

Workforce Considerations in Primary Care/Behavioral Health Integration

Presented By:

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FHCSD Integration

- *First project 2004*
 - *North Park*
 - *Depression focus*
 - *Many implementation team meetings*
- *Twelve sites today*
 - *Range of staff support, including some psychiatry*
 - *System wide, 100-150 visits each day (Mon-Fri)*
- *Funding variety*
 - *Grants at federal and local level*
 - *Many insurances (billable providers a must for MediCal)*
 - *Some self pay*
 - *Private donors*
- *Most common conditions*
 - *Depression*
 - *Anxiety*
 - *Co-occurring substance abuse*

Setting the Stage in Primary Care

- *Support/Vision of Organizational Leadership*
 - CEO*
 - Medical Director*
 - Physician Champion at the site*
- *Educate Existing Site Staff*
 - *Facilitate discussion to create understanding and “buy-in”*
 - *Discuss benefits of adding mental health staff*
 - Patients*
 - Providers*
 - *Provide examples of appropriate referrals to mental health staff*

Setting the Stage (Continued)

- *Enlist a site Provider Champion*
 - *Someone who is receptive to working with mental health staff on patient's behalf*
 - *Someone comfortable and clear on their role*
 - * *Warm hand offs*
 - * *Initiation of referrals to mental health staff*
 - * *Available for "curbside consultation"*
 - * *Willing to prescribe psychotropics*
 - * *Willing to seek consultation when there are questions regarding the right medications*
 - * *On site most of the time that mental health staff is present*

Qualifications of Great mental Health Staff

- *Adaptability to pace of the primary care setting*
- *Ability to create and maintain good relationship with the primary care staff team*
- *Responsiveness/"interruptibility"*
- *Approachability*
- *Thoughtful communication regarding mutual patients*
- *Ability/willingness to function as a case manager, when needed*
- *Ability to focus therapy quickly, work in 30 mins sessions*
- *Possession of right skill set*
 - * *Appropriate, evidence based therapy approaches*
 - * *Experience with motivational interviewing techniques*

Beyond Basic Staffing

- *Peer Specialists*
 - *Lived experience with mental illness and/or AOD issues*
 - *Practical system navigation*
 - *Linkages to other support or needed services*
- *Alcohol/Other Drug Specialist*
 - *Support*
 - *Education*
 - *Linkage to more intensive treatment when needed*
- *Psychiatrists*
 - *Curbside consultation to primary care providers*
 - *Assessment/treatment of complex/overlapping psychiatric conditions*
 - *Provider training in the use of appropriate medications*

Most Robust Workforce Model

- *Physician Champion/providers willing to treat mental health conditions and work with mental health staff*
- *Flexible therapists who can switch gears quickly
(minimum of 30 hours a week)*
- *Access to psychiatry as needed whether on site or by consultation*
- *Peer Support/AOD staff*
- *Proximity is important (work space for mental health staff should be as close to primary care work space as possible)*



How to Reach Us

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