

TIBURCIO VASQUEZ HEALTH CENTER ADAPTS TO INTEGRATE BEHAVIORAL HEALTH WITH PRIMARY CARE

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About Tiburcio Vasquez Health Center

The Tiburcio Vasquez Health Center (TVHC) has delivered culturally and linguistically appropriate health care services to residents of southern Alameda County, California for over 40 years. In 2013, the clinic provided primary health care and mental health services to nearly 15,000 men, women, and children. Approximately three-quarters of TVHC patients are Latino, including a significant number of immigrants. Seventy-one percent (71%) of patients are at or below 100% of the federal poverty level and 43% of patients are uninsured.

In addition to the health services provided, TVHC provides numerous social services to the community, including perinatal and family counseling, walking groups and Zumba classes, enrollment in Women Infants and Children (WIC), family planning and health education, school-based health services, and community clean-up days.

Building out the Behavioral Health Integration Model Through Training

TVHC's Director of Nursing and Mental Health Director launched the behavioral health integration program by first engaging the Chief Medical Officer and leadership.

While a psychiatrist was on site at the practice 4 to 8 hours per week, and medication consults were available by phone from a county psychiatrist, providers knew that clients had behavioral health issues that could be better addressed, and were supportive of integrating behavioral health with primary care.

An initial challenge was that staff didn't have the training to care for patients with behavioral health needs; primary care providers didn't know how to incorporate behavioral health counselors—they didn't know what it would look like. To build staff support for integrating behavioral health, communication centered on the specifics of the integration model, helping providers and staff to address flow and responsibilities before implementation. Clinical staff were educated about best practices in 10 and 20 minute blocks to keep schedules on track. Management meetings with "champion" providers and panel management staff also built will.

Clinic staff completed Mental Health First Aid training, in order to learn to assess patients' immediate behavioral health needs and how to best hand off patients to counselors. Trained staff can perform some of the basic interventions, and new certification training has allowed staff to address needs for additional behavioral health patient populations such as post-traumatic stress, provide problem solving treatment and other cognitive behavioral interventions for insomnia and for dealing with co-occurring substance abuse.

"In the last week I had a patient reflect as we were in the process of setting goals; he said, 'I was sober for four months, and then fell off the wagon. Now I am ready to come back,' and he knows that he can come back." Behavioral health counselor's perspective

Lessons Learned

- Identify data needs upfront. Get a consultation to talk about the data wanted and how it can be gathered; that will drive some of the process. It takes time to extract data. Data needs to be structured (not free text) in order to be retrievable.
- Get PCMH in place before integrating behavioral health. Then select a model that fits with the patient population (for example, the IMPACT model).
- True integration changes culture and integrates care. Addressing primary care diagnoses can be enhanced using behavioral health providers' input and assessment.
- Support staff in dealing with change. Things shift and change all the time, and practices need to adapt. TVNC changed the behavioral health integration model so that behavioral health counselors can be interrupted when they are in a session with a patient if no other counselors are available. The goal is for behavioral health counselors to be introduced by the primary care provider for a warm handoff at the time of the patient's visit.

“There was a patient who never missed behavioral health appointments, but didn't follow up with his blood pressure medication issues. The behavioral health counselor held her session with him while he was on the exam table discussing his blood pressure medication issues with his primary care provider. There was something about being able to address these together. The provider said he had never done that on an exam table before, but it worked.”

Primary care provider's perspective

“I had a severely obese patient whose PCP told him he had to get his blood sugar level down from 200 to 150. First, I had him commit to getting it down to 180 for one day the following week. He was really proud of himself when he achieved that. He is still working on tracking levels on his own, but he is down to 180, and he is really proud of himself.” Behavioral health counselor's perspective
