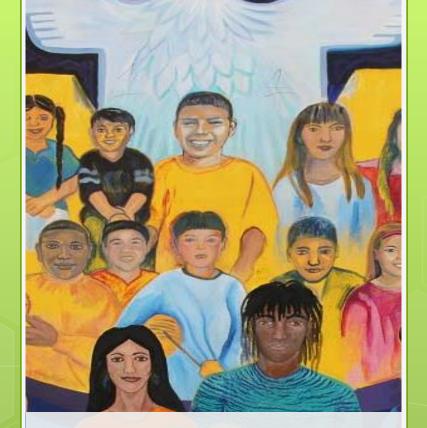


Erica Gomes, LCSW
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October 24, 2018



The Practice of Integration: Lessons Learned and our Integrated Behavioral Health Vision



### Agenda

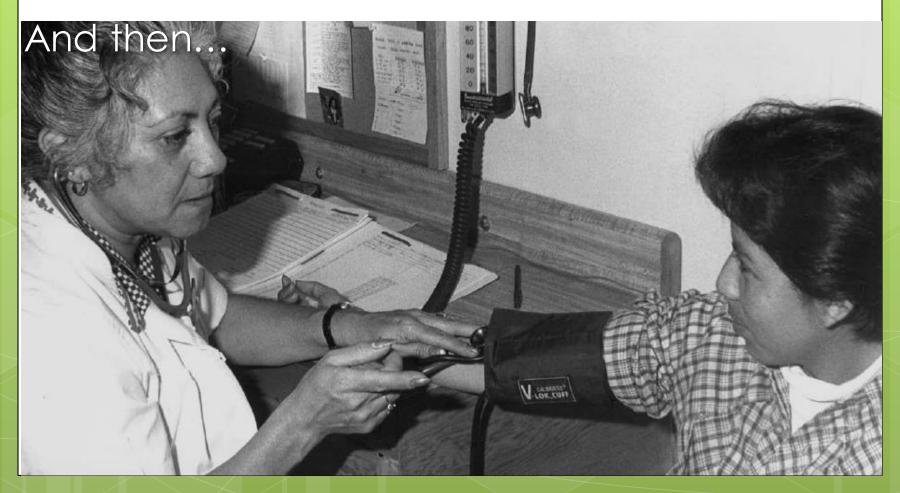
- Background
- ❖Integrated BH Health
- Cultural concepts and values when working with Latino populations
- Our Model
- Our Services
- Adaptations of the model
- Screening
- SUD & MAT

#### > Founded in 1971

- By UC Berkeley Students
- Volunteerrun and free clinic

### La Clínica's History

 Provided medical, dental, optometry and case management



### La Clínica's History

- > 2005: Introduce Behavioral Medicine
- > 2007: first Behavioral Medicine Specialist (BMS) was hired
- Case manager roles expanded to include clinical treatment (IBHCs)

BMS role expanded to include more assessment and



### Our Clients



# In CY 2017, La Clínica served **86,884** patients

- 44% were children under 18
- 50% were adults (18-64)
- 6% were older adults (>64 years)

#### **Patients Served**

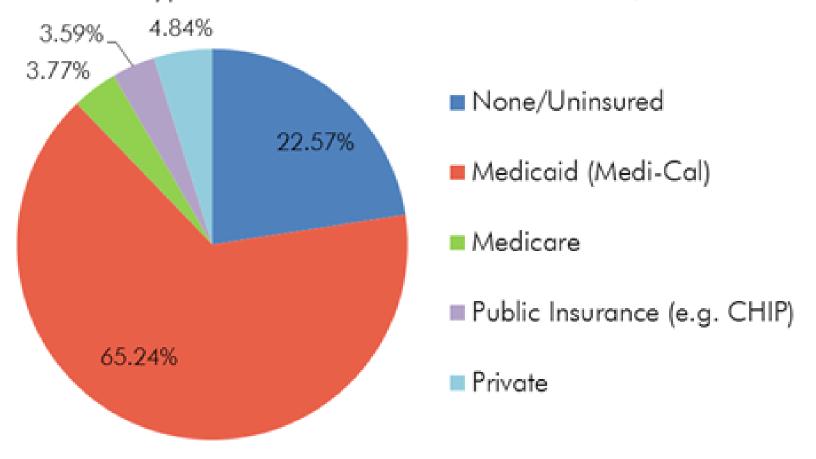
# La Clínica Patients by Service Type (2017)

