
Behavioral Health Integration Project (BHIP)

**National Association of State Mental Health Program
Director's Older Person's Division**

August 26-28, 2007

**Brown Hotel
Louisville, Kentucky**

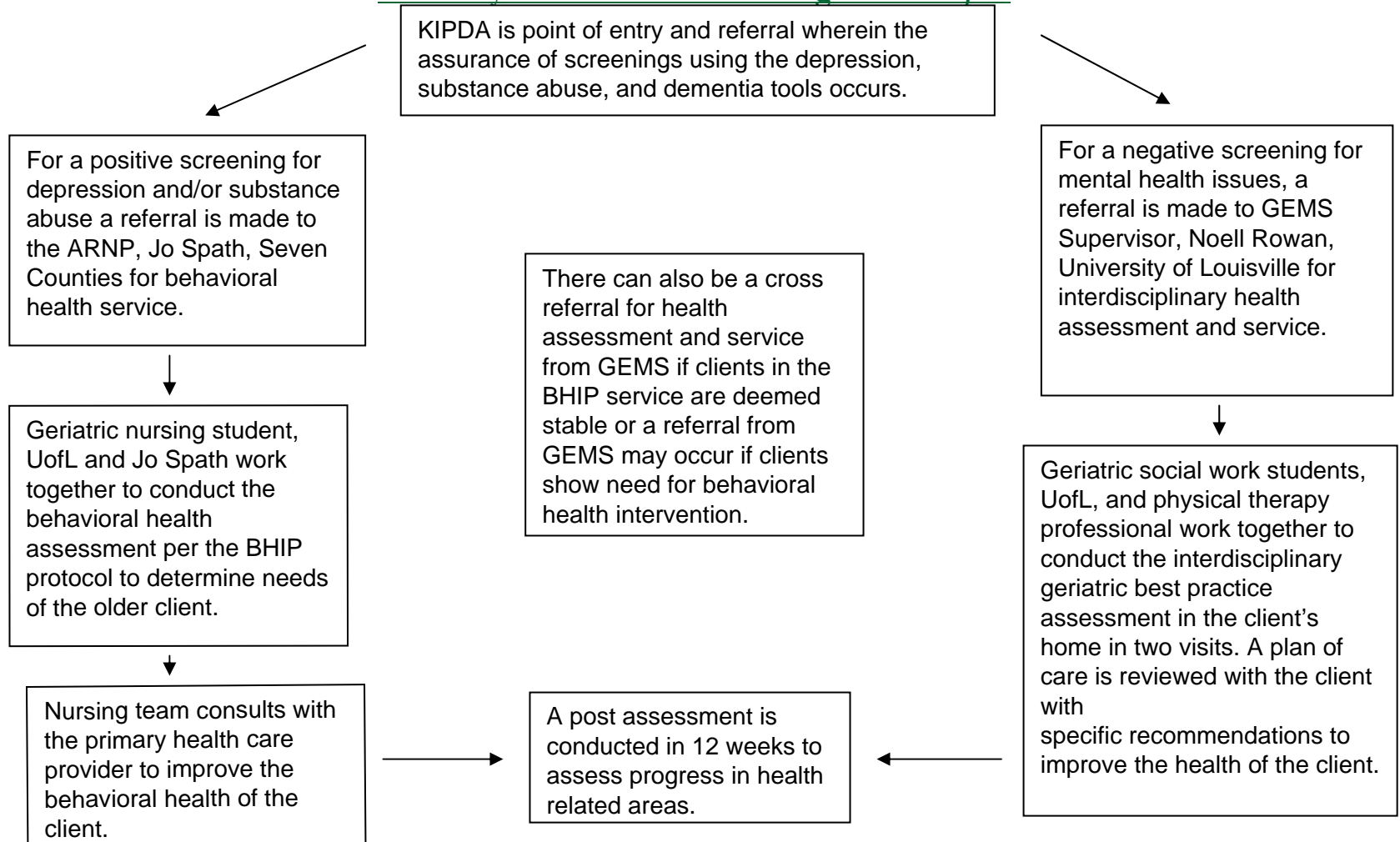
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Project Description

- **The Behavioral Health Integration Project (BHIP) for older adults (persons aged 60+) was a collaborative effort sponsored by Seven Counties Services, KIPDA and the University of Louisville's GEMS project. The project was staffed by a multi-disciplinary team including, advanced registered nurse practitioner (ARNP), social work, physical therapy, case managers and a prevention specialist.**
- **Oversight of the BHIP was provided by members of the local Mental Health and Aging Coalition who developed and submitted a successful request for funding from the state MH/MR Division. The Coalition also served as an advisory council to BHIP.**

Flow Diagram illustrating Partner Collaboration and Service Delivery Kentucky Behavioral Health Integration Project



Project Goals

- Improve patient outcomes through integration of behavioral health and physical health services through cross consultation.
- Enhance patient physical health and behavioral health outcomes through development of individualized health/wellness plans and consultation.

Project Goals

- Improve access to behavioral health and wellness services through partnerships and collaborations.
- Improve the skill sets of social services workers in area senior centers and KIPDA Homecare case managers through training in behavioral health screening and referral protocols.

