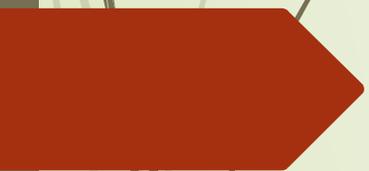




La Red Health Center



Behavioral Health – Family Practice Integrated Program

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BH-FP Integration

- ▶ Primary care settings have become a gateway for many individuals with behavioral health and primary care needs
- ▶ To address these needs, many primary care providers are integrating behavioral health care services into their setting
- ▶ Integrating behavioral health (**mental health and substance use**) services into a primary care system involves changes across an organization's workforce, administration, clinical operations, and more
- ▶ BH integration encompasses the management and delivery of health services so that individuals receive a continuum of preventive and restorative mental health and addiction services in coordination with their primary medical care needs
- ▶ Successful integration involves more than increasing access to behavioral health services through enhanced referral processes:
The system of care delivery has to be transformed



BH-FP Integration

- It means moving away from episodic care to a more holistic approach to health care
- The main goal of most of the integrated care programs is to **improve communication** between behavioral health and primary care providers and thereby improve care coordination
- Building and sustaining integrated care means all facets of the organization must reflect the values of whole health, collaborative care
- Every staff member must understand that successful clinical outcomes are everyone's responsibility.



BH-FP Integration

- ▶ **La Red Health Center's Integrated Care model** is the patient-centered medical home (**PCMH**). PCMH involves coordinating a patient's overall health care needs at any age
- ▶ La Red achieved PCMH designation level 2 in 2013 and awarded the highest level 3 in 2015. PCMH recognition was awarded by the National Committee for Quality Assurance (NCQA)
- ▶ Health homes are team-based with a whole-person approach with specific emphasis on **integrating** behavioral health and primary care.
- ▶ The process usually starts with the PCP
- ▶ Nursing staff is trained to automatically use screening tools, such as:
 - ▶ PHQ-2 and PHQ-9 to screen for depression
 - ▶ GAD-7 to screen for anxiety
 - ▶ AUDIT-C to screen for alcohol abuse



BH-FP Integration

- ▶ La Red health Center also offers an integrated homeless program and was awarded a grant to support it
 - ▶ This population presents its unique challenges that greatly benefit from a wholistic integrated primary care and behavioral health approach
 - ▶ High incidence of co-occurring mental health, unattended primary care, and substance abuse problems
- 



BH-FP Integration at La Red Health Center

- Co-located (not just in same building).
- All 3 main sites + our School-based Wellness Center offer primary care and behavioral health services
- Use same electronic medical records system
- Behavioral Health Consultant in Family Practice area
- Behavioral Health Administrator shares office space with Chief Medical Officer
- Regular joined monthly meetings between both departments



Condensed History of La Red Health Center on the Journey to Integrated Practice

- ▶ 2001- Opened Center
 - Family Practice
 - 1 Psychiatric Consultant

- ▶ 2009- Added 1 LCSW

- ▶ 2014- Tele psychiatry for Children
 - 1 NP Full Time
 - 1 NP Part Time
 - 2 LCSW's



Condensed History of La Red Health Center on the Journey to Integrated Practice

- 2015- Behavioral Health Consultant - Georgetown LCSW
- 2016- Behavioral Health Consultant Milford LCSW
- 2017- LCSW Seaford
- July of 2018 La Red is Provisionally Licensed as a Substance Abuse/Co-Occurring Treatment Provider with DSAMH



Condensed History of La Red Health Center on the Journey to Integrated Practice

- ▶ 2019- 2 Psychiatric Nurse Practitioners
 - 1 Psychiatric Consultant
 - 4 LCSW's
 - 1 LCSW, CADC Clinical Supervisor
 - 1 Behavioral Health Care Manager
BSW - BHC and case manager
 - 1 Peer Support Specialist

- ▶ 2019- Adding 1 LCSW
 - Adding 1 LPCMH CADC
 - Adding 1 CADC Counselor



Data for Behavioral Health Patients 12/1/17 to 12/1/18

- 
- ▶ Total Visits = 4742
 - ▶ Visits with LCSW = 3698
 - ▶ Visits with other Licensed Provider = 1044
 - ▶ Total Patients = 1338
 - ▶ Average # of visits per patient 3.5
 - ▶ LRHC serves as the medical home to approx. 13,000 patients who generate about 45,000 annual visits



La Red Health Center Substance Use Disorder Program



Breakdown of BH Patients by Diagnosis as it Relates to Substance Abuse

- Opioid use disorder = 28
- ETOH use disorder = 98
- Co-Occurring Disorders:
(Mental Health and Substance Use Disorder) =51



