Overview of the Community Behavioral Health Program (CBHP) at Harris Health System

Asim A. Shah MD Bobby R. Nix MD







PAST

- * Ben Taub Hospital "Taub Notch Care"
- * All psychiatric treatment at BT clinic
- * Waiting period: at least 4 6 months
- * 2004: ¼ of all HHS encounters had a psychiatric diagnosis

Harris County Map



Behavior Health Integration

- * Cost effective care for more patients
- * Early interventions
- Community crisis interventions
- * Reduces psychiatric admissions
- Well liked by patients and staff

Community Behavioral Health Program(CBHP): 20 Centers

- * Acres Home
- * Aldine
- * Baytown
- Settegast
- Squatty
- Casa De Amigos
- * El Franco Lee
- * Gulfgate
- * MLK
- * Vallbona
- * Northwest
- * Strawberry
- * Smith Clinic
- * Quentin Mease
- * Thomas Street for HIV
- * School Based Program at Southside
- * Homeless Program (13 shelters)
- * Pediatric and Adolescents Health Centers (Pasadena, Cypress, Bear Creek)

In addition BT and LBJ OC has psych clinics

CBHP team

- * Adult/child/geriatric/addiction psychiatrists
- * Behavioral health specialists
- * Residents and trainees
- * Case management

Rationale of CBHP

- * Provide psychiatric care near you
- * Provide one stop shop, all care at one center, where you have primary care, pharmacy, lab, x-ray, dental OB, and pediatric services
- * Avoid long drives in a big city like Houston
- * Avoid parking hassle and parking fee
- * Less stigma of going to a psych clinic

Staffing Overview

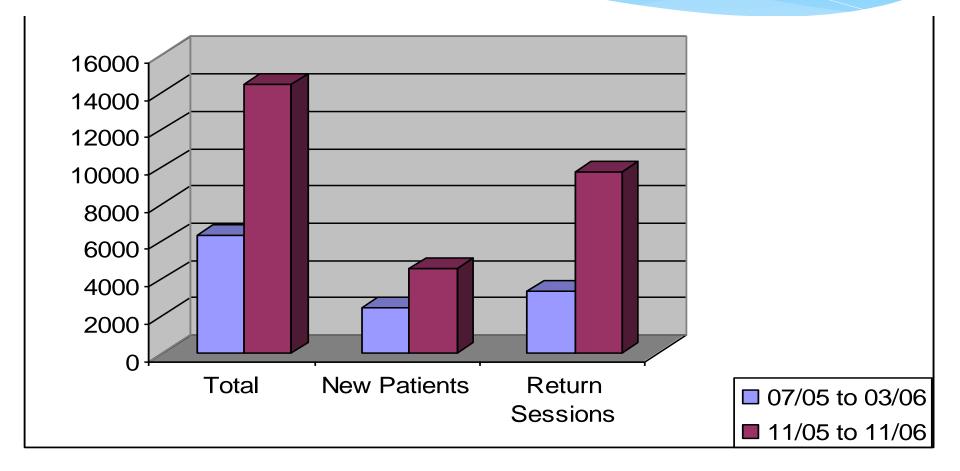
- * Program started with one psychiatrist and two therapists in 2005 through a grant
- * HHS funding provided some expansion periodically
- * Major Expansion was in 2013, when DSRIP added 25 FTE's, Although 8 were cut in 2014

Goals of CBHP

- * Psych Evaluation/Med-Management, Ongoing Therapy
- * Provider Education and Training
- * Easy and Timely Access
- Decrease wait times for Access

Early CBHP Volumes 2005-2006

(5 and 12 month summary)



2013-2014 Visits

Adult	2013	2014
BCM	24,000	46,000
UT	13,000	19,000
Total	37,000	55,000
<u>Pediatric</u>		
BCM	7,000	13,000
UT	1,000	2,000
Total	8,000	15,000

