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# 2024

## Statewide Symposium in Support of Service Members, Veterans & Their Families

April 17-18 | Phoenix, Arizona

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# Clinical Practice & Skills

Session 1

Innovations in Multi-Disciplinary  
Mental Health Care



# Facilitators



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BE CONNECTED PROGRAM ADMINISTRATOR

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SENIOR HEALTH AND WELLNESS COACH

Maricopa County Sheriff's Department





# U.S. Department of Veterans Affairs



## Expedition BHIP!

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Southern Arizona VA Healthcare System

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Outpatient Mental Health Section Chief  
Southern Arizona VA Healthcare System



# Expedition BHIP!

## Southern Arizona VA Health Care System

*Lucretia Vaughan, MD, Associate Chief of Staff for Mental Health*

*Danielle DeMailo, LCSW, Outpatient Mental Health Section Chief*



# Learning Objectives

- Introduction to Southern Arizona VA Health Care System's approach to Behavioral Health Interdisciplinary Program (BHIP) Collaborative Chronic Care Model (CCM)
- Systematic approach to implementing BHIP
- Understanding importance of role clarity





# Southern Arizona VA HCS: BHIP Journey

- The Why?
  - Visit from VHA Office of Quality & Patient Safety and OMHSP to the SAVAHCS in 2019 for poor SAIL performance
  - Used Systems Redesign process to map flow of Veterans through all Mental Health programs
  - Identified where Veterans were “falling through the cracks”
    - Discovered that “no wrong door” policy created a lot of wrong doors
    - Veterans involved in MH had no “home” or “team” to make sure they didn’t fall
    - Wrap around services only in MHICM

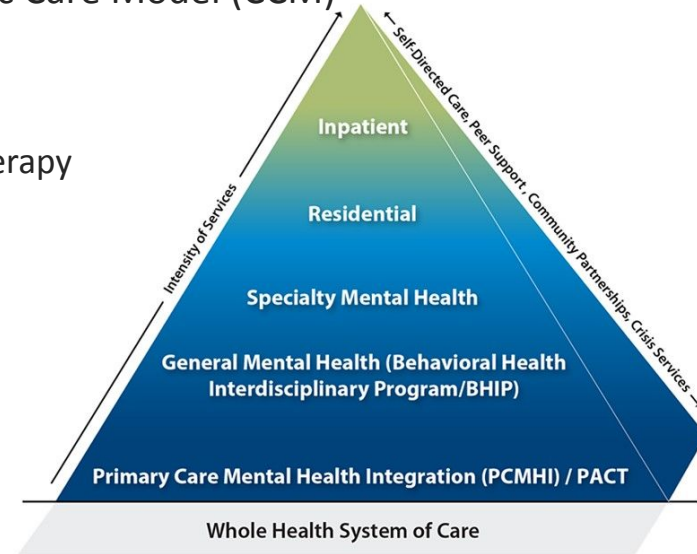




# Southern Arizona VA HCS: BHIP Journey



- The Who?
  - Mental Health Service leadership started to problem-solve
  - Started with shared vision of BHIP Collaborative Chronic Care Model (CCM)
    - CCM has the best long-term outcomes
  - Referred to VA/DOD Clinical Practice Guidelines (CPG)
    - Most MH diagnoses have first line treatment of psychotherapy
  - Cost analysis
    - Use lowest cost resources
  - MH Continuum of Care Principles
    - Least restrictive level of care/stepped care
    - Recovery-based Care
  - SAIL Metric Performance





# BHIP Collaborative Chronic Care Model - Research

- Positive impact on patient care and teamwork
  - “Effectiveness of Implementing a Collaborative Chronic Care Model for Clinician Teams on Patient Outcomes and Health Status in Mental Health: A Randomized Clinical Trial” – Bauer, Miller, and Kim, et al. JAMA Network Open. 2019<sup>1</sup>
    - 9 sites, 5596 Veterans, 62 clinicians
    - Health status improved for individuals with complex conditions
    - Hospitalization rate declined
- Decreased Suicidal Behavior
  - Higher levels of MH staffing have been associated with decreased suicidal behavior among patients within a health care system<sup>2-4</sup>
  - In VHA specifically, a 1% increase in mental health staffing led to a 1.5% reduction in suicide-related events overall<sup>4</sup>





