

## **IDENTIFICATION**

1. Screening in person (or on phone when indicated) by nursing staff and/or medical provider – 2 preliminary screening questions.
2. Positive screening prompts Primary Care Provider to initiate Behavioral Health referral.
3. Behavioral Health specialist will respond to consultation request, obtain pertinent patient information from provider, then meet patient and perform standardized screening; additional assessment as indicated.
4. Behavioral Health Assessment results will be provided to Primary Care Provider and, if indicated, further Behavioral Health services will be coordinated and integrated with the patient's primary medical care following a collaborative, individualized and inter-disciplinary treatment plan.

Process for identifying / communicating BH conditions and treatment needs:

To be enrolled in the BVCAA behavioral health services program, the potential patient first becomes a patient of BVCAA by completing a set of standard paperwork that includes authorization for treatment, family and medical history. A global screening process will be used to capture all mental illness risks. Each treatment plan, using an evidence-based care method, will be customized to meet that patient's needs to ensure the best outcome for that patient. The Behavioral Health specialist will be involved in the screening and assessment.

## **BEHAVIORAL HEALTH SERVICES DELIVERY/INTEGRATION MODEL**

Evidence-based practices have identified several core components in successful identification and treatment of behavioral health issues in a primary care setting.

- 1) Behavioral Health Specialist is in-house and part of the interdisciplinary treatment team.
- 2) Consultation request is discussed in person with the referring provider ("soft hand-off").
- 3) Behavioral Health Specialist makes contact with the patient at the time of the CURRENT clinic visit.
- 4) Adequate external community resources are identified and particular efforts are made by Behavioral Health provider to develop and maintain relationships with referral resources.
- 5) Behavioral Health Specialist is knowledgeable about physical health issues.
- 6) Behavioral Health Specialist is flexible in roles served and constantly shifting demands/needs of medical providers and clinic staff.
- 7) Research documents that most patients report a preference for receiving behavioral health intervention in the primary health setting, which facilitates compliance.
- 8) Development, Follow-up and maintenance of a behavioral health patient registry for accurate program evaluation and relapse prevention are essential.

## **OVERVIEW OF BVCAA POLICIES AND PROCEDURES**

Brazos Valley Community Action Agency recognizes that behavioral health services are an essential component of primary health care. BVCAA has incorporated a Licensed Professional Counselor within their organization to be co-located in the Bryan-College Station Community Health Center. The Licensed Professional Counselor will act as the behavior health specialist for this clinic site, respond to requests for and perform consultations, receive behavioral health referrals from other BVCAA sites and coordinate behavioral health services with all BVCAA clinics as available. The consultation and referral patterns may vary by BVCAA site locations according to availability of services and staff.

In the BVCAA organization, Behavioral Health Providers who are either employed or under contract to receive referrals for services to clinic patients are subject to the BVCAA credentialing process and are granted privileges as other licensed independent providers by the BVCAA Governing Board. Behavioral Health Providers are concerned with psychosocial assessments and behavioral management services, and, depending upon their scope of services, may or may not provide social services.

BVCAA Primary Care Providers, Staff and Behavioral Health Providers receive continuing education to increase knowledge and skill in addressing and coordinating psychosocial issues, identifying behavioral health needs, identifying behavioral health problems associated with medical problems, and using behavioral health services, evidence-based practice and best practice modalities, including prescriptions for psychoactive medications.

## I. Policy

It is the policy of the BVCAA that center patients are screened for behavioral health needs. Screening is conducted by phone, if indicated when a patient calls to speak to primary care staff regarding a health care issue, in person by nursing staff upon initial presentation for services, by means of identification or evaluation by Primary Care Provider and/or as part of the assessment/consultation performed by the Behavioral Health Provider. Primary Care Providers will request and receive consultation from the Behavioral Health Provider and refer patients for further evaluation and services, as needed and as part of a collaborative care plan.

Primary Medical Providers coordinate pharmacy needs of BVCAA patients receiving behavioral health services, including writing prescriptions and providing counseling regarding use of psychoactive and other medications.