2015 Volumes

Mental Health Volumes Dec 2015 - Microsoft Excel

A	В	С	D	E	F	G	н	1	3	K	L	M	N
Departments	Apr-15	May-15	Sep-15	Nov-15	Jen-15	Jun-15	Dec-15	Jul-15	Aug-15	Feb-15	Mar-15	Oct-15	Total
	192	184	119	99	176	124	137	120	133	204	221	131	1,840
± AC PSYCHIATRY	336	326	354	337	335	422	340	347	382	336	346	398	4,259
- ALDER	336	349	337	337	333	744	340	277	562	330	9(4)10	320	47,492
# AL BEHAVIORAL HEALTH/COUNSELING	184	166	120	86	201	144	81	106	109	210	183	113	1,703
# AL PSYCHIATRY	264	162	216	188	207	273	251	271	236	221	236	264	2,789
E BATTOWN	100	-110	101.01	200	9.177	-100	227	1918	0077790	5110	957.61	9777	20752
	78	95	72	68	82	71	61	91	79	78	80	75	930
± BY PSYCHIATRY	52	171	181	167	165	179	192	37	177	153	186	172	1,832
BEAR CREEK PEDIATRIC AND ADDLESCENT HEALTH CENTER	173	1721	183	100	152	157	3074	105	146	145	1449	10000	1.741
⊞ BC PSYCHIATRY	173	123	183	132	152	137	124	155	146	145	149	122	1,741
C CASA DE AMIGOS	448	370	462	430	427	356	416	450	459	457	494	495	5,276
⊕ CA BEHAVIORAL HEALTH/COUNSELING	272	204	273	259	297	188	287	240	308	321	349	305	3,303
± CA PSYCHIATRY	176	166	189	171	130	170	129	210	151	146	145	190	1,973
CYPRESS HEALTH CENTER	245	50.36	247	988	215	224	154	240	2228	1211	2272	261	2.760
	114	131	118	122	96	132	80	128	112	130	101	130	1,394
	131	105	129	111	119	82	104	112	112	109	121	131	1,366
□ EL FRANCO LEE HEALTH CENTER	900	693	529	441	790	658	159	651	51110	774	715	546	7,647
	349	302	261	176	312	339	141	309	216	316	329	262	3,312
⊞ LE PSYCHIATRY	551	391	268	265	478	319	258	382	295	458	386	284	4,335
□ GULFGATE	498	358	324	336		396	400	346		367		410	4.519
⊕ GG BEHAVIORAL HEALTH/COUNSELING	237	209	168	185	107	224	201	192	218	125	100	170	2,136
# GG PSYCHIATRY	261	149	156	151	226	172	199	154	196	242	237	240	2,383
■ MLK											1425		4,767
■ MLK BEHAVIORAL HEALTH/COUNSELING	243	181	213	189	219	227	208	218	206	229	223	250	2,606
MLX PSYCHIATRY	181	169	191	153	190	111	140	230	183	195	205	213	2,161
□ NORTHWEST													3,383
■ NW BEHAVIORAL HEALTH/COUNSELING	166	135	158	129	146	133	151	148	152	144	173	160	1,795
	143	116	163	114	132	84	135	159	119	133	140	150	1,588
C DUTPATIENT CENTER	140												1,177
⊕ OC BEHAVIORAL HEALTH/COUNSELING	90	73	8	0	85	98	0	119	88	106	88	0	755
⊕ OC PSYCHIATRY CLINIC	50	55	71	0	0	64	16	74	85	0	7	0	422
☐ PASADENA PEDIATRIC AND ADDLESCENT HEALTH CENTER	380	360	329	309	330	292	314	233	326	455	387	392	4,107
	153	153	113	122	130	120	109	129	128	206	154	158	1,675
⊕ PA PSYCHIATRY	227	207	216	187	200	172	205	104	198	249	233	234	2,432
□ QUENTIN MEASE HOSPITAL	294	266	141	126	270	206	129	120	254	257	:279	164	2,382
	38	56	52	43	51	55	36	27	43	45	54	62	562
	105	84	0	0	106	93	0	0	0	94	95	0	577
□ QM PSYCHIATRY-MED CLINIC	151	126	89	79	113	58	93	93	91	118	130	102	1,243
PARTIESAN	E17	233	354	317	308	316	265	335	357	347	319	355	3,904
⊕ SG BEHAVIORAL HEALTH/COUNSELING	136	111	117	114	112	114	81	104	119	126	87	114	1,335
⊕ SG PSYCHIATRY	261	122	237	203	196	202	184	232	238	221	232	241	2,569
= SMITH CLINIC	2174	106	-2/	61	211.5	69	151	4.55	11.55	2148	91123	66	1,176
± SC PSYCHIATRY CLINIC	77	60	57	61	38	69	51	68	55	63	95	66	760
	97	46	0	0	90	0	0	0	0	85	98	0	416
= SOUTHSIDE SEC	202	200	257/	206	198	203	2017	200	BELLIN	224	245	345	2,775
	148	107	144	100	87	124	99	127	118	114	121	118	1,407
⊕ SS SBC PSYCHIATRY □ SOLIATIVATIVITY	134	93	153	106	111	79	118	99	116	110	125	127	1,371
	Tarlord and	The State of	3100	1911	235	- Andrew	200		3145	100	-	- Charleston	3,962
# SQ BEHAVIORAL HEALTH/COUNSELING	128	102	125	87	82	107	99	141	106	104	127	124	1,332
± SQ PSYCHIATRY	223	219	235	196	213	235	241	191	239	226	217	195	2,630
Mark All Mark Control of the Control	116	89	123	62	212	117	105	132	131	225	202	126	1,640
													The state of the s
± ST PSYCHIATRY	271	154	206	218	220	217	205	292	238	262	211	236	2,730
Birth March Control of the Control o	380	280	355	311	278	269	200	384	327	338	341	384	3,956
VL BEHAVIORAL HEALTH/COUNSELING VL PSYCHIATRY	380 294				278		309	274		250		294	
Total	7,182	170 5,792	6,060	5,220	6,339	190 5,914	5,372	6,199	6,143	6,837	6,850	6,341	74,249
NOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	7,182	5,732	6,060	5,220	6,339	3,314	5,372	6,133	0,143	6,037	6,050	6,341	74,243

