

Exploring Behavioral Health Integration Models throughout Region VIII  
Live CHAMPS Webcast, 2/11/2016  
Webcast Follow-up:  
Responses to Questions Posed During the Live Event

**Jonathan Muther PhD**  
**Director of Behavioral Health and Psychology Training**  
**Salud Family Health Centers**

***Jonathan, how do you know/study if you are reducing ER utilization?***

We compare data from our EHR, including our patient's with targeted interventions, to the data from the Statewide Data Analytics System (SDAC) which provides numbers of ER visits and what they identify as Potentially Preventable Visits (PPV's).

***What Behavioral Health providers do you employ? How does that affect billing?***

We employ Licensed Psychologists, LCSW's, LSW's, LPC's and LMFT's. We cannot bill directly for those who are unlicensed. Rather, we need to have a licensed clinician sign off/submit those encounters. So, those encounters are "billable" but only if submitted by the licensed supervisors.

***Where in the workflow have you found it most useful to perform your BH screenings?***

Ideally, this is conducted by the Behavioral Health Provider (BHP) *prior* to the patient being seen by the PCP. This allows the BHP to give the psycho-social history to the PCP, discuss possible meds and treatment options, safety concerns, etc. before the PCP visit with the patient, hopefully saving valuable PCP time.

***Would utilizing a Psychiatric Mental Health Nurse Practitioner be more cost effective for clinics to do some of the task the Board Certified Psychiatric Pharmacist does?***

Possibly yes, you could look at salary comparisons. You would need to consider the value added by the Psych NP also working as a PCP and/or that of the Pharmacist for what they do for managing the rest of the population, e.g., med reconciliation, managing DM and other physical health outcomes.

***Can you provide references not included in your bibliography?***

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**Sandi Larsen M.Ed, LCPC, LAC**  
**Behavioral Health Program Manager**  
**RiverStone Health**

***Are there billable expectations for Behavioral Health providers and how does this work for your agency?***

Our goal is to have four encounters per 4 hour clinic session.

***Do you still do 60 min Clinical Intakes by LCSW?***

Yes, for patients needing diagnostic clarification for mental health disorder beyond basic anxiety and depression, we can allow for a 50 minute session.

***Have you been able to fill the gaps in Psychiatric care through the use of a psychiatric pharmacist?***

Having integrated Behavioral Health and psychiatric pharmacy allows us to better manage more of our patients in the primary care setting and reduces the burden on psychiatrists by decreasing unnecessary referrals. Some patients with serious mental illnesses must still be referred out to psychiatry.

***Where in the workflow have you found it most useful to perform your BH screenings?***

Typically the nurses administer the screenings (PHQ-9, GAD 7, and MDQ) during the rooming process.

***Would utilizing a Psychiatric Mental Health Nurse Practitioner (NP) be more cost effective for clinics to do some of the task the Board Certified Psychiatric Pharmacist (BCPP) does?***

NPs and BCPPs have different skills sets. BCPPs focus on appropriate medication use including the treatment of co-occurring mental and physical conditions, managing drug interactions, therapeutic drug monitoring etc. In FQHCs hiring a psych NP may require an expanded scope of practice. But both add value to the team approach to care for people with mental illnesses for a similar investment.

**Angela Green PsyD**  
**Director of Behavioral Health**  
**Metro Community Provider Network**

***Do you use the Problem Solving Treatment (PST) model from AIMS?***

No. Most practices use brief models but it may vary as to what those models are. For example, I practice from a brief, solution focused model as well as using Cognitive Behavioral Therapy (CBT).

***How do we find funding to pay for integrative care?***

Look for funding through national, regional, and local grant institutions; HRSA; SAMHSA; collaborating with behavioral health partners/agencies; see what initiatives public health is working on; and look at other partnerships you may already have that have similar visions about integrative care.

***Can you provide references not included in your bibliography?***

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