The behavioral health consultation documents are an integral part of the medical record and are placed in a designated part of the patient medical record. As co-providers of health services, patient medical and behavioral health information is maintained confidential and is shared among Primary Care and Behavioral Health providers.

BVCAA Compliance and Performance Improvement (“CPI”) Program performs monitors on the integration of behavioral health and primary care services, patients access to behavioral health services, including the number and outcomes from referrals, patients outcomes and satisfaction, Primary Care and Behavioral Health Provider and Staff Satisfaction, and cost savings related to behavioral health for prevention, early detection and intervention.

## II. Procedures

A. Routine Behavioral Health Screening will be incorporated into BVCAA assessment and treatment procedures.

- Screening in person (or on phone when indicated) by nursing staff and/or medical provider – Two primary Screening questions:  
Over the past month have you been bothered by:
  1. Little interest or pleasure in doing things?
  2. Feeling down, depressed or hopeless?
- Positive screening results in administration of PHQ-9 to patient by clinic staff or Behavioral health specialist.
- Staff initiates BH referral - physician’s order for consultation will be written/obtained.
- BH specialist will respond to nurse/physician consultation request by phone or in person to obtain pertinent patient information, meet patient and complete Patient Health Questionnaire (PHQ-9) screening.
- PHQ-9 will be scored by Behavioral Health specialist or other clinic staff and results reported to Primary Care Provider. The PHQ-9 patient Self-Questionnaire is available in both Spanish and English.
- Full assessment will be conducted at time of initial screening if warranted by PHQ-9. Pt. will be additionally screened for suicide risk factors.
- Pt. will be referred to crisis services at Brazos Valley Mental Health Mental Retardation or local hospital emergency room if assessment indicates high risk.
- Assessment results, preliminary diagnosis and treatment recommendations will be provided in writing to provider.
- Behavioral Health specialist will facilitate referral to Brazos Valley MHMR if patient assessment indicates diagnosis of priority population (Schizophrenia or related Disorder, Bipolar Disorder or Major Depression with psychotic Features)
- Primary Health and Behavioral Health provider will form collaborative treatment plan.
- Brief Solution-focused therapy (e.g. Cognitive Behavioral Therapy, Problem-solving, Self-management)
- Crisis Intervention) sessions will be conducted with patient with consent.
- Pt. will be evaluated by provider for medication intervention, if indicated (same day or in follow-up).

- Primary Care Provider will utilize Medication Treatment Guidelines as outlined by the Institute for Clinical Systems Improvement (ICSI) adopted by BVCAA to be included in the Standards of Practice, and current best practice procedures according to evidence-based treatment modalities.
- Pt will be assigned to individual, couples or family counseling, stress-management, substance abuse counseling or self-management modules as indicated.
- Pt. will be scheduled for clinic follow-up according to need intensity (same week, 1-2 weeks)
- Pt. will be given referrals to community resources as indicated.
- Follow-up PHQ-9 will be administered at next visit or by phone if patient unable to return to clinic.
- Behavioral Health Provider will populate and maintain Registry of patients and assessment scores.
- Documentation of Screening, Assessment, and Diagnosis will be integrated into patient medical chart.

## B. Routine Referral and Follow-up

Whenever available, the Behavioral Health specialist will respond to referral/consultation request in person and report to the patient area to receive information regarding reason for referral while patient is still in BVCAA clinic (same-day screening/assessment).

