BH2I Behavioral Health Integration Initiative

SUCCESS STORY

BH2I Grantee Year 1 Highlights

Kickapoo Tribe in Kansas

The BH2I award to the Kickapoo Tribe in Kansas has allowed our small, rural tribal nation to pursue crucial needs for behavioral health systems development. The Kickapoo Behavioral Health Integration project team have made great strides toward project goals in the first year of the initiative. Starting from a minimal collaboration level of integration, our successes include establishing formal systems of collaboration between existing primary health and behavioral health services. Upcoming work to expand behavioral health services in the community will be guided by a new advisory board of community representatives to ensure efforts are grounded in community needs. Key highlights for Year 1 include:

- An Integrated Care Coordinator was hired to provide dedicated capacity to support patients accessing services and to coordinate care in the community.
- A new referral form was implemented to formalize and standardize service collaboration between the Kickapoo Nation Health Clinic and Kickapoo Social Services.
- The formation of a Behavioral Health Advisory Committee was approved by Tribal Council and policy has been developed.

Indian Health Council, Inc.

We have made some great strides in Year 1—we hired a behavioralist (Medical Social Services) to work side-by-side in the primary care setting. Staff are becoming more comfortable with warm hand-offs to her for brief interventions and follow-ups as needed. We have discontinued administering the PHQ-2 and are now using the PHQ-9, as recommended by Dr. Raney, to capture mild depression sooner. Additionally, we are using the GAD-7 and AUDIT-C and PRAPARE tools.

Because we had a 6- to 8-week wait time to get patients connected to BH Specialists, having Maria in the primary care setting when patients need immediate support has been wonderful. For those truly needing care from a BH Specialist, Maria continues to follow them until they are connected.

We are tracking visits, changes in screening scores, and connection to BH Specialist when more than brief intervention is needed.

BH2I Grantee Year 1 Highlights

Ponca Tribe of Nebraska

During our first year with the Behavioral Health Integration Initiative grant, our team was able to meet many of our goals and find successes throughout the year. One of our main accomplishments was to hire a great team and fill most positions. We hired a Behavioral Health Coordinator in our Lincoln location, and an Integrated Case Manager, Peer Support Specialist, and Transporter in our Omaha location. We have also created a project plan and logic model to confirm that all goals and objectives are being met. We created a Gaps in Services survey that was sent to our clients. The survey focused on gaps in services and areas we could improve, which gave us a better picture of needed services. Our behavioral health team also began working closely with the medical clinic on beginning to implement the Patient-Centered Medical Home (PCMH) model. Our clinic has started to have meetings to discuss goals and objectives for integrating the behavioral health and medical departments. Our first year was filled with hiring, reviewing current processes, and creating implementation plans.

Pueblo of San Felipe

Our Year 1 highlights include hiring a Medical Assistant to support our behavioral health prescribers and to act as a point person between primary care and behavioral health to facilitate warm hand-offs to behavioral health providers as needed. We also established regular case conference meetings between behavioral health and primary care providers to improve communication across programs. Another highlight includes the creation of our Integrated Healthcare Review Team. This team is a group of representatives from multiple programs in San Felipe's Health and Wellness department, and it meets regularly to provide feedback and recommendations on integrated care in San Felipe Pueblo. One ongoing challenge is improving electronic communications and integration of medical records between IHS primary care systems and all other patient care systems, which are managed by the tribe. We will be exploring additional options for improving electronic communications between providers in the new year.

BH2I Grantee Year 1 Highlights

Jena Band of Choctaw Indians

In Year 1, we established our CHAMP, Choctaw Health and Mental Partnership, team (pictured below) with a team count of nine people. As a team, we are dedicated to understanding and fulfilling our roles, maintaining needed records and data, facilitating an efficient workflow, and actively participating in collaboration between staff and partners. In addition, we seek to help tribal members and their families navigate the healthcare system more effectively and become more engaged in improving their overall health status by expanding current programs and facilitating fully integrated, culturally competent, and coordinated physical and behavioral health services through a self-sustaining model.

