Roadmap

• The Problem
• National Health Policy
• Keys for Good Partnerships
• NC/NARBHA Collaboration
• Getting into the Weeds
• Acknowledgements
The Problem

National Health Policy

• 1999 *Olmstead* decision
• 2008 Mental Health Parity and Addiction Equity Act
• 2010 The Affordable Care Act
The Weeds

North Country Mission

To provide accessible, affordable, comprehensive, quality primary healthcare in an atmosphere of respect, dignity and cultural sensitivity.

The health and well-being of patients and community alike are promoted through direct services, training / education, outreach and advocacy.
Federally Qualified Health Center (FQHC)

• Private, non-profit
• Human Resources Services Administration (HRSA) 330 grantee
• Malpractice insurance through the Federal Tort Claims Act (FTCA)
• Annual Uniform Data System (UDS) reporting
  – Demographics, financial, visits, clinical quality indicators
• Governed by a Community Board with 50% patients
• Sliding fee scale; no one turned away

5 Federally Qualified Health Center Requirements

• Located in High-Need Areas
• Able to provide Comprehensive Health and Enabling Services
• Open to ALL Residents
• Governed by Community Boards
• Have Rigorous Performance and Accountability Requirements
North Country HealthCare

Service Area Sites

- 15 Clinics
  - Flagstaff
  - Ash Fork
  - Seligman
  - Grand Canyon
  - Winslow
  - Holbrook
  - St. Johns
  - Round Valley
  - Kingman
  - Lake Havasu City
  - Payson
  - Show Low
  - Bullhead City
  - Williams
- Telemedicine
- 4 Integration Clinics
- School-Based Health at Ponderosa High
- Mobile Health Van

North Country HealthCare

- FY14-15 Operating Budget-$45M.
- Almost 500 Employees
- Medical Home-55,000 Arizonans

Patient Visits
- FY 08-09 - 116,000
- FY 09-10 - 133,000
- FY 10-11 - 150,000
- FY 11-12 - 150,000
- FY 12-13 - 154,000
- FY 13-14 - 148,000
$45M Budgeted Revenue – FY14-15

Current Payer Mix
Impact After of Medicaid Expansion

1% increase in Medicaid = $750,000
Impact After of Medicaid Expansion

1% increase in Medicaid = $750,000

7% increase in Medicaid = $5,250,000
North Country HealthCare
Provider Team

- 75 Medical Providers
  - 40 Physicians (including 3 teaching/training physicians)
  - 35 Mid-level Providers
- 5 Dentists/3 Dental Hygienists
- 5 Behavioral Health Counselors
- 1 Psychiatric Nurse Practitioner
- 5 Pharmacists
- 5 Physical therapists (Williams, Grand Canyon)

Behavioral Health

NARBHA-funded community mental health agencies (RAs)

- In all four northern AZ counties
- Services for the Seriously Mentally Ill (SMI)
NARBHA Partnership

• Formal since 2004
• HRSA grant to house a BH specialist in a primary care clinic
• NARBHA Community Investment Grants to create primary care clinics within BH centers
• Collaboration to implement SBIRT in 3 North Country Clinics
• North Country a site for DBH students

Behavioral Health

NC internal programs

• Psychiatry: ½ day/week with Dr. Teresa Bertsch
• Psychiatric NP: Mike Edwards
• Counseling: Teri Dunn
• Care transitions coordinator
• SBIRT – Substance abuse Brief Intervention and Referral to Treatment
• CDSMP – Chronic Disease Self-Management Program
Paying for Behavioral Health

- Psych NP
  - Depression, Anxiety, ADHD for Medicaid
  - Commercial covers all
- SBIRT staff
  - Covered by grant
- DBH students
  - Difficult to bill
- Psychiatrist
  - Able to bill for direct services
Clinical Integration Model

