

Valley Community Healthcare

POLICY/PROCEDURE TITLE:

Eligibility & Referrals to BHS

RELATED TO:

ADMINISTRATIVE

CLINICAL

PCMH/NCQA

QI/QA

Vaccines for Children

Title X

Other: _____

PAGE: 1 OF 1

DATE APPROVED: 09/02/14; Updated 4/23/15; 2018

DEPARTMENT OF ORIGIN: BEHAVIORAL HEALTH

PURPOSE:

To provide patients of Valley Community Healthcare a continuum of preventive and restorative mental health and substance abuse services as identified by Primary Care.

PROCESS:

1. Each Front Desk of each department checks a patient's eligibility at the time of the appointment.
2. BHS accepts all HMO MediCal and Medicare payer sources and has a sliding scale and share of cost rate of \$10.00 per session. (See BHS Payer Source Processing Policy)
3. Primary Care Providers in all VCH programs can use the Patient Stress Questionnaire to screen behavioral health concerns that may be exacerbated or caused by mental illness or substance abuse. If the results indicate it, the provider can refer to BHS.
4. Referrals are tasked to the **BHS Workgroup** in NEXTGEN.
5. Ideally, a provider refers the patient to BHS during the patient visit and provides a "warm hand off" to the BHS clinician, particularly if the referral is urgent.
6. The BHS clinician meets the patient face to face and assesses the patient for behavioral health concerns (e.g. suicidal ideation, homicidal ideation, or psychosis), documents the results in the patient's electronic health record, and communicates directly with the provider whenever possible.
7. Appointments are set with BHS according to patient's informed consent and provider availability.

Reviewed and approved as indicated.

Chief Medical Officer

Date

Director of Behavioral Health

Date

Valley Community Healthcare

POLICY/PROCEDURE TITLE:

SBIRT Screening, Brief Intervention and Referral to Treatment (warm hand off/ triage)

RELATED TO:

PCMH/NCQA

QI/QA

Vaccines for Children

Title X

Other: _____

ADMINISTRATIVE

CLINICAL

PAGE: 1 OF 2

DATE APPROVED: 9/02/14; Updated 4/23/15; **2/8/16**

DEPARTMENT OF ORIGIN: BEHAVIORAL HEALTH

PURPOSE:

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders. Valley Community Healthcare uses the Patient Stress Questionnaire (PSQ) in most departments to screen for depression, anxiety, trauma, and alcohol use. Alternative screens are used for patients 12 and over in PEDIATRICS and the TEEN CLINIC. The Electronic Medical Record allows for entering scores on PHQ-2 and PHQ-9 in order to track depression screening for our UDS reports.

PROCESS:

1. **Patient** completes the Patient Stress Questionnaire (PSQ), or PHQ-9A (PEDS/Teen Clinic).
2. **MA** scores the tool and enters PHQ-2 score into NextGen, completes the PHQ-9 as indicated, and gives screening results to Primary Care Provider.
3. **Primary Care Provider** uses the tool to help determine need for BHS referral and calls for **BHS clinician to do a warm hand off. (a.k.a. triage).**
4. **PCP** tasks referral to *BHS Workgroup*, indicating who responded to the warm hand off.
5. **MA** ensures that the patient is placed on responding BHS clinician's schedule under "Triage" and gives clinician a copy of the eligibility, label and the fee ticket.
6. **BHS Clinician** meets with the patient to assess need for intervention, schedules patient for follow up or refers to referral list if non-urgent.
7. **BHS Clinician** completes encounter using CPT codes 80032 (case consultation with provider) **and** H0002 (triage to determine treatment appropriateness) and documents in PROGRESS NOTE format in NextGen the outcome of the screening.
8. **BHS Clinician** communicates outcome in *Order Management* when/if the patient was scheduled, or other outcome (e.g. "declined services").

SCREENING TOOL FOR ADULTS 18+:

The Patient Stress Questionnaire measures depression, anxiety, post-traumatic stress, and substance abuse. It combines the PHQ-9, GAD-7, PC PTSD, and the AUDIT. It is also available in Spanish.