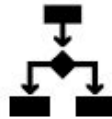
# BHIP Collaborative Chronic Care Model - Research

- Cost effective
  - “An Economic Analysis of the Implementation of Team-based Collaborative Care in Outpatient General Mental Health Clinics” – Miller, Griffith, Stolzmann, Kim, Connolly, Bauer. Medical Care October 2020<sup>5</sup>
    - Implementation cost - about \$40 per patient (5-8 interdisciplinary staff)
    - Result - \$78 in cost savings per patient secondary to decrease inpatient costs
- Overall expected outcomes from literature



## Structure: Staffing

- Increase in VA mental health capacity
- Decreased staff turnover in foundational services, like BHIP



## Process: CCM

- Increase in standardized processes that promote maximal efficiencies within the team



## Outcomes

- Increased access and quality
- Decreased suicide rates



# Southern Arizona VA HCS: BHIP Journey



- The How?
  - Defined the Veteran population and spectrum of MH care needed
    - Previously, if Veteran not actively engaged in evidence-based psychotherapy, only the psychiatrist was following the patient or no one
    - Recognized that some patients will have difficulty successfully returning to Primary Care
    - This led to realization that we were missing CASE MANAGEMENT
    - Ideal state: Supportive  Actively Engaged Treatment  Supportive
  - We knew we wanted a team to be the Veteran's Mental Health Home much like PACT is the Veteran's Medical Home
  - BHIP was the natural place for this service



# Southern Arizona VA HCS: BHIP Roles

- BHIP Senior Social Worker Case Manager
  - Foundation of the BHIP Team
  - Gatekeeper to BHIP
    - Provides consult triage and initial assessments
    - Conducts biopsychosocial/psychodiagnostics assessments
    - Completes initial treatment plans
    - Determines level/modality of care within and outside of BHIP
    - Serves as the patient's mental health treatment coordinator
- Engages in active case management services in lieu of active psychotherapy and/or psychiatric services
  - Readiness/willingness to receive psychopharmacological care when clinically indicated
  - Readiness/preparation to engage in an evidence-based practice psychotherapy modality
  - Follow-up care for management of symptoms when psychotherapy is complete
  - Bridge for psychiatric services when Veteran transitions to primary care
  - Crisis management to include assisting with Same-Day Access for unassigned patients and completing suicide risk assessments



# Southern Arizona VA HCS: BHIP Roles

- BHIP Senior Social Worker Case Manager (cont'd)
  - Engages in ongoing monitoring and tracking of patients along the continuum of care
  - Provides crisis management services
    - Assisting with Same-Day Access for unassigned patients
    - Completing suicide risk assessments
  - Leads Weekly BHIP Team Meetings





## Southern Arizona VA HCS: BHIP Roles

- Psychiatric Provider (MD/DO, PMHNP)
  - Performs psychiatric diagnostic interviews with suicide risk assessment
  - Provides evidence-based psychopharmacological assessment, treatment, and maintenance
  - Performs on-going medication and suicide risk assessments
  - Performs medication reconciliation and polypharmacy assessment
  - Provides medication monitoring (including therapeutic, metabolic, and adverse drug reaction monitoring)
  - Completes suicide risk assessments at every visit and contacts patients who no-show to complete the suicide risk assessment
  - Ensures that required PDMP checks are completed per policy (may be surrogated to nursing staff)
  - Provides After Visit Summaries
  - Remains flexible to provide same-day access to care and walk-in services as needed