Medical	64,717		
Dental	31,136		
Behavioral Health	6,893		
Vision	10,279		
Enabling	5,251		

UDS, 2017

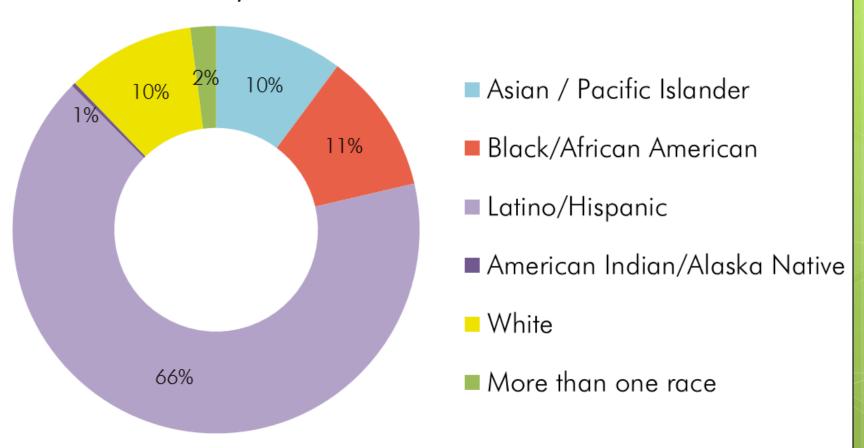
### Our Clients

Insurance Type of La Clinica Patients Served, 2017



### Our Clients

#### Race/Ethnicity of La Clinica Patients Served, 2017



Cultural Concepts and Values



# Cultural Concepts and Values

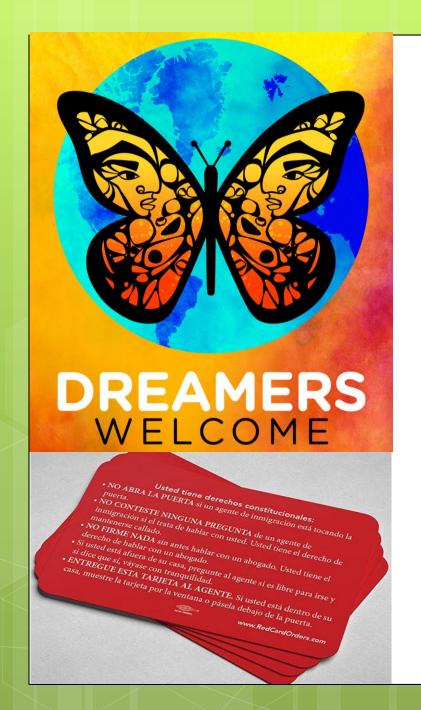


- Barriers to care: stigma, insurance, discriminatory policies, MH utilization rates, language and cultural competence of professionals, vulnerable populations....
- Personalismo: relationships are everything; WHO and relationships impacting outcomes
- Familismo: recognition of strong family connections/role this plays in patient care
- Machismo/marianismo: integration of concepts in care approaches; openness/inquiry around concepts
- Respeto: deference and how this impacts care

# Cultural Concepts and Values

- 'susto' and somatic complaints
- Role of psychoeducation: dx, medications, therapy
- \* Role of religion/faith
- Asking questions; patient as expert
- Indigenous populations; linguistic/cultural diversity
- Adapting interventions: awareness of political, cultural, environmental contexts
- Crossection of ethical/legalissues and immigration status (ie: IPV reporting)

