



Integrating Behavioral Health into Primary Care: A Paraprofessional Model

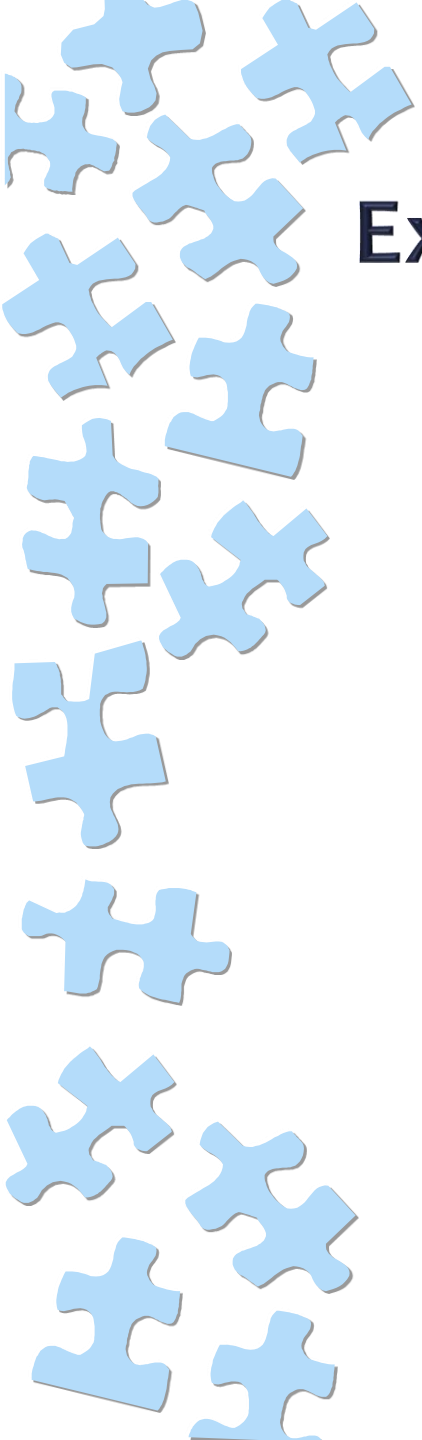
Christine Dorantes, PSYD, Psychologist

Corina Blackwater, BSN, Behavioral Health Coach

July 27, 2018



Experiential Exercise





Objectives

- › Define integrated behavioral health care and its purpose within primary care
- › Summarize roles and responsibilities of a paraprofessional provider in an integrated behavioral health team
- › Discuss how our IBH coaches are trained to fulfill these roles
- › Summarize the challenges and benefits of the inclusion of paraprofessionals in an outpatient primary care setting and how you might apply this information to the primary care setting in which you work

Chinle Service Unit

- › Chinle Service Unit is a federally run Indian Health Service site with a 60 bed hospital and 3 ambulatory health care centers.
- › Population: Almost 37,000 Native Americans in 17 chapters (communities) in the central part of the Navajo Nation.
- › 180,000 outpatient visits annually.



Canyon de Chelly, Chinle, AZ

What is Integrated Behavioral Health Care?

- › Mental health in primary care, working together as a team to treat the patient as a whole.





Why Integrated Behavioral Health Care?

- › Approximately half of all mental health care services are provided by primary care providers (Narrow et al, 1993)
- › Primary care providers prescribe 70% of all psychotropic medication and 80% of all antidepressants (Beardsley et al, 1998)



Why Integrated Behavioral Health Care?

- › When advised by a PCP to seek behavioral health services, only about 10% will follow through (Collins et al, 2010)
- › Stigma continues to surround behavioral health care and causes patients to refuse psychiatric care (Corrigan, 2004)

