

The Indiana Division of Mental Health and Addiction (DMHA) in collaboration with its integration stakeholder cross agency partners submitted a Technical Transfer Initiative (TTI) grant proposal and was awarded funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the National Association of State Mental Health Program Directors (NASMHPD). That grant is supporting today's training activities.

[www.indianaintegration.org](http://www.indianaintegration.org)

# Overview of the Behavioral Health Environment

Lori Raney, MD  
Collaborative Care Consulting  
Dolores, CO

## Module 2

# Overview of the Behavioral Health Environment

### Learning Objectives:

- Appreciate the philosophy, funding and organizational structure of public mental health settings
- List the personnel employed in these settings, their job functions and how the teams operate
- Describe the integrated care team roles and responsibilities in these settings

# Pretest Questions

1. The Community Mental Health Center Act is how old this year?
  - a) 10 years
  - b) 30 years
  - c) 40 years
  - d) 50 years
2. Staff found in CMHC environments can include
  - a) Case managers
  - b) Social Workers
  - c) Nurses
  - d) Peers
  - e) All the above
3. With proper access to care , what percent of patients may experience intermediate to full Recovery?
  - a) 10%
  - b) 20%
  - c) 50%
  - d) 70%

# Overview

- History of CMHC
- Who are the staff?
- Lexicon
- Services Provided by team members
- Service Plans
- HIPAA
- Recovery Movement

Welcome to Mars – this may seem like a  
odd planet but you can breathe here!



# Brief History of Community Mental Health Centers

- **Community Mental Health Center Act of 1963** – signed by President Kennedy
- Intent to move patients out of mental institutions and into the community, based on concept of “moral treatment” of mentally ill-*“the insane came to be regarded as normal people who had lost their reason as a result of severe psychological stress....Pinel, 1700s”*
- Occurred about the time of the approval in 1949 of *chlorpromazine (Thorazine)*, and discovery that lithium treats mania, went mostly unfunded
- 1979 – National Alliance of the Mentally Ill (NAMI) organized
- **1980** – National Mental Health Service Systems Act – unfunded, then eliminated entirely under the Reagan administration in 1981- “transitional institutionalization” to nursing homes, jails or prisons, boarding homes, foster care. LA county jail “largest psychiatric hospital in the country”
- Medicare/Medicaid mid 60’s- offered some funding for care – partial hospitalization
- Drop in state hospital populations from 5,500,000 to 62,000 by 1996 – managed care
- **Late 90’s to 2000** – shift symptom control → rehab → recovery
- **2003** – President Bush, President’s New Freedom Commission on Mental Health
- **2008** – Parity Act – equivalent payment for medical and mental health
- **2010** – PPACA – funding for programs such as PBHCI grantees and State Plan Amendment