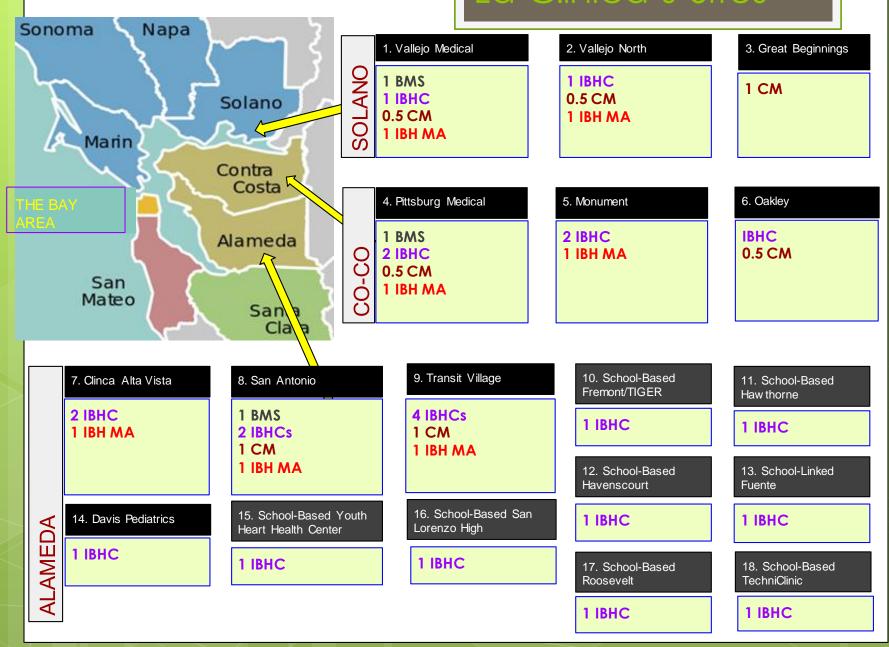




#### Current Climate

- Agency communication: 'sanctuary building'; waiting room policies; La Maquina info
- Patient communication: signage; medical-legal partnerships; safety planning
- Patient clinical support: political stress class; curriculum adaptations; individual sessions to support and provide resources
- Clinician/provider support: countertransference issues, supportive spaces to discuss impact, activism and information sharing

### La Clínica's Sites



### Why integrate?

Primary Care referral



#### **Barriers to Access**

Distance
Transportation
Language
Stigma
Time
Unknown system

Sub-optimal specialty mental health care utilization



### Why integrate?

# Integrated Behavioral Health

Merges silos of Primary Care and Behavioral Health





Access<sup>®</sup>



Primary Care referral

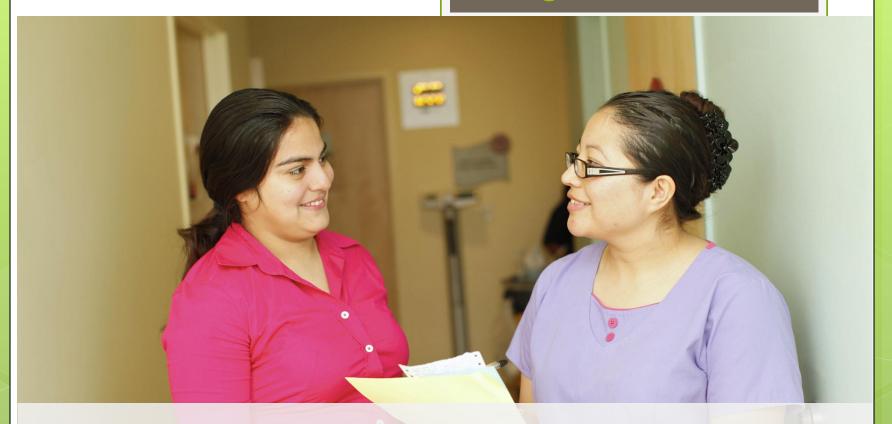


In house IBH services



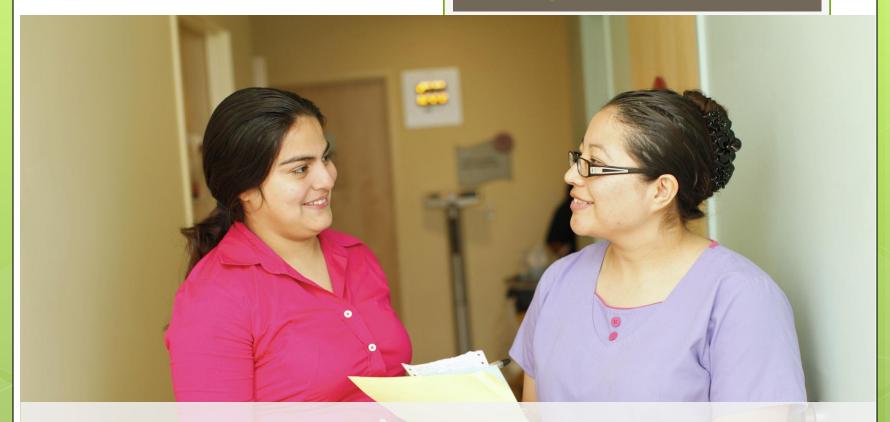
Specialty Mental health

### Integrated Models



- Consultation model
- Co-location model (not communicating too much)
- Treatment based model
- Hybrid