Integrated Behavioral Health

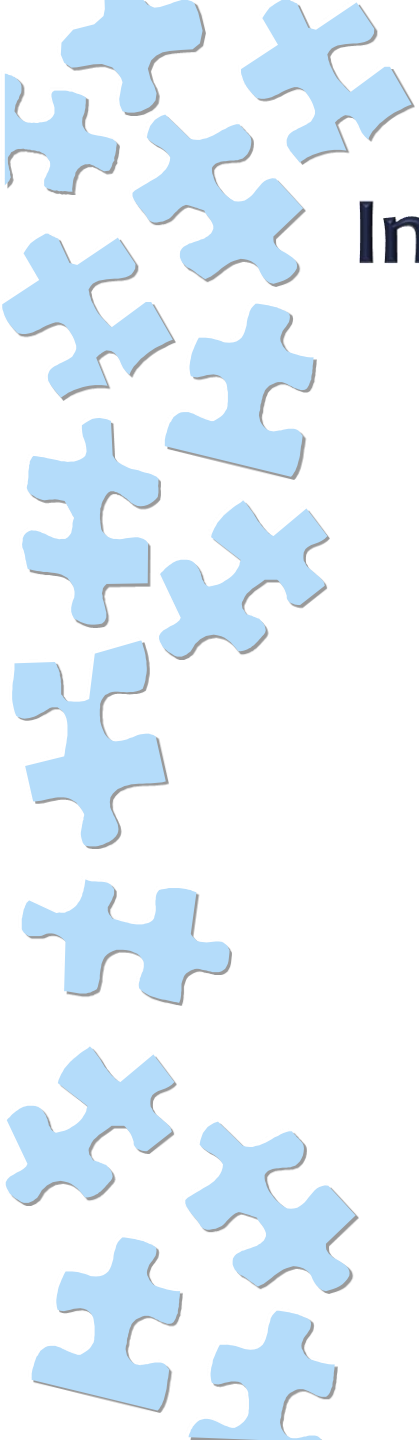
**Mental Health
System**



**Physical Health
System**



Simply put, collaborative care
is rediscovering
the neck.





IBH Team Members and History of Program

- Nurit Harari, MD-Chief of Primary Care and oversees program
- Christine Dorantes, PsyD, Clinical Psychologist
- Kevin O’Leary, PsyD, Clinical Psychologist
- Kelly Chipemba, MSW, LISW-S-Clinical Social Worker (*works part-time with the Sexual Assault Response Team*)
- Corina Blackwater-IBH Coach
- Andrethia Bia-James, IBH Coach
- Rebecca White, Psychiatry Fellow (*July-Dec 2018*)
- Mary Fabri, PhD-Clinical Psychologist Consultant

What IBH does in a nutshell

- › Behavioral health assessment/treatment at the same time as PCP visit– “warm handoff”
- › Health behavior change for medical diagnoses (substance abuse, obesity, diabetes, insomnia, etc.)
- › Short-term treatment and referral as needed (20-30 min sessions interruptible)
- › Risk assessment, prevention, and management of suicidal ideation





Why Coaches are an integral part of our team?

- › Modeled on our diabetes health coaches
- › Our coaches come with varied and relevant backgrounds but without specialized mental health training
- › Provide culturally sensitive communication to our patients
- › Consult with providers about how cultural components can impact medical and behavioral health care

Behavioral Health Coaches: Primary Roles-- Screening

- › Provide in-depth screening (PHQ9, AUDIT, DAST-10, GAD-7, CSSRS)





Behavioral Health Coaches: Brief Interventions-Addiction

- › SBIRT (**S**creening, **B**rief Intervention, and **R**eferral to **T**reatment)
- › Motivational Interviewing





Behavioral Health Coaches: Brief Interventions-Anxiety

- › Mindfulness techniques/Stress Management



Behavioral Health Coaches: Brief Interventions-Depression

- › Behavioral Activation
- › Problem Solving Therapy
- › Goal setting
- › Family Support