Opiate related deaths -
La Red Patients = 4



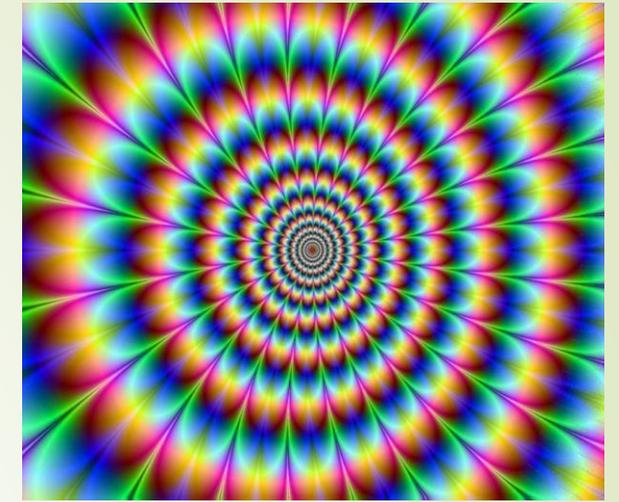
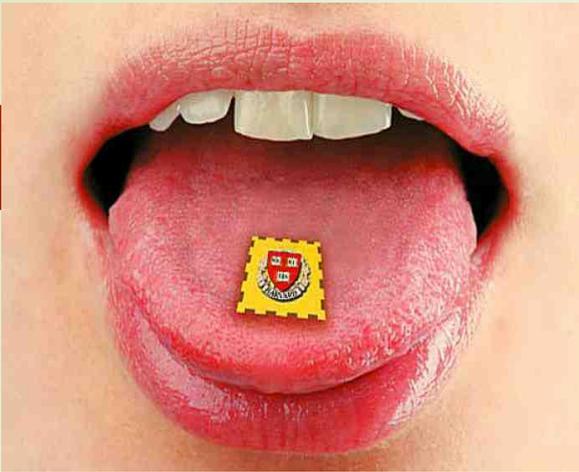


Multiple Drugs and/or Behaviors Can Cause Addiction



- Opioids (Heroin – “dope”, pain meds)
- Marijuana
- Alcohol and Nicotine
- Stimulants:
 - Cocaine (nasal, IV, inhaled - “crack”, cocaine + heroin = “speedball”)
 - Amphetamines and Methamphetamines (crystal meth)
 - Ecstasy (MDMA, “molly”)
 - Bath salts
- Sedatives
 - Benzodiazepines – “downers”
 - Barbiturates
- GHB (“liquid ecstasy, cherry meth”)
- Inhalants
- Anabolic-Androgenic steroids
- Behavioral addictions:
 - Gambling, shopping
 - Porn, sex, exercise, tanning
 - Internet and gaming
 - kleptomania

Drugs of Abuse



➤ Classic hallucinogens

- Mescaline – “peyote”
- Psilocybin - “mushrooms”
- Lysergic acid diethylamide (LSD) – “acid”
- Dimethyltryptamine (DMT) – “Ayahuasca”
- Ibogaine

➤ Stimulant Group

- 3,4-methylenedioxyamphetamine (MDA) – “Sally”
- 3,4-methylenedioxymethamphetamine (MDMA) – “Molly”
- 3,4-methylenedioxyethamphetamine (MDE)

➤ Anticholinergic dissociatives

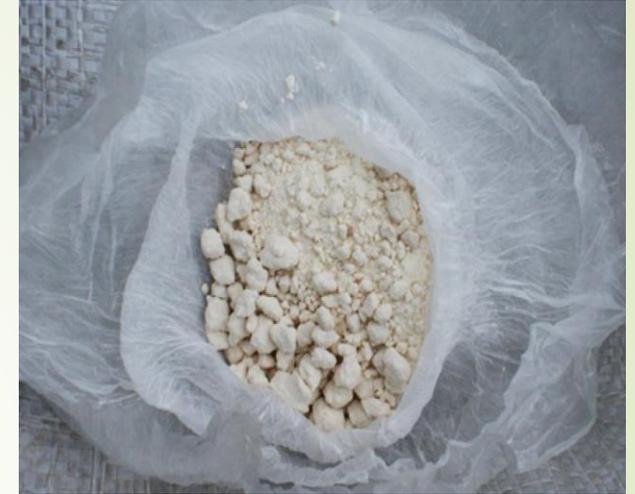
- Atropine
- Hyoscyamine
- Scopolamine

➤ Dissociatives anesthetics/miscellaneous

- Phencyclidine (PCP) – “angel dust”
- Ketamine – “special K, vitamin K”
- Salvinorin A
- Dextromethorphan