Goal Attainment

- Integration with psychiatrist was most difficult
- This interfered with integration with PCP
 - Utilized alternate methods to compensate
- Case Consultation with ARNP very successful
 - PCP
 - U of L GEMS Program

Goal Attainment

- The GEMS project was successful in providing interdisciplinary assessments to **38** clients.
- The BHIP created an environment in which the regional AAA and the regional CMHC identified common interests and goals in expanding and extending a wider array of services to older people.

Goal Attainment

- Collaboration with the University of Louisville Kent School of Social Work and GEMS staff has resulted in continued joint efforts to develop strategies and seek opportunities for improving access to behavioral health, prevention, and, wellness services to the older population.

Goal Attainment

- SCS Prevention Specialist trained 26 senior center staff in use of the evidenced based tool kit *Get Connected!* that was developed by SAMHSA and AoA.
 - Issues related to senior center staff
 - Successful solutions
- The Prevention Specialist also trained 11 KIPDA case managers in the use of the following screening tools; (1) the PHQ-9, for depression; (2) the S-MAST-G, for substance abuse; and; the SPMSQ for dementia.

Goal Attainment

- **304** KIPDA clients were administered the screening tools.
- **46** clients scored positive for depression - score of 9 and above based on PHQ-9 results; moderate to severe depression. (This accounts for a 15% depression rate which is consistent with the Surgeon General's report on mental health prevalency rates.)
- **14** clients scored positive on the S-MAST-G – positive score is 2 and above.
- **2** clients scored positive on both the PHQ-9 and the S-MAST-G.

Goal Attainment

- Of the **62** clients who scored positive for depression and/or substance abuse only **8** were referred to the ARNP for a complete behavioral health assessment for a 13% referral rate.
- The low referral rate was a major issue:

Goal Attainment

- Some case managers have not developed a comfort level in discussing behavioral health issues with their clients and advocating for the client to pursue potentially ameliorating services.
- Some client's resistance to accepting referrals to appropriate services and resources for mental health and substance abuse issues.
- Some case manager's resistance to incorporating new protocols and skill sets into their usual practice of operation.

Lessons Learned

- Actual funding was not made available until the 4th month of the fiscal year and dollars had to be spent by the end of the FY which allowed for only eight months developing protocols, an Advisory Council and training both KIPDA Homecare Case Management and Focal Point staff. This truncated grant period did not allow for what would have been a significant increase in data and client services. The state funding authority should look at ways to ensure that such grants are able to be funded for an entire FY.

Lessons Learned

- Due to overwhelming demands on the SCS medical staff, in the future, recruitment of psychiatric assistance for similar projects will be open to external physicians as well as those internal to SCS.

Lessons Learned

- New projects/services that could substantially alter the way effected staff 'do business' has to be carefully introduced, frequently monitored for compliance and avenues created whereby staff can receive additional training, consultation, etc. This would reinforce and review skills learned as well as aid in increasing comfort levels.

The Second Year of BHIP

- The screening tools have become a component of the KIPDA Homecare Department.
- Funding was secured through MUW during the second year of the project to ensure continuation of the ARNP services.
- Collaboration between SCS, KIPDA and U of L advanced to include the university's School of Nursing.

The Second Year of BHIP

- KIPDA was assigned a Geriatric PPP student through Kent School of Social Work who worked to advance the use of the *Get Connected!* tool kit in other congregate settings as well as assisted case managers in accurate use of the screening tools. The PPP student I also followed-up with the 7 clients who received full BH assessments; re-administering the PHQ-9 for comparative analysis.
- 5 clients reported a decrease in depression secondary to being prescribed anti-depressant medication or changes in previously prescribed medications by their PCP.

The Second Year of BHIP

- SCS developed comprehensive training in *Strength Based Case Management* for KIPDA case managers. Though specific to case management, the training also focused on behavioral health and an overall focus on helping case managers develop skills they can comfortably implement.

The Second Year of BHIP

- The University of Louisville School of Nursing agreed to assign ARNP/GNP students to complete a rotation to learn how to do comprehensive behavioral health assessments. The SCS ARNP who did the BH assessments during the funding period served as the student's preceptor.
- **28** clients were referred from the seven county region.
- **21** screened positive on the PHQ-9.
- **3** screened positive on both the PHQ-9 and the S-MAST-G.
- **4** screened positive on the S-MAST –G.
- **5** clients reported diminished depression scoring lower on the PHQ-9 indicating situational depression at the time of the initial screening.
- Favorable contact was initiated with **17** PCP's resulting in consultation, medication changes and/or considerations.

Where We Are Now

- U of L graduate nursing students will continue to serve a rotation with BHIP, administering behavioral health assessments to clients under the supervision of the ARNP.
- KIPDA has agreed to provide funding to reimburse SCS for ARNP services.
- The regional Mental Health & Aging Coalition continues to submit requests for funding to potential funder's.
- It is anticipated that in the near future, the regional MH & Aging Coalition will develop and submit a plan to the SCS and KIPDA administration's to permanently imbed BHIP within their programmatic infrastructures with sustainable funding commitments.