Behavioral Health Coaches: Brief Interventions-Trauma

- › Trauma informed arts projects
 - Altered book





Behavioral Health Coaches: Care Coordination

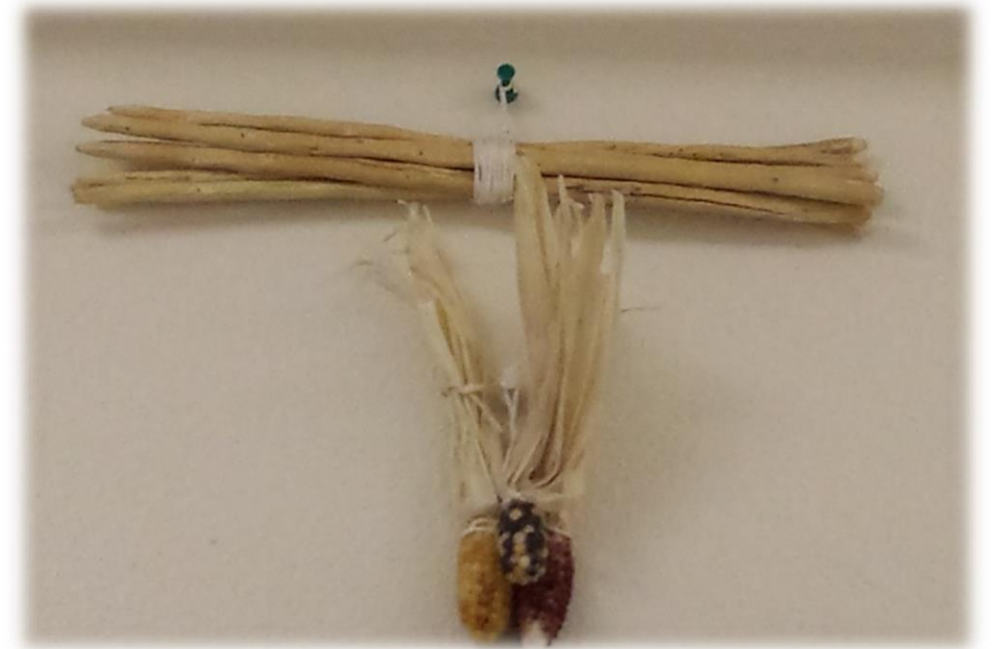
- › Provide care coordination and follow-up
- › Update community resources (*AA/NA meetings, parenting classes, etc.*)
- › Initiate referrals



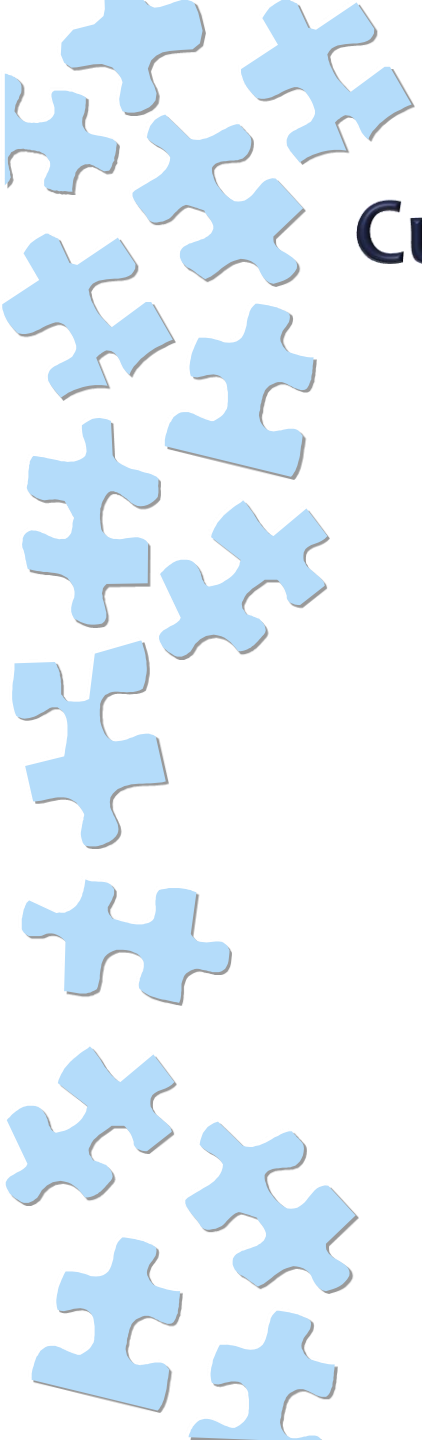
Navajo Culture



Navajo Culture



Cultural Specific Interventions





Coach Training and Supervision

- › Training are a mix of live classes, workshops, and online trainings
- › Licensed mental health professional on-site and available for curbside consultations and real-time advice
- › Ongoing education with weekly classes coordinated by IBH psychologist and social worker which include:
 - Case reviews
 - Advanced topics in behavioral health and substance abuse issues
- › Licensed psychologist provides individual supervision for 1 hour each week for each behavioral health coach to discuss all current cases and review all notes