Feldman, 2012, Textbook of Community Psychiatry



Case Manager



PCP



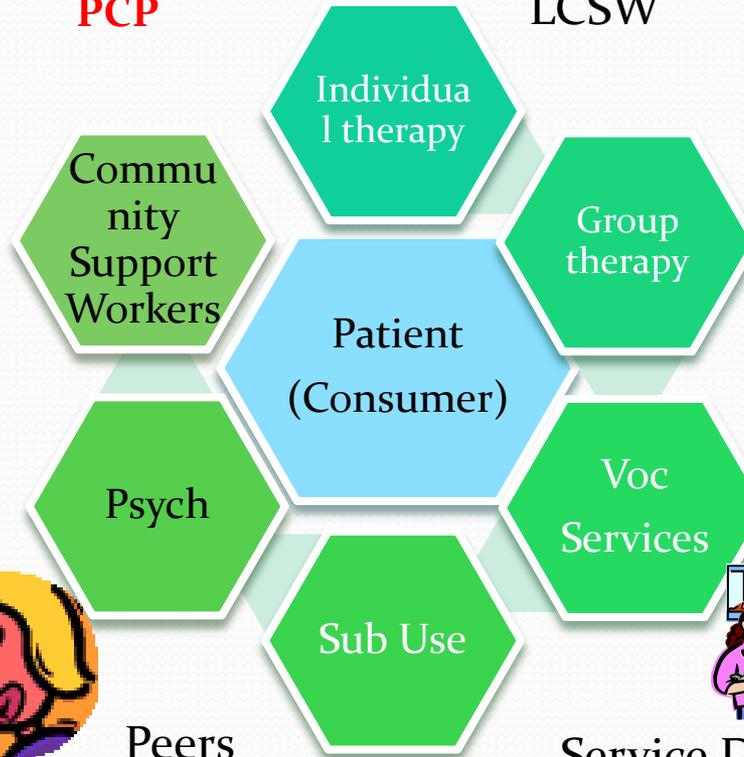
LCSW



Psychiatric Providers



Psychologist



Addictions Counselor



ADMIN



Nurse



Peers



Service Dog



Licensed therapist

# Notes on Lexicon

- “Consumer” grew out of the individuals’ recovery movement. It was chosen by many advocates because it implied an element of choice in the mental health services used by people living with mental illness. There is some disagreement over this terminology by both patients (consumers) and staff”.
- In certain behavioral health settings, you may find non-medical staff do not use the term “patient”. You may want to use “consumer” with non-medical staff if you are comfortable with this.

SAMHSA 2010, Newsletter Volume 18 No 3

# Army of Providers and Array of Services

- Medical – MD, DO, APN, PA
- Vocational
- Therapies
- ACT
- Housing
- Day treatment
- Crisis services
- Case management
- Supported employment
- Clubhouses
- Peer services
- Substance abuse services



# Multidisciplinary Team Approach

Ex: Adult Team Meeting

Psychiatric Prov.

Case Managers

Nurses

Therapists

Admin Clinical

- Discuss patients who are struggling
- Discuss new patient evals
- Debrief traumatic events
- Education – med side effects, etc
- High Utilizers
- **Discuss *medical issues* with PCPs**



# Psychiatric Providers

MD, DO, APN, PA

New evals and medication follow-ups

Team leaders – Adult, Child, etc

Inpatient services

Nursing homes

Child psychiatric services

Consult liaison to hospitals

Jail Services

Screening for side effects of SGAs per protocols, lithium, depakote labs, following BMI, blood pressures

**LIMIT THE EFFECTS OF SECOND GENERATION ANTIPSYCHOTICS – RESPONSIBLE FOR NOT MAKING PATIENTS SICKER**

## Case Managers – Crucial Link to Implementing Care Plan

Day to Day support, encouragement

Medication Compliance – pill boxes

Food stamps

Housing, Heat

Transportation

Disability applications

Connect to PCPs in the community

Monitor Symptoms and report to team

Education, Reinforcement, Follow-up

\*\* Education regarding *other chronic medical conditions* – Case to Care, etc

# Peer Specialists

Individuals in recovery from mental health problems as service providers

Use their experiences to help other with mental illness

Offer social support, shared experiential knowledge, broker the needs of patients

Improve activation by motivating patients to participate in their care

Vecchio, 2012, Handbook of Community Psychiatry

# Care Managers – *New addition to the Team*

Follow patients in registries to assess progress towards goals and prevent “falling through the cracks”

Coordinate services with primary care and medical services

Regular review with PCP and team members

# Primary Care Providers

Direct Care

Case-load Reviews with team

Population Management – identify priorities

Education of Non-Medical Staff

# Therapists

- Many backgrounds and skills in their tool box.
- Psychologists (PhD), Social Work (LCSW), Licensed Professional Counselors (LPC), Marriage and Family Therapists (LMFT) etc depending on state licensing
- Individual therapies, group therapies, evidence based therapies
- Child and Adult specialties