### Integrated Models



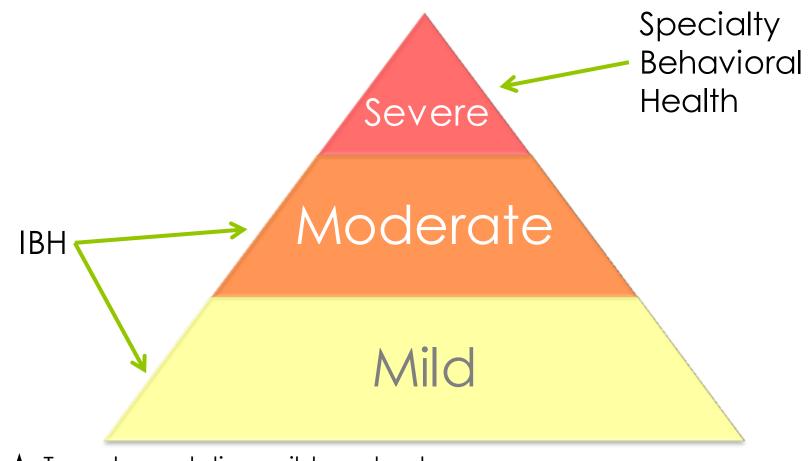
- Consultation model
- Co-location model (not communicating too much)
- Treatment based model
- Hybrid

#### Our Model

- Goal: make BH services accessible to all
- Consultation, brief assessment and treatment, monitoring and triage
- Course of treatment = 1-10 visits and triage to higher level as needed
- 'warm hand-off' WHO concept utilized for sameday urgent visits Evidenced-based treatments
- Group psychoeducation and treatment



#### Our Model



- ★ Target population: mild-moderate
- ★ Higher severity: support to link to specialty BH programs/services
- ★ Episodic care
- ★ Crisis support
- ★ Intergenerational and lifetime course/medical home concept

#### Our Model

## How does it work?

- Warm hand-off's
- \* Referrals from primary care providers
- Team-based care
- Shared medical records
- Shared treatment plans
- Population-focused care
- Cross-pollination of knowledge



#### IBH Team

#### Clinical Supervisors and Ops. Manager Leadership Team

#### Case Manager

Bachelor's Level, not therapists

Psychoeducation Information

Referral

Screening

F/U calls

Resource needs

#### Integrated Behavioral Health Clinician

Associate Clinical Social Worker (ASW) & Licensed Clinical Social Worker (LCSW)