Challenges and Benefits

› Benefits

- From my perspective, working with paraprofessionals has been extremely positive.
- The coaches work well with a wide range of patients and are able to effectively triage situations that is beyond their scope of practice.
- They both speak Navajo and are able communicate effectively with patients their native language.

› Challenges

- The biggest challenge we have had is in finding good coaches
- Refining the training curriculum



Patient Feedback Survey Questions

› Agree/Neutral/Disagree

1. This appointment was helpful
2. I would recommend counseling sessions like this to a friend/relative.
3. I feel that what I share in my visit is kept private.
4. I feel I am getting the counseling and treatment I need.

What did you like about this session?

What did you not like?



Preliminary Results

- › Data was positive overall, but our sample size is currently quite small.
- › Qualitative data of what the patients liked are “non-judgmental” and “listened”
- › Most of the patients reported “none” for critical feedback but a couple people said, “not enough time.”
- › There have been significant challenges to implementing this survey.

Provider Satisfaction Surveys

- › Provider satisfaction surveys were developed and given to the 19 providers in Family Practice and Internal Medicine.
- › Feedback was anonymous to elicit honest feedback and we received 13/19 surveys back.





Qualitative Survey Questions

1. How does having IBH in clinic compare with before it existed?
2. Do you believe IBH in clinic is helpful? If yes, why?
3. What could make IBH better?
4. Have you had any frustrations regarding IBH?