Mental Health Volumes have surged at HHS Clinics

- * HHS was the no.1 Provider of Outpatient Mental Health Services for Adults in Harris County with 34,917 unduplicated counts seen in 2014, as oppose to 16,359 seen by MHMRA.
- * HHS was the no.1 Provider of Outpatient Mental Health Services for Children in Harris County with 8,221, unduplicated counts of seen in 2014, as oppose to 3,947 seen by MHMRA.
- * 1. Data was received from Meadows Foundation Report 2015 and is for 2014 (calendar year). The number served 34,917 represents an unduplicated count of adults with diagnoses of Mood Disorders, Schizophrenia and Other Psychotic Disorders, and Suicide Intentional Self-Inflicted Injury, who received outpatient services. Some of those served may not meet the definition of SMI. The count for the same grouping of adults was 19,672 in 2012 and 26,012 in 2013, indicating a 77% increase in only two years, which stakeholders report is due to capacity building through the 1115 Waiver
- * 2. Data on people served in ongoing care (by Texas Recovery and Resiliency Level of Care TRR LOC) received from DSHS on February 24, 2015. (Total serving at MHMRA in an ongoing care per Meadows Foundation Report)
- * 3. The number served 8,221 represents an unduplicated count of children with diagnoses of ADHD, Conduct Disorder, Disruptive Behavior Disorders, Impulse Control Disorders, Schizophrenia and Other Psychotic Disorders, and Suicide Intentional Self-Inflicted Injury, who received outpatient services. Some of those served may not meet the definition of SED. The count for the same grouping of children was 2,416 in 2012 and 4,409 in 2013, indicating a 240% increase in only two years.

Challenges

- * Safety, security at times has been an issue if patient is psychotic/agitated
- * Initial goal of the program was to send stable patients back to PCP- That has not happened
- * PCP's have not felt comfortable in treating anxiety, depression and simple mental disorders, despite staff training
- * Emergency Commitment of patient and subsequent safe transfer is not easily streamlined
- * No show rates 30-45 %
- * No built in time for emergencies, complicated patients

Positive Impact on Community

- Appointment wait times have decreased
- Overall, all patients and PCPs love the presence of psychiatrist/therapist in their centers
- * Psychiatrists and Therapist like the integration with PCP, and the fact that patients get quick medical attention
- * Providers are mostly assigned a clinic close to their residence, to minimize travel time, and increase their satisfaction

DSRIP Outcome Measures

- * PHQ 9 was chosen as an quality outcome measure
- * Scores have decreased in these patients by 4-8 points
- * We are way ahead in our Volume metrics for adult DSRIP
- Compliance has increased due to easy availability of appointments
- Length of inpatient stay has decreased due to easy availability of appointments
- * Cost of an inpatient stay of 5-7 days is 7000-12000, and we have been able to decrease our readmission rate to <6% due to these outpatient appointment

Awards Earned by CBHP

- * 2006 HCHD School Based Program
- * 2007 Gold Award, American Psychiatric Association
- * 2007 HCHD
- * 2008 National Association of Public Hospital Systems
- 2009 Texas Hospital Association

Where do we go from here?

- Expansion of services to more areas
- * Current areas need more providers
- * Better training of PCP's to treat basic mental illnesses
- * Increase comfort level of PCP's for re-accepting stable psychiatric patients in their practice
- * Suggestion for an on-call psychiatrist E-Consult
- * WHAT HAPPENS AFTER DECEMBER 2017???

Challenges

* Problem: Poor PHQ-9 Completion Rate

	November 2015	December 2015	January 2016	February 2016	March 2016
Baylor	95%	95%	97%	97%	96%
UT	77%	83%	89%	98%	98%

* Resolution

- Census of practitioners reported PHQ-9 completion
- Evaluated EMR criteria for recording completion of PHQ-9
- * Educated practitioners on appropriate entry of results

Problem

 Emergency Commitment of patient and subsequent safe transfer is not easily streamlined

Possible Resolution

- * Individual Practitioners have reached out to local law enforcement
- Education of practitioners and subsequent education of local law enforcement

Problem

* No show rates 30-45 %

Possible Resolution

Practitioners have begun calling patients the day before appointments

Problems

- Recruitment and Retention
 - UT has high number of research track residents
 - * Long commutes to clinics
 - High demand for psychiatrists in Houston

Possible Resolutions

- * H1 and J1 Visas
- * Loan Reimbursement
- * Incentive Restructuring
- Flexibility in Schedules
- Some Specialization