Assessment

Brief counseling

Diagnosis

Brief Psychotherapy

Crisis Intervention

Linkage & Rererral

Consultation

# Behavioral Medicine Specialist (BMS)

Licensed psychologist

**Brief Treatment** 

Differential Diagnosis

**Brief Evaluations** 

Chronic Pain

Cognitive Impairment

**ADHD** 

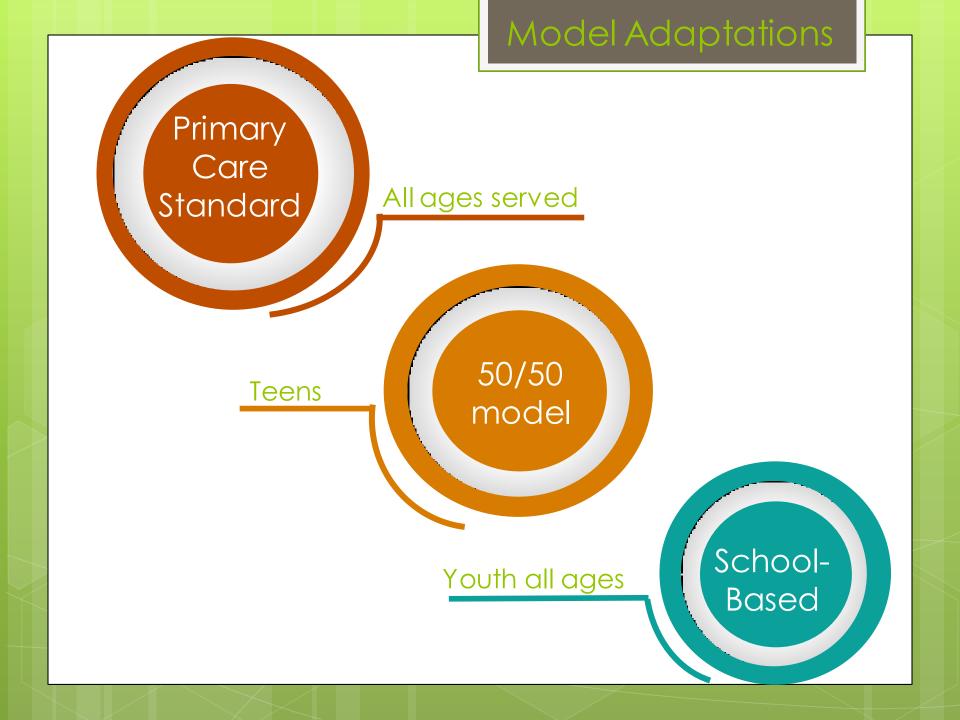
Medical Co-morbidity

IBH MA supports all three roles



#### Treatment Modalities

- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Problem-Solving Therapy (PST)
- Solution-Focused Brief Therapy (SFBT)
- Mindfulness Based Stress Reduction (MBSR)
- Dialectical Behavioral Therapy (DBT)



# All Ages Primary Care



# All Ages Primary Care



- \* BH Care linked to Pediatric, Adult Medicine & Women's Clinics
- Team = 2-4 IBHCs, 1 psychologist
- Consultation and Warm Handoffs
- Group Treatment:
  - Depression/Anxiety

    Mindfulness
- Postpartum Depression Trauma/Seeking Safety



# Clínica Alta Vista



# Clínica Alta Vista

Integrated BH and primary care for adolescents 12-23 years old

Confidential services/minor consent

Centering pregnancy and Centering Parenting

50/50 model of care for optimal access

Care for children of adolescents



# School-Based Health Center



# School-Based Health Center



- Located on or linked to school campuses and open to community
- Micro teams: 1 PCP, 1 IBHC, Medical Assistant, Health Educator
- Participation in COST teams
- Assist with school-wide crises and interventions
- Grants to support services within clinic & on campus
- Groups:
  - Cognitive Behavior Intervention for Trauma in Schools
  - Grief
  - Newcomers

### Identifying patients who need BH support

- Triaging need
- Tracking symptoms and progress
- Practice standard;
   understood by all service
   providers
- Psychoeducational tool for patients
- Gauging severity of symptoms; diagnostic info

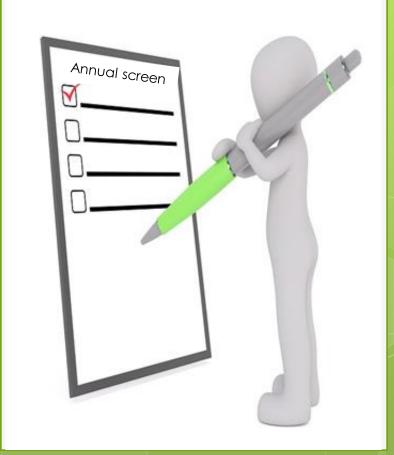
# Importance of BH Screening



#### BH Universal screening:

- Yearly screen
- Given at primary care appointments
- PSQ screening:
  - Given at all IBH appts.
  - Given by PCP if referring to IBH

# Importance of BH Screening



#### Screens

# Annual BH Screen

We want to provide you the best care and the care that is right for you. Please answer the questions below. Check the box that best applies to you.