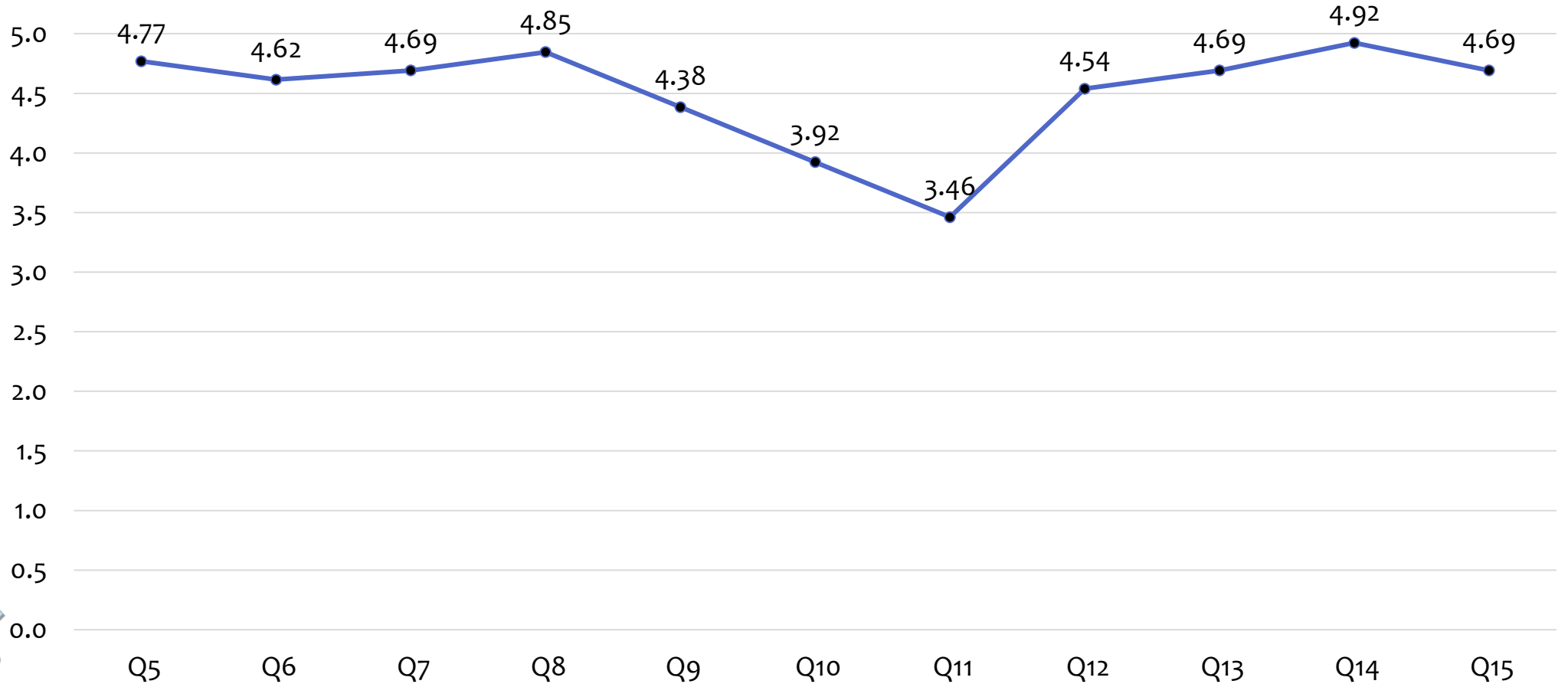


Qualitative Feedback

- › Overall, providers had positive feedback around the themes of:
 - Increased availability of behavioral health
 - Benefit of same day appointments
 - Improved connection with specialty behavioral health follow up
 - Improved ease of caring for patients and their medical health
- › Critical feedback
 - Availability of IBH staff
 - 1 provider spoke about knowing whether he/she should call licensed providers or coaches

Results of Provider Feedback

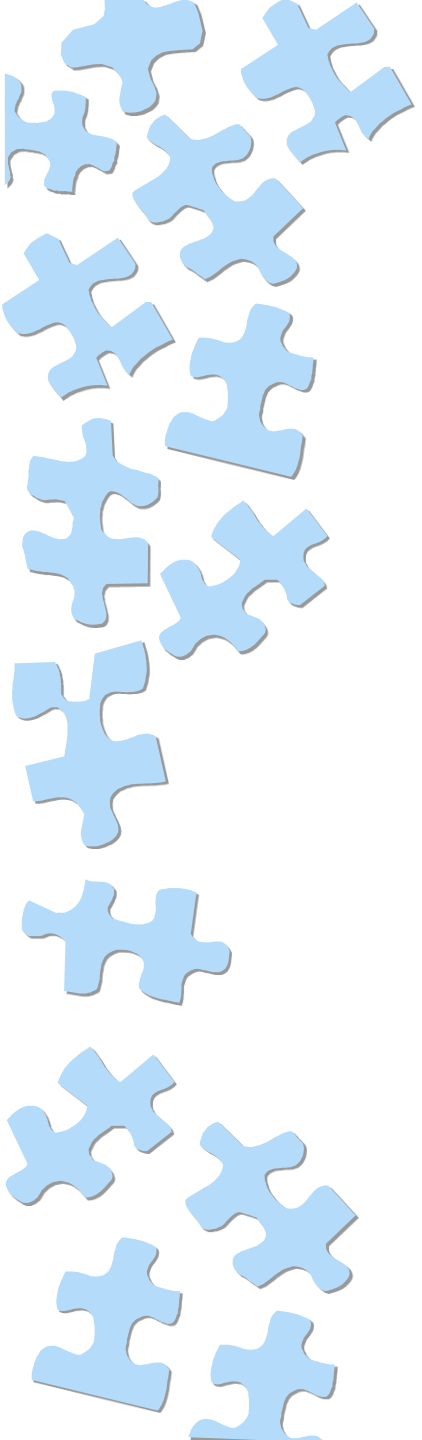
1=strongly disagree to 5=strongly agree



Conclusions

- › Provider and patient feedback support that the addition of IBH to the clinic is very positive
- › Furthermore, feedback supports that the coaches have been helpful from the perspective of the both the patients and providers
- › Providers want more IBH coverage and our program continues to expand as a result
- › Ongoing training and supervisions is essential to the success of a competent paraprofessional model







References

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