# Southern Arizona VA HCS: BHIP Roles

- Registered Nurse (RN) Care Coordinator
  - Ensures continuity of psychopharmacological care and other medical care needs
  - Assesses response/side effects of medications between psychiatry visits
  - Provides crisis intervention services
    - Being available for same-day access for established patients to address suicidal/homicidal ideations and other crises
    - Meeting with Veterans post-discharge from acute psychiatric care
    - Meeting with Veterans flagged high risk for suicide
  - Triage patients who walk-in/call in for the psychiatric provider
  - Assists with patient letters and psychosocial issues as needed
  - May serve as Mental Health Treatment Coordinator
  - May assist with PMDP queries



# Southern Arizona VA HCS: BHIP Roles

- Psychotherapist (Social Workers and Psychologists)
  - Delivers time-limited evidence-based individual, group, and family psychotherapy
  - Provides individual, group, and family psychoeducation as needed
  - Utilizes measurement-based care to monitor treatment progress
  - Conducts psychodiagnostic evaluations
  - Completes suicide risk assessments at every encounter
    - Comprehensive Suicide Risk Evaluations
    - Suicide Prevention Safety Plans
    - No-shows to appointments
  - Staffs difficult to treat patients with their BHIP Team
  - Remains flexible to provide same-day access and crisis intervention services as needed



# Southern Arizona VA HCS: BHIP Roles

- Licensed Practical Nurse/Nursing Assistant
  - Administers long-acting injectables
  - Performs EKGs as requested
  - Takes vital signs for scheduled face-to-face psychiatric appointments
  - Assists with the management of walk-ins including high risk patients
  - Rooms clinical video telehealth patients
  - FUTURE GOALS
    - Assists with PMDP checks and After Visit Summaries
    - Completes mental health screenings and clinical reminders
    - Engages in virtual/VVC rooming and troubleshooting



# Southern Arizona VA HCS: BHIP Roles

- Advanced Medical Support Assistant (AMSA)
  - Serves as the Veteran's first point of contact
  - Provides scheduling support
  - Assists in reviewing panel sizes and consults
  - Completes administrative notes, such as patient cancellation notes
  - Sends patient letters
  - Assists with Same-Day Access patients
    - Walk-ins
    - Telephone





# Southern Arizona VA HCS: BHIP Roles



- Team Supervisors
  - Serves as the clinic's administrative subject matter expert
  - Provides the full range of requisite support to the clinical team members
  - Reviews active and pending consults
  - Assists with clinic access contingency plans by working with other administrative staff to adjust appointment times, locations, or dates as well as connecting Veterans with other providers due to staff or coverage issues and clinical need
  - Utilizes panel size databases and spreadsheets to monitor caseload, clinic availability, and access for balance across the teamlets; notifies the team when clinic access is less than desirable
  - Ensures Same Day Mental Health Access Screenings are completed accordingly and develops walk-in coverage plan
  - Works with the MSA supervisor to identify and remedy incomplete encounter information and communicates findings to providers



# Southern Arizona VA HCS: BHIP Roles

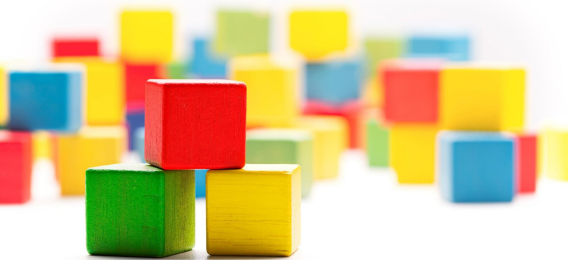
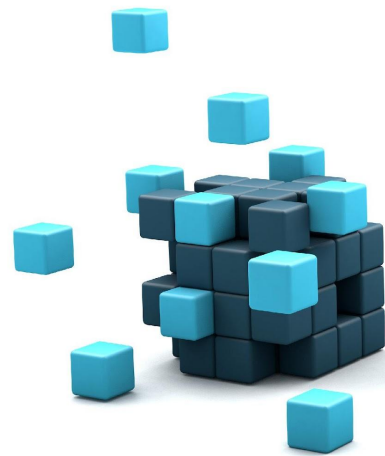
- BHIP Shared Resources
  - MH Clinical Pharmacy Provider - assists with medication titrations/tapers, bridging care to Primary Care, polypharmacy consultations, clozapine monitoring
  - Peer Specialist - meets individually and with groups of Veterans to provide support and shared life/recovery experience, resource navigation
  - Chaplain - meets individually and with groups of Veterans to provide spiritual assessments and interventions
  - Family Therapy Coordinator and Therapist
  - PTSD Clinical Team specialty care
  - Military Sexual Trauma Coordinator and Therapist





