007, 510 infected and affected HIV consumers

Age ranged from newborn to 62.

Expected increase of 30 (15%) new HIV infected consumers predicted this year

Ryan White Part C component, Early Intervention serves another 417 HIV infected clients
University of Toledo Medical Center
Ryan White HIV/AIDS Clinic

UTMC/Ryan White Demographics

- Women: 192
- Men: 51
- HIV Exposed Infants: 24
- Infected Children: 11
- Youths: 17
University of Toledo Medical Center
Ryan White HIV/AIDS Clinic

UTMC/Ryan White Demographics

- 36%
- 8%
- 56%

- Hispanic
- Black, not Hispanic
- White, not Hispanic
University of Toledo Medical Center
Ryan White HIV/AIDS Clinic

- Primarily BHC services at this site

- Referrals for psychotherapy if warranted or wanted
  - Knocking on the door with interruptions … patients prefer a more personal therapeutic setting
  - Patients who don’t comply with services outside of clinic
University of Toledo Medical Center
Ryan White HIV/AIDS Clinic

- Key factor: Becoming part of the medical team

- Ryan White’s medical team consists of physicians, nurses, medical case managers, social worker, behavioral health consultant, nutritionist, psychiatric clinical nurse specialist, patient advocate, OB/GYN
University of Toledo Medical Center
Ryan White HIV/AIDS Clinic

- **Key factor: Becoming part of the medical team**
  - Medical/Nursing care – how nurses and MDs identify mental health issues and call therapist in for a consultation or for crisis situations
  - Trust established by front line worker then transferred to therapist
  - Support groups – HIV and mental health info for patients
Key factor: Becoming part of the medical team

- Educational information about mental health issues for staff
- Formal case consultations with all members of the team versus specific staffing with needed clinical staff (AIDS Resource Center)
- Being part of the agency meetings (increase presence in clinic)
Healthy Connections: Objectives & Outcomes

1. Improve access to mental health services for underserved, disenfranchised, and low income children and families

433 children and teenagers served during the past 12 months through 2,179 visits
Number Served by Site and Type of Service
Total Visits by Site

- FCC: 1337 visits
- UTMC: 644 visits
- Ryan White: 90 visits
- HD: 104 visits
- MaPCP: 4 visits
Total Visits by Site and Type of Service
Healthy Connections: Objectives & Outcomes

2. Provide early recognition and intervention for emotional and behavioral issues affecting children who are currently unable to access services.

68% have been seen within 2 weeks of referral, 83% have initial therapy appointment within 2 weeks of intake.
Healthy Connections: Objectives & Outcomes

3. Improve utilization of services through increased appointment show rates

The overall show rate was 80%
Show Rate by Site

- FCC: 79%
- UTMC: 82%
- Ryan White: 97%
- HD: 69%
- MaPCP: 57%
Show Rate by Site and Type of Service

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<thead>
<tr>
<th>Site</th>
<th>Rate</th>
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<tbody>
<tr>
<td>FCC</td>
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<tr>
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<tr>
<td>HD BHC</td>
<td>79%</td>
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<td>MaPCP</td>
<td>57%</td>
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</tbody>
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Healthy Connections: Objectives & Outcomes

4. Improve behavioral and emotional outcomes for children

Problem severity and functioning measured with Ohio Outcome Scales.
Problem Severity
%youth in non-clinical range
(score ≤ 20)
OH Outcome Scales

Functioning
% youth in non-clinical range
(score $\geq 50$)

- Youth
- Parent
- Worker

Initial
90 day
Healthy Connections: Objectives & Outcomes

5. Improve patient’s satisfaction with services.

Satisfaction questionnaire showed 96% of clients were satisfied with integrated mental health services.
Summary

- Integration of mental health services works and can fill a HUGE need in your community.
- The level of integration depends on the needs of the clinic and the population being served.
- Communication, Communication, Communication
- Assertive problem solving and a “CAN DO” attitude.
St. Vincent Mercy Medical Center, Healthy Connections

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Resources

- ICARE Partnership: Mind and Body – Together
  - http://www.icarenc.org/
- Mountainview Consulting Group
- Harlem United Community AIDS Center
  - http://www.harlemunited.org/index.htm
References

- For additional Toledo, Ohio and Lucas County demographic information, see [http://www.city-data.com/city/Toledo-Ohio.html](http://www.city-data.com/city/Toledo-Ohio.html) and [http://www.city-data.com/county/Lucas_County-OH.html](http://www.city-data.com/county/Lucas_County-OH.html).


References


- National Health Interview Study, see [http://www.cdc.gov/nchs/nhis](http://www.cdc.gov/nchs/nhis)