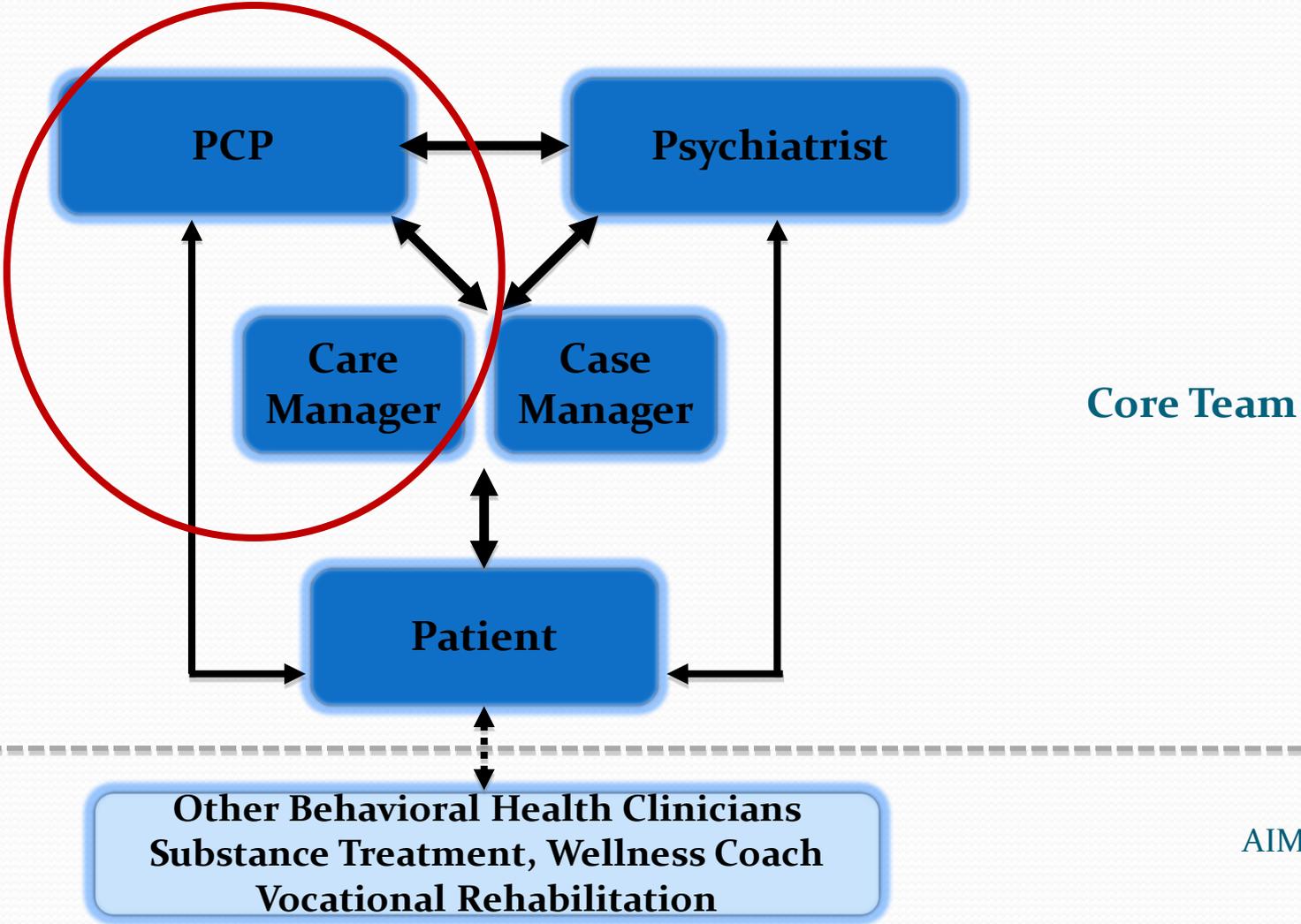
# Other Staff

- Substance Abuse Counselors – many with Certified Addiction Counselor (“CAC”)
- Vocational Counselors – assist patients with preparing for and finding work
- Emergency Services staff – cover outpatient emergencies, may work in hospital ERs, jails.