Prior to the implementation of this program, the JBCI Health Clinic was able to provide physical health services but needed more onsite and community resources for mental health care. Through working towards the goals of our CHAMP program to increase accessibility, availability, and acceptability of care, reduce morbidity and mortality outcomes, build a self-sustaining program, and improving collaboration, we have been able to provide onsite, integrated behavioral health services for the past seven months. In addition, we continue to advance our level of behavioral health integration through improvements to our structural capacity, personnel, and resources, as well as increased targeted use of technology and greater incorporation of interdepartmental services.

To help facilitate this change, we have hired one additional staff person as a CHAMP team member and established integrated clinic day services, consultations within the exam room setting, and a counseling office for outpatient care. In addition, we have implemented cross-training in our quarterly SWOT meetings and begun establishing an electronic health record system. Also, as the program has grown, we identified a need for services at a higher level of care. In response, we implemented the CHAMP+ program, which is a type of voluntary "wrap-around" program in which clients/patients will have access to social workers, behavioral health professionals, health professionals, and other resources through a more intensive format that may include home visits, virtual visits, and JBCI clinic visits as agreed and determined by need. Finally, we have also worked to increase the integration of our JBCI culture within our daily practices and mental and physical health within JBCI gatherings and events.

We have come a long way in Year 1 and are excited to see the progress and benefits for our tribal members that will come as we continue this program throughout the next four years.

Jena Band of Choctaw Indians CHAMP Team Members: (from left) Mona Maxwell, Project Director; Ashley Liles, Behavioral Health Provider; Kim Purvis, CHAMP+ Coordinator; Charlotte Merrill, Primary Care Physician; Kelly Thompson, Health Director; GayNell Toler, Nurse; Katie Flannigan, Data Coordinator; Alexa Didio, Cultural Liaison; and Tammy Deason, Clinic Coordinator.

BH21 Grantee Year 1 Highlights

Tunica-Biloxi Tribe of Louisiana

From Janne: "…one highlight is that our team has over 80 years of experience in the behavioral health field. It came to my attention as a team we have a lot of experience in this field. I believe this is beneficial for the tribe."

Indian Health Center – Santa Clara Valley

Since the start of the grant, IHC has worked fastidiously to implement a model between the Medical Department and Behavioral Health Services Department that encourages collaboration between the two departments to meet the needs of IHC patients. Specifically, IHC has set out to do the following:

- Strengthen communication and training of the care delivery team with the goal of improving quality and consistency of integrated care, early identification, and referral.
- Strengthen clinical processes, digital access, and behavioral health-focused quality improvement processes within the integrated primary care environment.
- Advance fiscal, policy, and sustainability mechanisms around integrated care.

From left to right: Esme Roddy, BH Psychiatric Nurse Practitioner; Sonya Lobana, MD, Medical Director for Silver Creek site; Alicia Gutierrez, Office Supervisor.

At IHC, our dedicated project team meets weekly to discuss project goals and make any necessary program improvements. We have made substantial headway in establishing stronger infrastructure to support integration of behavioral health services and supports with medical services. This has been done through the integration of Behavioral Health staff and reports into ongoing Medical Department meetings.

Monthly case conferencing meetings have been established between our Medical and Behavioral Health Departments. During these meetings, they discuss whether shared clients' needs can be met internally or they need to be referred.

Lastly, we now have two additional prescribers, including one full-time nurse practitioner and one full-time psychiatrist, We are confident that we have the personnel to fulfill the needs of our community and achieve an integrated care model at IHC.

Choctaw Nation of Oklahoma

During our first year of the second cohort of BH2I, we have been able to continue our vision of growing integrated health care at the Choctaw Nation of Oklahoma. Our providers are completely on board with having an Integrated Therapist and consider that person to be essential to quality services. We have been able to add an Integrated Counselor to our Durant clinic, one of our busiest clinics. We continue to provide our employees and community with culturally based suicide prevention education and training and have also utilized the IHS funding to rewrite our screening policy and improve the forms used throughout the Choctaw Nation.