ACCESS
Community Health Center

Mental and Behavioral Health Program

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Program Objective

- To advance the mental health/wellness of individuals with psychological service needs through the promotion of caring, compassion, and excellence in mental health care.

Program History

- Born from the ADEPT program at AHRC
- Needs Assessment – The U.S. population age 65 and older is growing. In 2000, this group comprised 12 percent of the total population and is projected to increase to 20 percent by 2050.
- ID/DD population also living longer; availability of services must catch up with growing demand

ADEPT Program

- The ADEPT program aimed to improve medical care for elderly people by providing an efficient and accurate diagnosis and effective treatment, without the need for multiple visits to specialists.

- Individual accompanied by caretaker receives an in-depth evaluation by a team of physicians and therapists, who then devise a treatment plan, make the appropriate recommendations, and follow up with the patient at regular intervals.

Clinical Services Provided

- Medical
- Nursing
- Psychology/Mental Health
- Neuropsychology
- Physical Therapy – Occupational Therapy
- Psychiatry
- Social Work
- Neurology

Assessment in Other Domains

- Vision
- Hearing
- Nutritional risk
- Urinary incontinence
- Health behaviors (tobacco, alcohol)
- Polypharmacy
- Social assessments (elder abuse)
- Economic assessment
- Health promotion/Disease prevention
- Values history (advanced directives, end of life care)
- Depression/Mental Health

Definition of Health

- Health is not the absence of disease but rather living with complete well-being.
- Biopsychosocial model of health; ADEPT program based on multidisciplinary model of treatment.
- ADEPT team collaboration incorporates this model by assessing every aspect of the individual.
- Living with a disability is not the opposite of good health.
- *Function* is primary determinate of quality of life

Trends Observed in ADEPT Cases

- Certain diseases which are associated with aging but are not part of normal aging (such as Dementia) are thought to be occurring more frequently than they actually are
- As life expectancy increases, new circumstances arise
- Grief can be felt toward these transitions (i.e. functional and sensory loss, health status decline related to illness, independence, autonomy, living situations, changes in familial or social role)

Trends Observed in ADEPT Cases

- “Total pain” – suffering that encompasses all of a person’s physical, psychological, social, spiritual, and practical struggles
- Can have mental or emotional manifestations (i.e. attention, concentration, psychomotor, mood, etc.)
- Aging can be its own stressor
- ALL stressors have a cumulative effect

Case Scenario

- A 51 year old man with Down syndrome recently began behaving differently. People were concerned it was dementia.
- Testing showed it was not dementia but he had significant symptoms of depression related to the loss of his parent, job retirement, etc.
- Incidence of dementia is actually only about 14%

A Move Toward FQHC Status

- 67,876 residents living in Wall Street area (US Census Bureau, 2000)
- Few health care resources available to local residents
- AHRC granted FQHC status in August 2008
- Mental and Behavioral Health Program a vital part of community health center services
- Projected start date for Mental and Behavioral Health services is August 2009

MABHP Scope

- In addition to extending mental and behavioral health services to our ID/DD population, we shall be available to the general public/members of our community.
- Services in the Mental and Behavioral Health Program shall be made available to all individuals regardless of race, creed, gender, sexual preference, economic status, or disability.
- Quality evidence-based therapeutic strategies shall be individualized to appropriately address the various mental health needs of the community.

A MABHP in Primary Care

- Mental and behavioral health services are seen as an integral component of the service delivery system at ACCESS Community Health Center.
- They will be available as a collaborative and/or and integrative model of behavioral health.
- They will play an important role in assisting ACCESS Community Health Center's medical providers and other professionals to formulate appropriate interventions and treatment plans for individuals, caretakers, and other persons who may be significant in the life of the individual.

Initiation of Services

- Referrals to mental and behavioral health services shall be made by the individual's medical provider as indicated after a comprehensive medical evaluation has been completed.
- Minors may be referred by parents/guardians.
- The provider shall describe the reason for the referral along with any pertinent findings that may be impacting upon the mental and behavioral health of the referred individual.

Collaboration and Cooperation

- Mental and behavioral health service providers shall collaborate with medical and other clinical staff at ACCESS Community Health Center, through case conferences (or “huddles”), and other educational/clinical activities as indicated, to ensure that relevant mental health information is incorporated in the comprehensive primary care program.

- Likewise, medical and other clinical staff at ACCESS Community Health Center shall collaborate with MABHP service providers to ensure that relevant medical or other clinical information can be considered in the development of mental and behavioral health treatment plans.

MABHP and Psychiatry

- Collaboration is crucial!
- MABHP service providers shall be familiar with psychiatric therapies being received by the individuals whom they are serving.
- A thorough understanding is needed of the psychopharmacological effects of any medications taken by an individual, including:
  - the interactive effects of polypharmacy
  - the side effects of individual medications (whether they are prescribed for psychiatric or general medical conditions).