# Southern Arizona VA HCS: BHIP Configuration

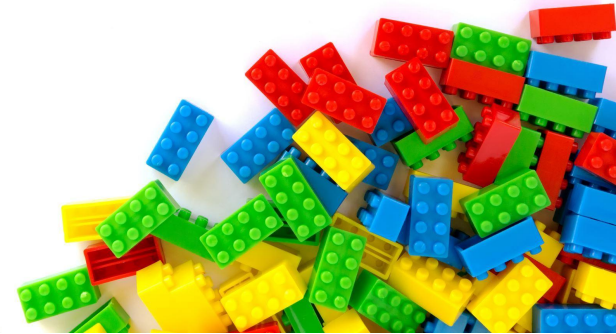
- Development of Our BHIP Team Configuration:
  - Data Utilization:
    - Number of consults, visits, and access to care to determine demand
    - Time-based supply and heuristic data to determine # patients could reasonably be managed
      - Psychiatry ~500-525 patients
      - Therapist ~125 patient (12-16 sessions of evidence-based psychotherapy)
  - Our Baseline:
    - Psychiatry was most heavily utilized resource and gateway into BHIP
    - Problematic on multiple levels: inconsistent with most CPGs, pushed psychiatry into role of MHTC, lengthy , complicated return of patients to Primary Care or lower levels of care, cost





# Southern Arizona VA HCS: BHIP Configuration

- Development of the BHIP Teamlet:
  - Built around the Psychiatric Provider
  - 1:1 ratio of RN to psychiatric provider needed for optimal utilization of psychiatric provider
  - At least half of patients on psychiatry panel needed or would psychotherapy for long-term recovery and decreased reliance on medications
    - 2:1 ratio of psychotherapist to psychiatric provider
  - Using theory of off-set appointments for psychiatric provider  
LPN to 2 psychiatric providers
  - Recognized need for a consistent AMSA to be integrated with
  - 2 Teamlets = 1 BHIP Team
    - Not all patients “fit” with the provider(s) on a teamlet
    - Allow for shared resources, cross-coverage, and collaborative care



# Southern Arizona VA HCS: BHIP Configuration

- 1000 patients per BHIP Team and 1 SW Case Manager
  - 500 patients per BHIP Teamlet

## BHIP Team Configuration

1 SW Case Manager

1 Psychiatric  
Provider  
1 RN  
2 Therapists  
(SW/Psychologist)

1 Psychiatric  
Provider  
1 RN  
2 Therapists  
(SW/Psychologist)

1 LPN/NA  
1 AMSA





# Southern Arizona VA HCS: BHIP Patient Flow

- Establishing Care in BHIP/Outpatient Mental Health
  - Via Consult
    - Case Manager
      - Receives consult, completes initial evaluation and treatment plan
      - Assigns to BHIP Teamlet and appropriate intervention (psychotherapy, medication management, case management only, specialty mental health, or any combination of above)
    - Patients remain on a BHIP Teamlet/Team for the duration of their outpatient mental health treatment
  - Via Walk-in/Same-day Access/Direct Scheduling
    - Case Manager is first responder (ideal state), determines immediate needs, and schedules for future initial evaluation
- Transitioning back to Primary Care
  - Still a challenge even with Care Coordination Agreement
  - BHIP Team reviews appropriateness for return to Primary Care
    - MH Transfer to Primary Care Note for psychiatry
    - Psychotherapy Discharge Note
  - PCMHI assistance (work in progress)