Increasing Physical Health Risk and Complexity

Increasing Behavioral Health Risk and Complexity

1. SBIRT Co-location in primary care DBH students

2. 4

3. 1

4. 3
Increasing Behavioral Health Risk and Complexity

Increasing Physical Health Risk and Complexity

Clinical Integration Model

1. All care at PCP site, PCP-based behavioral health consultant/case manager, consultation as needed

2. All care at PCP site, co-location in BH setting

3. BH case manager at PCP site

4. All care at PCP site
Clinical Integration Model

1. All care at BH site
   - PCP at BH site

2. BH site = PCP site

Increasing Behavioral Health Risk and Complexity

Keys to Effective Partnership

- Shared interest
- Complementary strengths
- Mutual dependency
- Clear commitment
- Open, honest, frequent communication
Clinical Integration Model

Increasing Physical Health Risk and Complexity

Increasing Behavioral Health Risk and Complexity

1. The Guidance Center Model
   - Primary Care clinic within a BH facility
   - Facilities $ through NARBHA Community Investment Grant
   - HRSA Planning Grant
   - SBIRT
   - Investment in psychiatric NP staff

2. Mohave Mental Health Model
   - MMHC provides CM
   - Facilities $ through NARBHA Community Investment Grant

3. Clinical Integration Model

4. Clinical Integration Model
Quadrant 1 – Low MH/BH, low PH

- PCP Environment
- Need good screening tools
- Warm hand-offs
- Integrated Electronic Health Record
- Appropriate tools and guidelines
- Challenge: Limited ability to bill Medicaid for BH services (only depression, anxiety, and ADHD)

The Tools

- Depression screening
  - During intake
  - For patients with chronic disease
- Anxiety screening
  - During intake
- Substance Use
  - During intake
Depression Screening – PHQ-2

Depression Screening Tool - PHQ-9
Completed PHQ-9

Suicide Addendum
Warm Hand-Off

Anxiety Screening – GAD-2
Anxiety Screening – GAD-7

Warm Hand-Off
Provider Pushback

• It takes too long
• Patients don’t answer honestly
• I don’t have the time to address it
• I don’t have the expertise to address it
• I don’t really want to know

Take a Detour
## Substance Use in Northern Arizona

<table>
<thead>
<tr>
<th>Counties</th>
<th>Alcohol as First DX</th>
<th>Alcohol Induced Deaths per 100k</th>
<th>Drug Dep/Abuse as First DX</th>
<th>Drug Induced Deaths per 100k</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ED per 10k</td>
<td>Inpt per 10k</td>
<td>ED per 10k</td>
<td>Inpt per 10k</td>
</tr>
<tr>
<td>Arizona</td>
<td>23.8</td>
<td>7.3</td>
<td>12</td>
<td>24.6</td>
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<tr>
<td>Apache</td>
<td>35.0</td>
<td>11.3</td>
<td>36.3</td>
<td>8.6</td>
</tr>
<tr>
<td>Coconino</td>
<td>75.3</td>
<td>8.1</td>
<td>26.6</td>
<td>21.2</td>
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<tr>
<td>Mohave</td>
<td>31.1</td>
<td>9.6</td>
<td>16.7</td>
<td>34.0</td>
</tr>
<tr>
<td>Yavapai</td>
<td>31.0</td>
<td>7.5</td>
<td>13.8</td>
<td>27.1</td>
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<tr>
<td>Navajo</td>
<td>57.4</td>
<td>9.1</td>
<td>35.6</td>
<td>20.7</td>
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<tr>
<td>Maricopa</td>
<td>17.7</td>
<td>6.9</td>
<td>10.6</td>
<td>22.9</td>
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## SBIRT at a Glance

### Step 1
- Screen Patients
- Quickly assesses the severity of substance use and identifies appropriate next steps.

### Step 2
- Conduct Brief Intervention or Brief Therapy
- Use Motivational Interviewing to increase awareness of substance use and encourage changes in behavior.