1. Behavioral Health specialist will make contact with provider and/or nursing staff upon receipt of referral.
2. Primary Provider and/or nursing staff will introduce patient to Behavioral Health specialist.
3. Behavioral health specialist will discuss screening process with patient and escort patient to Behavioral Health area.
4. Patient will be given a PHQ-9 assessment to complete while in Behavioral Health waiting area or upon start of assessment to be conducted by Behavioral Health specialist.
5. If responds affirmatively to initial two-question screening, PHQ-9 will be completed on same-day visit by patient.
6. Upon completion of PHQ-9 indicating negative answer on Question #9,
  - a. patient will be offered next available routine Behavioral Health follow-up appointment, or
  - b. Behavioral Health specialist will conduct full assessment with initial DSM IV-TR diagnostic impression. Behavioral Health specialist will provide Primary Care Provider with results of assessment on the same day of visit.
7. If Primary Care Provider determines that medications are indicated, patient will follow-up with PCP at earliest available clinic appointment.
8. Behavioral Health specialist will schedule patient for behavioral health follow-up (counseling, etc.) as indicated.
9. If PHQ-9 indicates positive screening for risk of self-harm (Question #9), patient will have full behavioral health assessment including risk assessment and:
  - a) If NOT determined to be at risk, diagnostic impression will be provided to Primary Care Provider for further treatment recommendations.
  - b) If determined to be a behavioral health risk, will be referred to MHMR or Emergency Room.

C. Follow-up Scheduled by Medical staff (if Behavioral Health specialist is not on site, or otherwise unable to respond in person):

After initial two screening questions have indicated a need for further assessment/referral, medical staff will:

1. Give patient a PHQ-9 form to complete.
2. If patient answers/checks 1, 2, or 3 on Question #9, refer patient to local Emergency Room or MHMR for further safety/risk assessment.
3. Place completed PHQ-9 in patient medical record

Once PHQ-9 is completed by patient and answer to question #9 is negative, clinic staff will:

4. Complete Behavioral Health referral/consultation request form and place in designated box.
5. Give patient an appointment for a behavioral health follow-up (available in HealthPro) at next available time slot, or soonest available appointment that patient reports they can attend.

6. Behavioral Health Specialist will regularly review appointment schedule for updates and review patient medical record prior to scheduled behavioral health appointment.
7. Patient follow-up will be conducted by phone and urgent behavioral health appointment will be scheduled if indicated.
8. Behavioral Health specialist will provide documentation of diagnostic impression to Primary Care Provider, along with Behavioral Health assessment and Treatment Plan recommendations.
9. If patient meets MHMR Priority Population criteria, patient will be referred to nearest MHMR clinic.

D. Behavioral Health Provider implements treatment modalities that may include a range of individual, group, couple and family therapies. Education, cognitive therapy, insight-oriented therapy and trauma resolution therapy are among the techniques used. The therapeutic approaches selected will be based on the expertise of the Behavioral Health specialist and upon the individual needs of the patient.

Behavioral Health services may include psycho-education groups such as:

1. Relaxation/Stress Management Groups
2. Parenting Groups
3. ADHD/Behavior Management Groups
4. Anger Management Groups
5. Chronic Disease Management Groups

Parents or authorized representatives are provided information about the treatment their children receive, as appropriate.

Referrals to cultural, traditional, and spiritual practitioners are made when appropriate. These services may be arranged by family members.

Referrals to specialized services are made, as indicated, and may or may not be paid for by BVCAA. The Behavioral Health specialist may refer the patient to social services or Case Management services to assist with treatment needs and discharge planning of the patient and the family, if appropriate, and with coordination with the home and community.

E. If medications are indicated and the patient does not meet criteria for MHMR services (Priority Population), the Primary Care Provider prescribes medication based upon evidence-based or best practices protocols and BVCAA formulary.

#### F. Records/Documentation

The Behavioral Health specialist will maintain patient confidentiality. Assessments, Diagnoses, Treatment Plan/Recommendations and evaluations will be maintained in patient record. Progress records, including PHQ-9 screening, will be documented on the same day of service and placed in the patient record.