Over the <i>last two weeks</i> , how often have you been bothered by any of the following problems?	Not at all	Several Days	More than ½ of the Days	Every day
	0	<u></u>		(1)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless			And Committee of	

During the past 12 months, did you:

Yes No

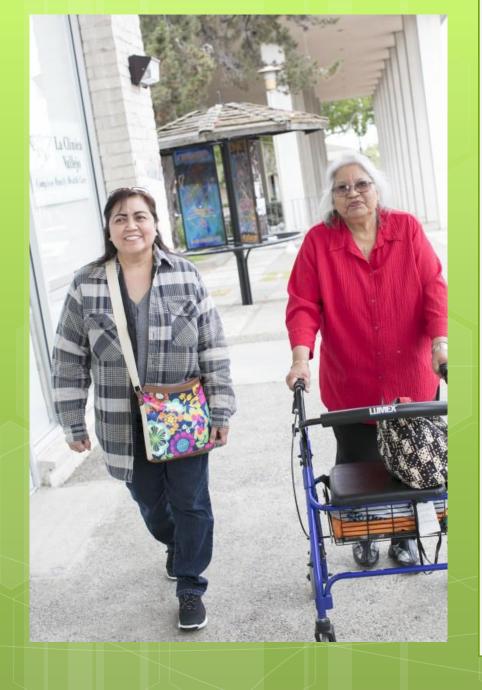
#### <u>Screens</u>

# Patient Stress Questionnaire

a cautornia nzaccncenter www.iaciiiica.org		MR#	DOB:	
□ La Clínica de La Raza □ Clínica Alta Vista □ La Clínica Monument	□ San Antonio Neighb □ La Clínica Oakley □ La Clínica Vallejo	orhood Health Center  La Clínica Pittsburg  La Clínica North Vallejo	PRIMARY PROVIDER:	DATE:
□ La Clínica Valleio Great l		= Lii Camea (watii Yanigo		

#### PATIENT STRESS QUESTIONNAIRE -IBH VERSION

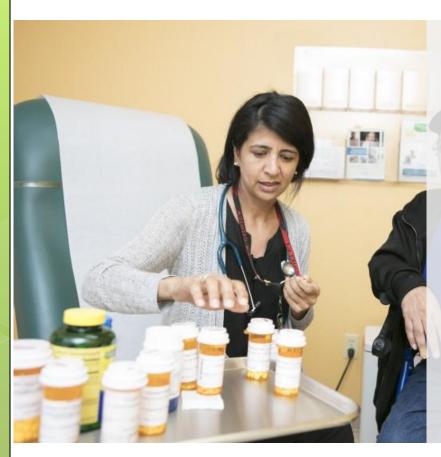
Over the <i>last two weeks</i> , how often have you been bothered by any of the following symptoms below? (Check the box that best applies to you)		Not at all	Several Days	More than ½ of the Days	Every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Either: ☐ Trouble falling or staying asleep, or ☐ Sleeping too much	0	1	2	3
4.	Either: ☐ Feeling tired or ☐ Having little energy	0	1	2	3
5.	☐ Poor appetite or ☐ overeating	0	1	2	3
6.	Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	☐ Moving or speaking so slowly that other people could have noticed	0	1	2	3



## Standardized Assessment Tools

PHQ-9 GAD-7 PCL-5 UNCOPE CRAAFT PSQ

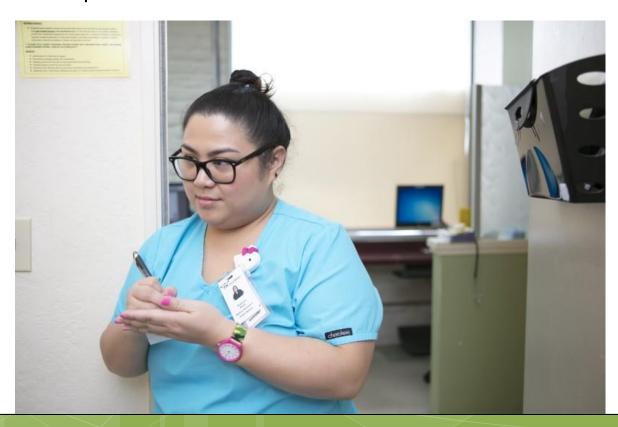
#### Substance Use



- Screen for substance use through the UNCOPE & CRAFFT screen
- 1 or more X waivered physicians are all primary care sites
- Active Chronic Pain and Opioid Use Disorder Committee

#### Substance Use

- Recipient of HRSA award to expand MAT across all 3 counties
  - new CADAC counselor to assist Providers & Patients
  - BH and Medical coordinating to provide support and supervision for CADAC counselor





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THANK YOU!