

IBHP PROJECT POWER POINT PRESENTATION

SIERRA FAMILY MEDICAL
CLINIC

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*What does your project intend to test, study, answer or improve (what is your hypothesis)?

The project proposes to identify what lessons can be learned about co-location of a substance abuse agency (Common Goals) in a primary care setting. Questions to be answered include:

- 1) Can IBH elements, such as the Warm Hand-Off, be used in co-located settings, specifically between the Common Goals Substance Abuse Program and Sierra Family Medical Clinic?
- 2) What levels of programmatic cooperation are possible between these organizations?
- 3) Will patients who receive both substance abuse services and IBH services have better treatment outcomes than those receiving substance abuse services alone or substance abuse services with non-integrated behavioral health services?

* What dimension(s) of the Behaviorally Enhanced Person Centered Medical Home does your project address (refer to final scope of work)?

- 1) A clear model and strategy for participating with Person-Centered Healthcare Homes based on the Fully Integrated Healthcare Home.
- 2) A full array of Specialty Behavioral Health Services, provided inside the clinic and through contract with partners, including Common Goals for Substance Abuse treatment and County Mental Health for psychiatric consults.
- 3) A well-defined assessment process and Level of Care System for identifying the level of need of the persons being served and ensuring that each individual is being treated appropriately.

- 4) The ability to practice as a team to coordinate timely and comprehensive care within the BE/PCMH and across services in the BH and medical service delivery system.
- 5) Demonstrated use of Clinical Guidelines that are embedded in the fabric of each clinician and case manager's practice in order to ensure that effective treatment is occurring based on the clinical need of each consumer.
- 6) Measurement Systems and Tools that measure improvement in each consumer's behavioral health status, including tools specific for substance abuse, and processes that use that data on a timely basis to adjust care as needed.

* Please describe your project including:

Population: 40 patients participating in the Common Goals Substance Abuse Program (control group) and 40 patients participating in the Common Goals Substance Abuse Program program in conjunction with receiving Behavioral Health services at SFMC.

Methods (i.e., protocols, interventions, intensity, length of time):

- 1) SFMC primary care providers will refer identified substance abuse patients to SFMC Behavioral Health staff who will complete a psychosocial assessment, and refer patients to Common Goals for substance abuse treatment. Common Goals staff will refer their substance abuse patients for assessments and treatment with SFMC Behavioral Health providers.

Warm Hand-offs will be made as often as possible, and will be accompanied by inter-agency referral forms. If a Warm Hand-off is not possible with Behavioral Health, Common Goals staff will encourage patient to make a BH appointment that day. If a Warm Hand-off is not possible with Common Goals, the patient's phone number will be left for CG staff with referral, and an SA counselor will phone that patient to set up an appointment.

SFMC's Resource Specialist will also make referrals to Behavioral Health when substance abuse issues are identified.

Common Goals will also refer SA patients to an SFMC medical provider or dentist if medical or dental issues are identified, and patient is currently without these services. Common Goals will also be referring to SFMC Medical Director for patients needing Saboxone treatment

Coordination of services will be enhanced by monthly inter-agency case management meetings involving therapists and substance abuse counselors

2) Comparative data will be collected on each group of patients, including diagnosis, age, gender, length of substance abuse, type of substance used, whether or not patient was court –mandated, how many visits were completed for each organization, number of no-shows for each, percent of referrals made and completed between the two programs, outcomes on pre, middle, and post screening tools, and satisfaction surveys.

Workforce satisfaction surveys will also be administered for both agencies, both pre and post – study.

- * Staffing: Common Goals staff will consist of two SA counselors offering treatment groups and some individual sessions two afternoons a week. SFMC staff will consist of two Behavioral Health therapists providing weekly or bi-monthly therapy, supported by medication management from clinic medical providers. Data will be collected by Common Goals counselors and Behavioral Health Director.
- * Assessment instruments: MINI, Beck Depression Scale, Mood Disorder Questionnaire, MAST, SASSI, ASI.

The MINI will be given by SFMC upon intake into BH program. The MAST, SASSI, Beck and ASI will be given by Common Goals upon intake into the SA program. SFMC will administer the SASSI at three and six-month intervals, and Common Goals will administer the SASSI upon exit from the program. The Mood Disorder Questionnaire will be administered by SFMC when a consideration of Bipolar Disorder is present.

* How is the project progressing?

The project is progressing well, although we are receiving less referrals than initially expected. Referrals should begin to increase as social service agencies in the community and the courts become informed of the available services. There is good communication between Common Goals and SFMC, with weekly half-hour meetings to smooth out paperwork issues, and the various processes involved in data collection and service delivery. Medical providers are making increased efforts to screen for substance abuse issues with their patients, and Common Goals is ensuring that if a patient is not participating in Behavioral Health treatment elsewhere, they are immediately referred to our IBH program.

* Have you had to deviate from what you originally proposed and, if so, why?

To increase our pool of SA clients for the study, we recently decided to accept referrals from the Common Goals program in Nevada City. The one negative aspect of this would be the lack of possibility for a warm hand-off to a BH therapist, and on-going communication between the SA counselor and the therapist would need to happen by phone.