1. PHQ-9 will be administered on initial behavioral health screening/consultation visit and at each behavioral health follow-up session thereafter. If patient is unable to attend follow-up appointment in person, answers to PHQ-9 questions will be obtained by telephone whenever possible.
2. Positive screening by Primary Care Provider and/or Behavioral Health specialist will indicate the need for the patient to be placed in the Registry of Behavioral Health patients.
3. The Behavioral Health specialist will initiate population of the registry according to screening results and/or ICD-9/DSM IV-TR diagnostic procedural codes.
4. The Behavioral Health Specialist may choose to maintain Individual Session Records at the discretion allowed by the respective Certification and/or Licensing Board for their specific behavioral health discipline. These records are for the sole purpose of facilitating recall of specific therapeutic dialogues and maintaining confidentiality of intimate patient details and will remain on the BVCAA premises at all times.
5. The Behavioral Health Specialist will forward progress notes from each subsequent patient visit following the initial consultation to the Primary Care Provider by placing them in the patient medical record. The Patient Progress Notes include a summary of any changes in the patient's condition and the patient's response to behavioral health interventions and/or medications as well as any recommendations.

6. The Behavioral Health specialist will maintain a confidential contact/tracking sheet containing pertinent data for tracking behavioral health patients, including but not limited to:
  - a. Demographics
  - b. PHQ-9 scores
  - c. Diagnosis
  - d. Psychotropic medications
  - e. Most recent vital signs, height and weight
  - f. Relevant laboratory and other medical diagnostic results
  - g. Behavioral Health contact dates

G. CPI Program performs monitors for the integration of behavioral health and primary care services including the number and outcomes from referrals, patient outcomes and satisfaction, Primary Care Provider and Staff satisfaction, as well as utilization and costs related to behavioral health interventions.

#### H. Integrated Primary Care - Behavioral Health Treatment Planning

BVCAA follows a systematic treatment planning process for each patient and provides treatment within the Center's scope of services, including behavioral health referral resources. The treatment planning process includes the results of assessments by the Primary Care Provider and Behavioral Health Provider, as well as input from the adult, child or adolescent and their families, if appropriate. The patient treatment plan includes medical and dental management as well as behavioral health management.

The treatment plan is developed as soon as possible, but within the third behavioral health visit and addresses all areas of the patient's needs, strengths and strategies for reaching goals. The plan is reviewed and updated on a regular basis by the Primary Care Provider and the Behavioral Health Provider. The patient treatment plan is based on the individual's health and educational needs as well as care priorities.

The Primary Care Provider and Behavioral Health Provider assess the patient's progress determine problem areas, goals, strengths of the patient and, along with the patient (and family as appropriate), establish realistic objectives and specific time frames in which they are to be achieved.

#### I. Follow-up

Once placed in the Behavioral Health Registry, each patient will receive periodic follow-up to monitor the patient's progress on an on-going basis, identify further need for intervention and prevent relapse. The Behavioral Health specialist will be responsible for maintaining the patient's information in a confidential database and will notify the Primary Care Provider in writing of the results of any follow-up conducted and specifically note any significant changes in patient's status.

#### J. Priority Aims and Suggested Measures

1. Increase the frequency and accuracy of screening and diagnosis for major depression and other behavioral health conditions.

Measure:

Percentage of patients with a new behavioral health diagnosis with documentation of DSM-IV TR criteria at the time of the initial diagnosis

2. Improve the frequency of assessment of response to treatment in patients with major depression and other behavioral health conditions.

Measure:

Percentage of patients who have a behavioral health follow-up contact within three months of initiating treatment

Percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (PHQ-9 for depression) with three months of initiating treatment

3. Improve the outcomes of treatment for major depression.

Measures:

- a. Percentage of patients who have had a response to treatment at twelve months (+/- 30 days) after initiating treatment - have had a PHQ-9 score decreased by 50% from initial score at twelve months (+/- 30 days) and/or 50% decrease in DSM-IV TR symptoms with increase of 10 points in GAF.
- b. Percentage of patients who have reached remission at twelve months (+/- 30 days) after initiating treatment - have had any PHQ-9 score less than 5 at twelve months (+/- 30 days) and/or 50% decrease in DSM-IV TR diagnostic criteria with increase of 10 points in GAF.

4. Improve the frequency of assessment of patients with major depression for the presence of substance abuse.

Measure:

- a. Percentage of depressed patients who are assessed for the presence of substance abuse at the time of diagnosis or within six months of diagnosis.