MABHP and Other Service Providers

- MABHP service providers shall remain aware of outside treatments and services (and their interactive properties)
- Openmindedness is key!
- However - some other service providers may not be appropriate for the exchange of information. Caution should be exercised if and when communications occur between the many providers of an individual, noting the reasons for the communication and documenting all circumstances in which the individual or his or her legal guardian grants permission for communications to occur.

Structure of MABHP Services

- Initial Consultation - Comprehensive psychological evaluation, administered to all individuals who are seen at ACCESS Community Health Center for routine evaluation

- Routine Follow-Up Visits - For individuals receiving ongoing services at the MABHP.

  - Progress notes are to be recorded in the medical record on the same day of the encounter with the individual. Must be signed, timed, and dated by the psychologist with full name, title and degree.

  - Clinicians must use judgment when writing information in the progress note which refers to the content of the session.

  - Information which is clinically relevant but not appropriate for inclusion in a progress note must be maintained in a protected file for which the service provider assumes full responsibility.

Structure of MABHP Services

- Quarterly/Annual Updates – For individuals who are in a long-term therapeutic relationship with the MABHP.
  - Quarterly and annual treatment reviews (may be performed at a more frequent rate where it may be clinically advantageous to do so).
  - The purpose of these updates is to evaluate the extent of the individual's improvement over time and the need for continued treatment.
  - These may give insight as to the individual's long-term progress rather than focusing on session-to-session changes.

Structure of MABHP Services

- Termination of Treatment
  - The individual and the psychologist mutually agree that treatment outcomes have been satisfactory and that short and/or long-term goals have been met.
  - The individual may still be in need of service, but has missed too many consecutive appointments ("No Show Policy").
  - The individual is, will be, or has received in-patient psychiatric treatment or other equivalent treatment for six or more consecutive months.
  - The individual has moved from the local area or transferred care to another mental and behavioral health facility.
  - Terminations are not necessarily final; individuals who have been terminated may return for treatment (relocation to the local community, relapse in symptoms, discharge from inpatient treatment)

MABHP Service Provider Duties

- Maintain responsibility for his or her own mental health in the course of providing treatment. If any issues arise, vicarious or otherwise, a MABHP service provider is to report to his or her supervisor and/or the director immediately.

- Seek consultation and/or supervision as clinically indicated and appropriate.

- Incorporate a multidisciplinary approach into the scope of treatment practices. Service providers shall communicate effectively and collaborate with professionals from a variety of disciplines.

MABHP Service Provider Duties

- Gather the appropriate providers for multi-discipline case conferences (or “clinical huddles”) as appropriate.
- Coordinate with community resources to best fit the needs of the individual.
- Include the relationship with the individual among the treatment outcomes; listen and interpret an individual’s opinions of services and make earnest efforts to meet their requests when feasible.
- Communicate any and all aspects of treatment with the individual who presents for services; allow for open discussion and collaborative decision-making.

MABHP Service Provider Duties

- Administrative duties:
  - thorough review of all accompanying documentation (including previous evaluations) for every referred individual
  - communication with other providers when necessary to clarify information.
  - complete and thorough documentation of all services with an individual using appropriate agency forms
  - completion of referral tracking forms for neurological evaluations, social work services, nutritional assessments, physical/speech therapy services, etc.
  - participation in QI program

MABHP Services

- For children:

a) learning difficulties
b) attentional problems
c) enuresis/encopresis
d) school phobia
e) psychophysiological disorders
f) autism spectrum disorders
g) emotional problems reactive to life event(s)
h) conditions related to psychiatric difficulties, medical difficulties, developmental/intellectual disability, sleep disorders

MABHP Services

- For adolescents:

  a) school dropouts
  b) mood disturbance/affective disorders
  c) suicidal thoughts/ideation
  d) conduct disorders
  e) eating disorders
  f) relationship/familial issues
  g) emotional problems reactive to life event(s)
  h) conditions related to psychiatric difficulties, medical difficulties, developmental/intellectual disability, sleep disorders, addictive disorders

MABHP Services

- For adults:

  a) occupational problems
  b) mood disturbance/affective disorders
  c) suicidal thoughts/ideation
  d) financial problems
  e) relationship/familial issues
  f) emotional problems reactive to life event(s)
  g) conditions related to psychiatric difficulties, medical difficulties, developmental/intellectual disability, sleep disorders, addictive disorders

MABHP Services

- For adults/geriatric:

  a) occupational problems
  b) mood disturbance/affective disorders
  c) suicidal thoughts/ideation
  d) financial problems
  e) relationship/familial issues
  f) emotional problems reactive to life event(s)
  g) conditions related to psychiatric difficulties, medical difficulties, developmental/intellectual disability, sleep disorders, addictive disorders, end of life issues/ advanced care directives, delirium, dementia, amnesic/ cognitive disorders

Research and Education

- Returning to our ADEPT roots
- Research and education play an important role
- Special attention to trends observed in practice
- Outcome data to be collected for study (specific populations, treatment modalities, therapeutic challenges/barriers, newly developed approaches)
- Relevant findings for the professional psychological community to be presented at conferences

Thank you!!

Any questions??