# Evidence Based Practices

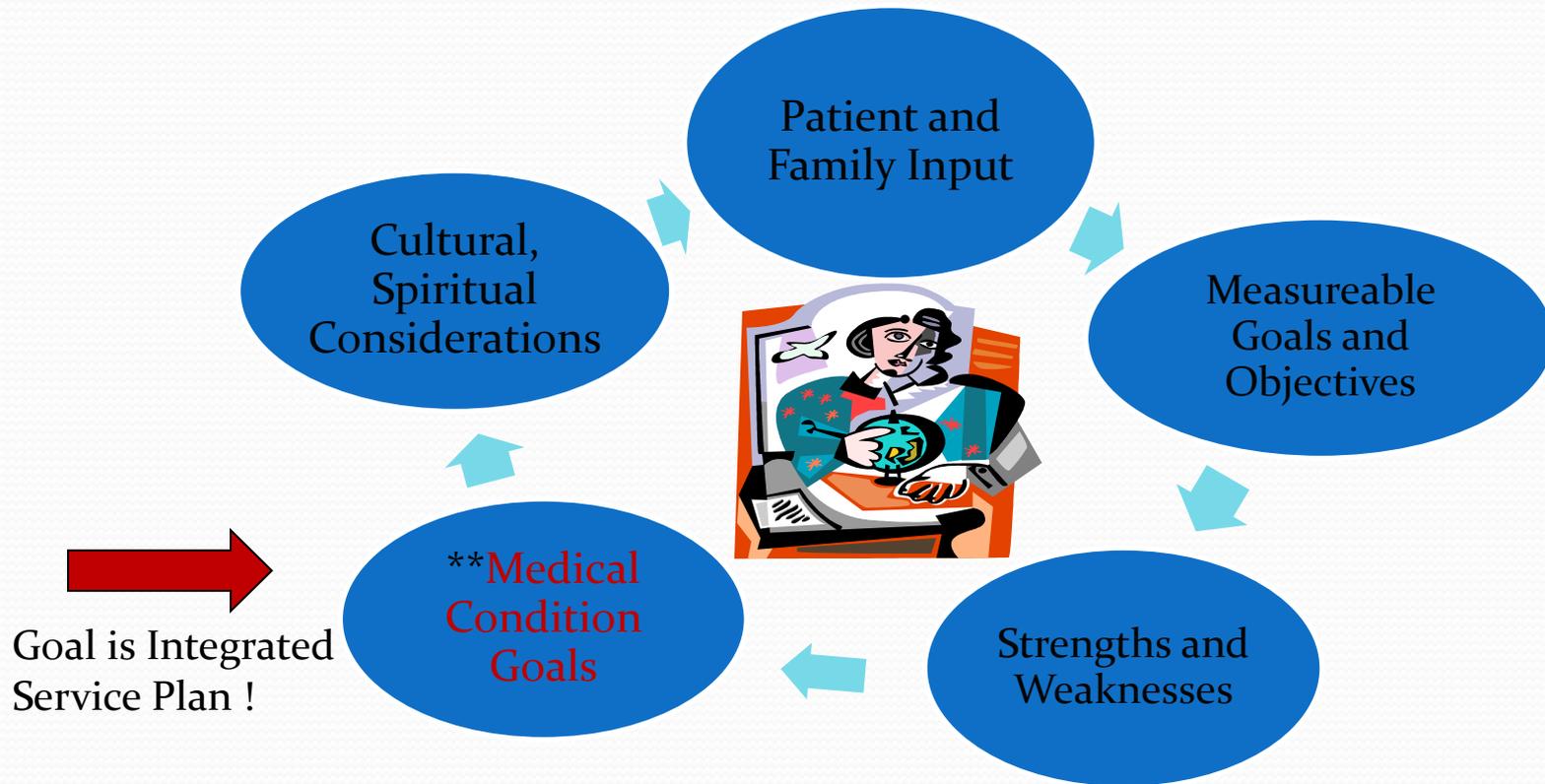
- Medication Guidelines
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Supported Employment
- Assertive Community Treatment (ACT)
- Integrated Dual Diagnosis Treatment (IDDT)
- Family Psychoeducation
- Self Management – Stanford Self-Management, HARP, LivingWell
- IMPACT model proliferation to local primary care clinics

# New Team Approach

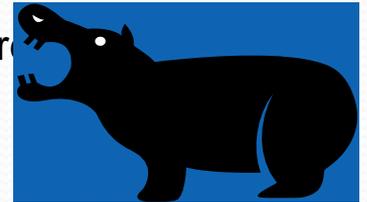


AIMS 2011

# Behavioral Health Treatment Plans (MH, SUD, Physical Health)



# Providing Information to Healthcare Providers Across Silos of Care



- HIPAA permits sharing information, including behavioral health care
- Nationally consent not necessary, stricter local laws may apply
- Exceptions:
  - 42 CFR, Part 2 -Substance abuse treatment
    - Determined by location in which tx occurred and information is being released from
    - Applies to organizations that “hold themselves out” as providing substance abuse treatment (Betty Ford Clinic, hospital unit that specifically provides substance use treatment, an individual that only does this) – they are bound by 42CFR
    - PCPs can release info they have gathered (ie patient on methadone) independently in their clinic under HIPAA and do not fall under 42 CFR because not a location that provides SA tx
    - Re-release of records from the Methadone Clinic requires consent.
    - Exception? A PCP who works in a methadone clinic!
    - \*\* There has never been a 42 CFR suit