Scores that are severe and/or life threatening are typically urgent referrals to BHS based on the following scores:

- PHQ-9: 0-4 = Mild 5-14 = Moderate 15+ = Severe
- GAD-7: 0-4 = Mild 5-14 = Moderate 15+ = Severe
- There is no score for the pain question on page. It is *important to note but it does not contain a score.*
- PC-PTSD: any 3 of 4 warrants further assessment for trauma.
- AUDIT: a score of 8 or more indicates potential risk for harmful drinking.

For details, visit [www.integration.samhsa.gov/Patient Stress Questionnaire.pdf/](http://www.integration.samhsa.gov/Patient%20Stress%20Questionnaire.pdf/)

SCREENING TOOL for ages 12 -17:

PHQ-9 modified for Adolescents (PHQ-A)—Adapted

This measure was adapted from the PHQ-9 modified for Adolescents (PHQ-A), which is in the public domain. Scores: 0-4 = Mild 5-14 = Moderate 15+ = Severe

REFERENCES:

American Academy of Pediatrics
American Academy of Neurology
American Psychiatric Association

Reviewed and approved as indicated.

Chief Medical Officer

Date

Director of Nursing

Date

Director of Behavioral Health Services

Date

POLICY/PROCEDURE TITLE:

Behavioral Health Referrals

RELATED TO:

PCMH/NCQA

QI/QA

Vaccines for Children

Title X

Other: _____

ADMINISTRATIVE CLINICAL

PAGE: 1 OF 2

REVISION APPROVAL DATES:

ORIGINAL APPROVAL DATE:

DEPARTMENT OF ORIGIN:

PURPOSE:

The purpose of this policy is to ensure full integration of behavioral health services within Primary Care. VCH's *comprehensive healthcare* includes mental health and substance abuse services.

BACKGROUND:

People with mental illness and substance use disorders often die earlier than those without these disorders, mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease. VCH takes a "whole person" approach to treatment that provides care for patients' bio psychosocial needs. Treatment is patient centered and team driven.

PROCEDURES:

A. Screening

1. All new patients are assessed for behavioral health concerns at their first visit when they complete the Patient Stress Questionnaire (PSQ) for adults or the PHQ-9 Adolescent Version.
2. Returning patients are evaluated annually thereafter, or as indicated by the primary care provider.
3. Medical Assistants score the screening tool and the medical providers interpret the results.
4. Based on the results of the screening tool or the patient's current mental status/needs, a primary care provider calls Behavioral Health Services for a "warm hand-off".
5. The MA ensures that the patient being seen is placed on the schedule of the BHS clinician responding to the warm hand off as "triage".

B. Warm Hand-Offs

1. Ideally, a warm hand-off is when a medical practitioner links a patient in need to a Behavioral Health Services clinician by either:
 - a. Inviting the clinician/therapist to the patient's exam room, or
 - b. Walking the patient to the clinician's office.
2. The warm hand-off requires the following formalities:
 - a. An introduction facilitated by the provider, or another member of the Care Team, takes place between the patient and BHS clinician.

- b. Reassurance from the medical practitioner that treatment is integrated with patient's primary care through a team approach to their recovery including the sharing of relevant information via the electronic health record.
- c. The BHS Clinician documents the encounter briefly in the patient's EHR under *Order Management* and provides further details of the screening in a Progress Note.

C. Tasking BHS Referrals

- 1. All referrals are tasked to the ***BHS Workgroup*** in NEXTGEN, whether or not the patient was seen during a warm hand off or left before being seen.
- 2. BHS responds to all referrals within the same week they are tasked.
- 3. Once the patient shows for his or her first appointment, the BHS Clinician documents this in Order Management and checks "completed" under the referral.
- 4. Ongoing dialogue between the patient and the Care Team is also documented in the patient's progress notes.

ATTACHMENTS:

Reviewed and approved as indicated.

Chief Medical Officer

Date

Director of Behavioral Health

Date