

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Integrated Behavioral Health Services at Community Primary Care Clinics

PROVIDERS: Valley Health Team, Inc.

PROGRAM DESCRIPTION: The goal of this project is to provide behavioral health prevention and early intervention services in primary care settings and to integrate behavioral health and physical health care services at community primary care clinics. Behavioral health services will be provided at health centers to people who are feeling overwhelmed with everyday stressors and seek treatment for symptoms (anxiety, depression, sleep disorders, etc.) from their primary care physician. Co-location of primary care and behavioral health services fosters effective use of expertise in overlapping fields of knowledge and practice.

The specific services to be provided include screening, assessment, and short-term therapeutic treatment for individuals who are early in the manifestation of a mental health concern or disorder, as well as referrals to appropriate community resources and services as needed.

AGES SERVED:

- Children
- Adult

- TAY
- Older Adult

DATES OF OPERATION: 4/2/2012 – Current DATES OF DATA REPORTING PERIOD: July 2015 – June 30, 2016

OUTCOME GOALS:

1. Ensure individuals shall be seen for an initial appointment within a maximum of 10 working days of initial request for service.

OUTCOME DATA:

1. Of the 541 patients (2,894 behavioral health encounters) served from July 2015 thru June 2016, 100% were seen by a mental health team member at the primary care clinic within 7 to 10 working days of the initial request for mental health prevention and early intervention (PEI) services. VHT patient satisfaction surveys during this reporting period indicate that 90.78% of the patients surveyed believe they have received their initial appointment in a timely manner. In addition, 91.74% of patients surveyed reported overall satisfaction of behavioral health treatment.

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2. Appropriate and early identification of behavioral health issues in underserved cultural and linguistic populations who frequently use health centers.
2. 32,380 PHQ-2, PHQ-9, or PHQ-9 modified screenings were administered during the reporting period from July 2015 through June 2016 at every primary care appointment or behavioral health appointment. This number reflects multiple screenings for some patients. VHT implemented the PHQ-9 modified assessment tool for patients 11 to 17 years old for the reporting year of 2014, and have continued to apply the depression screening tool for adolescents. The total number of positive patient screenings from primary care and behavioral health was 6,115. A plan of treatment was determined either by a primary provider or behavioral health provider. 497 of patients that screened positive were referred to behavioral health for services. 44 patients out of the 541 patients referred for behavioral health services were categorized as pediatric patients (age ranging from 4 to 10 years old). These patients did not meet the age requirement for the depression screener and were referred to a behavioral health provider for further assessment to determine their level of care.

Initial baseline scores on PHQ-9 and PHQ-9 Modified screenings have been established for individuals with depression that have received behavioral health PEI services. The pre and post screening scores were then compared after patients had engaged in behavioral health PEI services for an extended period (beyond 6 months).

The number of patients that received behavioral health PEI services for an extended period (6 months and beyond) during the reporting period of July 2015 thru July 2016 was 166. 134 of those patients were given a pre-screening and a post- screening of the PHQ-2,

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/PHQ-9, or PHQ-9 Modified.

The count of screeners that were not conducted was 32 out of the 166 patients. 17 of these patients were pediatric patients (ages 4 to 10) and did not qualify to be screened due to age. 15 of the 166 patients have not received a post screener and are still undergoing treatment. A follow up for a post - depression screening is currently underway for these individuals.

After patients engaged with behavioral health PEI services for an extended period (six months or longer), 61.19 % experienced improvement in symptoms according to PHQ-2, PHQ-9, PHQ-9 Modified (assessment tools) results. 5.97% of patients were negative for any depressive symptoms. 17.91% of patients showed an increase of depressive symptoms on post-screening. 14.92% of patients had no change in depressive symptoms.

Based on the outcomes of the pre-and-post screening of the PHQ-2/PHQ-9, or PHQ-9 Modified (assessment tools), the results indicate that although patients improved in depressive symptoms, there were a small number of patients that showed an increase of depressive symptoms, after treatment begin. Despite, the 17.91 % of patient increase in depressive symptoms and the 14.92% of patient that remained the same in depressive symptoms, there may be reasons for these results.

After patients participated in treatment and began confronting issues that are not in the norm to discuss during treatment these patients may have experienced some distress that may have exacerbated symptoms.

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The increase of symptoms or no change in symptoms have been addressed in treatment and are currently being managed and monitored by behavioral health staff. Screenings have showed fluctuation in depressive symptoms during situational circumstances that the patient may be experiencing at that present time. The results may not be a true representation of the effects of treatment.

Currently, all medical patients (pregnant, postpartum, diabetic, hypertensive, hospital follow ups, etc.) are receiving a PHQ-2 screening. Patients ages 18 and up are being screened using the CAGE Substance Abuse Screening Tool once a month by primary care providers. Primary care providers and behavioral health providers are currently using the GAD screener, which screens for anxiety when deemed appropriate. Our goal over the next year is to add additional screeners that will help identify other mental health symptoms in patients.

3. Linkages to appropriate behavioral health prevention and early intervention activities offered at the CONTRACTOR(S)' health centers and throughout the underserved communities

3. A Staying Healthy Assessment tool is administered to all patients at their annual (medical) exam. 541 patients were referred to the primary care clinics' behavioral health program and seen for behavioral health PEI services.

PHQ-2 and PHQ-9 screenings are administered at every medical visit. According to the baseline score, 541 patients (2,894 behavioral health encounters) were referred for behavioral health services. Behavioral health services offered at VHT include individual therapy, family therapy, medication services as needed, case management services, children and youth therapy, and crisis intervention. On-site clinicians

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(Kerman, San Joaquin, Firebaugh, Clovis, and Kingsburg) include 3 psychologists, one licensed clinical social worker, and 3 case managers.

Linkages to appropriate mental health prevention and early intervention (PEI) activities offered at Valley Health Team include:

- Comprehensive Perinatal Services Program
- Family Planning
- Certified Application Assistor
- Health Educator
- Behavioral health services

4. Linkages to appropriate long term behavioral health services outside the scope of behavioral health prevention and early intervention.

4. 173 individuals in need of assistance beyond the scope of behavioral health (PEI) services have been linked with county behavioral health providers or other community-based behavioral health providers/services. Linkages include:

- House of Psychiatric Clinic, Inc
- Exodus Recovery
- Fresno County Mental Health
- Sievert Dwight, MD
- Sullivan Center For Children
- Comprehensive Youth Services
- Community Psychiatry
- Turning Point, Kerman
- Turning point, Selma
- Turning point, Pinedale
- Proteus, Kerman
- Central Valley Regional Center
- Marjaree Mason Center

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- Catholic Charities, Food Services
- Housing Authorities
- Central Valley Recovery
- UCSF

DEPARTMENT RECOMMENDATION(S):