### Step 3
- Refer to Treatment
- Referral to tx offers access to specialty care for individuals who are in need of treatment for substance abuse.
Predicted Outcomes for Screened Patients

- Dependent Use: 4%
- Harmful or Risky Use: Brief Intervention and Referral to Treatment - 4% 
  - Brief Intervention: 25%
- Low Risk or Abstention: 71%

North Country Workflow

- Provider refers for BI
- MA asks pre-screen questions.
- MA asks DAST or AUDIT as indicated
SBIRT

SBIRT
### SBIRT: Flagstaff Clinic, 6/14

<table>
<thead>
<tr>
<th>Numbers reported based on scoring</th>
<th>Total # of Clients 6/14</th>
<th>Total # of Clients Year 2</th>
<th>Projected Total # of Clients Year 2 (7/13 – 6/14)</th>
<th>% of Projected Total Served Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intakes</td>
<td>902</td>
<td>9736</td>
<td>5547</td>
<td>175.5%</td>
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<tr>
<td>Positive PreScreens</td>
<td>168</td>
<td>1681</td>
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<tr>
<td>Positive Full Screens</td>
<td>74</td>
<td>684</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>49</td>
<td>437</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Treatment</td>
<td>13</td>
<td>114</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td>12</td>
<td>103</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Month Follow-ups</td>
<td>1</td>
<td>11</td>
<td>65</td>
<td>16.8%</td>
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### SBIRT: Show Low Clinic, 6/14

<table>
<thead>
<tr>
<th>Numbers reported based on scoring</th>
<th>Total # of Clients 6/14</th>
<th>Total # of Clients Year 2</th>
<th>Projected Total # of Clients Year 2 (7/13 – 6/14)</th>
<th>% of Projected Total Served Year 2</th>
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</thead>
<tbody>
<tr>
<td>Intakes</td>
<td>65</td>
<td>414</td>
<td>475</td>
<td>87.2%</td>
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<tr>
<td>Positive PreScreens</td>
<td>5</td>
<td>59</td>
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<tr>
<td>Positive Full Screens</td>
<td>2</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>2</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Treatment</td>
<td>0</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to Treatment</td>
<td>0</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Month Follow-ups</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
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### SBIRT: Holbrook Clinic, 6/14

<table>
<thead>
<tr>
<th>Numbers reported based on scoring</th>
<th>Total # of Clients 6/14</th>
<th>Total # of Clients Year 2</th>
<th>Projected Total # of Clients Year 2 (7/13 – 6/14)</th>
<th>% of Projected Total Served Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intakes</td>
<td>159</td>
<td>688</td>
<td>288</td>
<td>238.9%</td>
</tr>
<tr>
<td>Positive PreScreens</td>
<td>20</td>
<td>82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Full Screens</td>
<td>4</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>2</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Treatment</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>Referral to Treatment</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>6-Month Follow-ups</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0%</td>
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</table>
SBIRT

Clinical Integration Model

- Integration Clinics
- Reverse Integration Clinics

Increasing Behavioral Health Risk and Complexity

Increasing Physical Health Risk and Complexity
Quadrant 2 – High MH/BH, low PH

- All care at the Behavioral Health site
- North Country provides PCP and support staff to BH site
- NARBHA grant to cover facilities expenses
- North Country arranges licensure through Arizona DHS

Patients seen in Integration Clinics

<table>
<thead>
<tr>
<th>Location</th>
<th>Responsible Agency</th>
<th>Patients seen during FY14</th>
<th>Visits during FY14</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Johns</td>
<td>Little Colorado Behavioral Health</td>
<td>38</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Show Low</td>
<td>Community Counseling Center</td>
<td>-</td>
<td>-</td>
<td>Not tracked, this has been remedied</td>
</tr>
<tr>
<td>Flagstaff</td>
<td>The Guidance Center</td>
<td>330</td>
<td>833</td>
<td>Open since 2009</td>
</tr>
<tr>
<td>Kingman</td>
<td>Mohave Mental Health</td>
<td>21</td>
<td>43</td>
<td>Open in Spring 2014</td>
</tr>
</tbody>
</table>
Quadrant 3 – Low MH/BH, high PH

- Behavioral Health Specialist in Primary Care setting
- Present in North Country clinic in:
  - St. Johns
  - Lake Havasu
  - Kingman
Quadrant 2 – High MH/BH, low PH

- BH site = PCP site
- PCP and Psychiatrist at same site
- Shared electronic health record
- BUT, no model of care for high-need behavioral health issues
The Weeds

Many Thanks

• Dr. Teresa Bertsch
• Amanda Guay
• Star Kelly
• Mike Edwards
• Kallie Wolfinger
• Renee Nelson
• Steve King