Drugs in Delaware

- Heroin is the primary drug threat in Delaware
- DEA investigations indicate that heroin distributed in Delaware is primarily supplied by Philadelphia-based sources
- Several Philadelphia-based drug trafficking organizations (DTOs) are in direct contact with Mexican sources of supply, and drugs arrive through Phoenix, Chicago, New York, and the Caribbean
- The purity of heroin in Delaware averaged 64% in 2015 and 50% in 2016. Heroin in Philadelphia had an average purity of 50% in 2015 and 76% in 2016.
- Risk of overdose increased by adulteration with Fentanyl





Opioid Use Disorder Treatment

Medication
Assisted
Therapy

Behavioral
Interventions

Opiate Use Disorder Treatment: MAT

- ▶ Methadone
- ▶ **Buprenorphine**
 - ▶ Subutex
 - ▶ Zubsolv
 - ▶ Suboxone
 - ▶ Sublocade
- ▶ **Naltrexone XR**
 - ▶ Vivitrol



*LRHC currently has 4 providers with DATA 2000
waivers = approved to prescribe Buprenorphine*

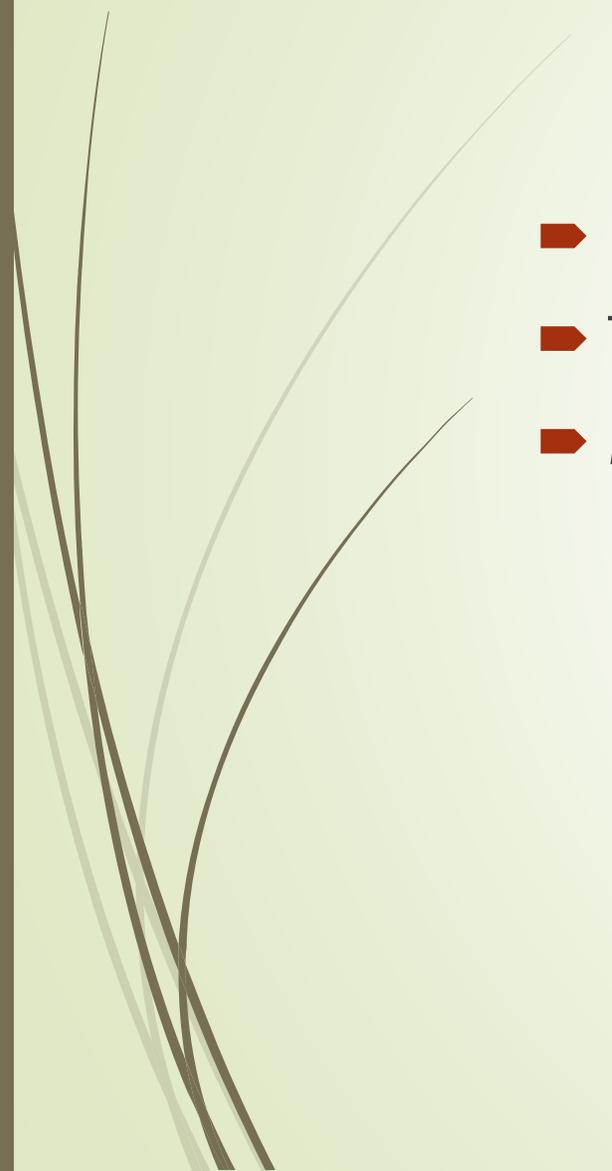


Medication Assisted Treatment (MAT) at La Red Health Center

- ▶ Vivitrol Injections = 43 patients
- ▶ Suboxone = 11 patients
- ▶ Sublocade Injections = 1 patient
- ▶ All patients receive counseling services



Alcohol Use Disorder Treatment

- Behavioral Interventions
 - Twelve-step facilitation (AA)
 - Medications
 - Disulfiram (Antabuse): 1949
 - Acamprosate (Campral): 2004
 - Naltrexone PO (Revia): 1994
 - Long Acting Naltrexone IM (Vivitrol): 2006
- 

Substance Abuse Training at La Red Health Center



Several providers have attended training conferences



Chief Medical Officer attended board review course and took board exam



We are providing series of in house educational lectures for all Medical and Behavioral Health providers covering basic concepts on all substances of abuse



Educational lectures are qualified to provide continued education credits that can be used for professional license renewals

Questions?