<http://www.samhsa.gov/healthprivacy>

# EXAMPLE – Mr. Jones

- Mr. Jones is a 42 year old male with schizophrenia you are treating *in the mental health center* where you have been hired as a PCP in a PBHCI grantee site (location where PCP is working is CMHC)
- He is getting methadone *from a clinic* that specifically provides methadone treatment (holds itself out to be Substance Use provider)
- Patient tells you he is on methadone and you record this in *your* chart
- You may release the information you have *obtained independently* and recorded in your chart to his cardiologist under HIPAA and do not need consent under 42 CFR
- You request a copy of his record from the Methadone Clinic. *They* must follow 42 CFR to release for his records to you
- You may not *re-release* his actual record from the Methadone Clinic to the cardiologist without consent under 42 CFR

# Recovery Movement

Returning to a stable baseline or previous level of functioning

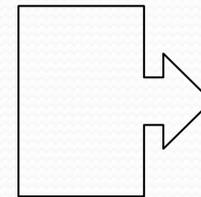
“A job, a roof over my head and someone to come home to at night.”

- Hope
- Secure Base
- Durable sense of self
- Meaning
- Supportive Relationships
- Empowerment and Inclusion
- Coping Strategies

SAMHSA

# Recovery Rates

- 1/3 Full Recovery
- 1/3 Intermediate Outcome
- 1/3 Poor Outcome



You are going to see more patients in the Intermediate and Poor range due to location of service

Menezes NM, et al: A Systematic Review of longitudinal outcome studies Of first episode psychosis. *Psychol Medicine* 2006; 36:1349-1362  
Harding, C. M., Brooks, G. W., Asolaga, T. S. J. S., and Breier, A. (1987). The Vermont longitudinal study of persons with severe mental illness. *American Journal of Psychiatry*, 144, 718-726

# HARNESS THE POWER OF THE TEAM!



# Reflections

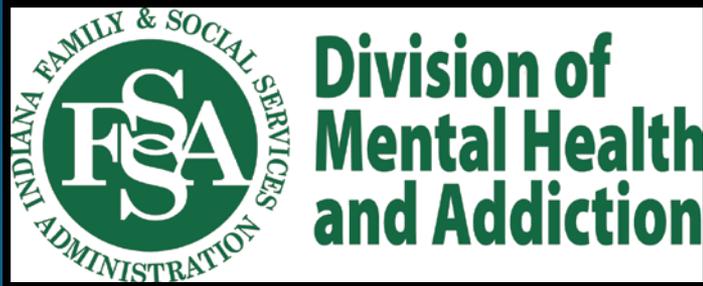
- How do you think you will fit into the this environment?
- Do you see yourself as a ready and willing “team” player?
- What excites you about working in this system?

# Pretest Questions

1. The Community Mental Health Center Act is how old this year?
  - a) 10 years
  - b) 30 years
  - c) 40 years
  - d) 50 years
2. Staff found in CMHC environments can include
  - a) Case managers
  - b) Social Workers
  - c) Nurses
  - d) Peers
  - e) All the above
3. With proper access to care , what percent of patients may experience intermediate to full Recovery?
  - a) 10%
  - b) 20%
  - c) 50%
  - d) 70%

# Post-test Answers

1. The Community Mental Health Center Act is how old this year?
  - a) 10 years
  - b) 30 years
  - c) 40 years
  - d) 50 years
2. Staff found in CMHC environments can include
  - a) Case managers
  - b) Social Workers
  - c) Nurses
  - d) Peers
  - e) All the above
3. With proper access to care , what percent of patients may experience intermediate to full Recovery?
  - a) 10%
  - b) 20%
  - c) 50%
  - d) 70%



**Resources and additional training tools will be available on an elearning system at:**

**[www.indianaintegration.org](http://www.indianaintegration.org)**