# Southern Arizona VA HCS: BHIP Communication Routine

- Daily Morning Huddle
  - 8:15 – 8:30 – STEPS (safety, teams, equipment, processes, supplies) with each BHIP Team utilizing Microsoft TEAMS
- Weekly BHIP Team Meetings
  - 1 hour utilizing BHIP Team Meeting Agenda
  - Reviews HRF patients and discharges from higher levels of care
  - Staffing complex patients
  - Discussing assignments of consults
  - Team coverage
  - Transitions to lower levels of care
  - Change in Provider Requests
  - Administrative barriers
- Monthly BHIP Program Meeting
  - HRO and DEI
  - Welcomes/Farewells
  - Staffing updates
  - Guest speakers
  - Kudos





## Southern Arizona VA HCS: BHIP Future Goals

- Reviewing MHTC 2.0 and developing process for identification and management of BHIP teams and patients with dedicated PCMM Coordinator
- Solidifying BHIP Panel Management and Same-Day Access SOPs
- Redesigning Consult Process to include Streamlined Outpatient MH Consult and Within-Teams Consults
- Implementing BHIP Welcome Packet within Mental Health Service, SAVAHCS, and Southern AZ Community







## Southern Arizona VA HCS: BHIP Future Goals

- Rotating Team-based Same-day Access
  - Same-day establishment of care/treatment, not just triage
  - Complete biopsychosocial assessment, initial treatment plan
  - Psychopharmacological care as clinically indicated
  - Bridging of services
- Training all BHIP therapists on multiple modalities so patients can stay within their teamlet/team as much as possible
- Continued addition of BHIP Teams as MH engagement increases and panel sizes grow

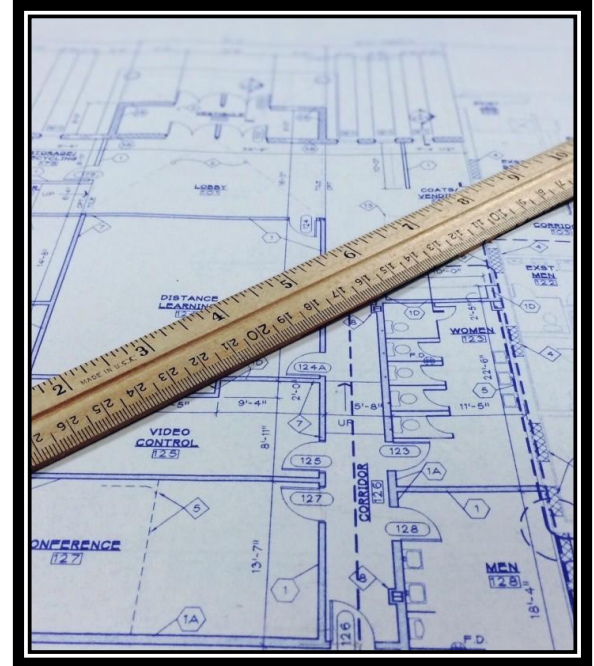






# Southern Arizona VA HCS: BHIP Maintenance

- Monthly Implementation Committee Meetings
  - Rotating stakeholders and representation
  - Weekly subcommittee meetings
  - Updating subcommittee as needed
  
- Monthly BHIP Community of Practice Meetings
  - VISN
  - National
  - Flow
  - MHTC 2.0





# Southern Arizona VA HCS: BHIP Maintenance

- Presentations/Updates to Mental Health Service
  - Mental Health Executive Council (monthly)
  - Mental Health Service (quarterly/as needed)
  - Southern Arizona Veterans MH Advocacy Council (as needed)
- Updates to BHIP Meetings as a Regular Agenda Item
  - Weekly Team Meetings
  - Weekly BHIP Supervisors Meeting
  - Monthly BHIP Meeting
- Review of BHIP Implementation Checklist (6-month intervals)
- Review of BHIP SOPs/Standard Work (annually)



# Key Takeaways

- Map current state
- Find your shared vision/ideal state
- Define roles for each team member
- Use your data and resources to define configuration in your facility
- Work with stakeholders for buy-in
- Develop growth plan/standard work
- Speak with conviction to leadership
- Keep reevaluating



# Questions?





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# Questions?





# Session Evaluation

We want to hear from you!

