



BHH PRIMARY CARE INTEGRATION

Hegira Health, Inc:

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HEGIRA HEALTH, INC (HHI), CCBHC

1971

Hegira has been a leader in behavioral health since 1971 and is one of the largest freestanding integrated health organizations in Michigan.

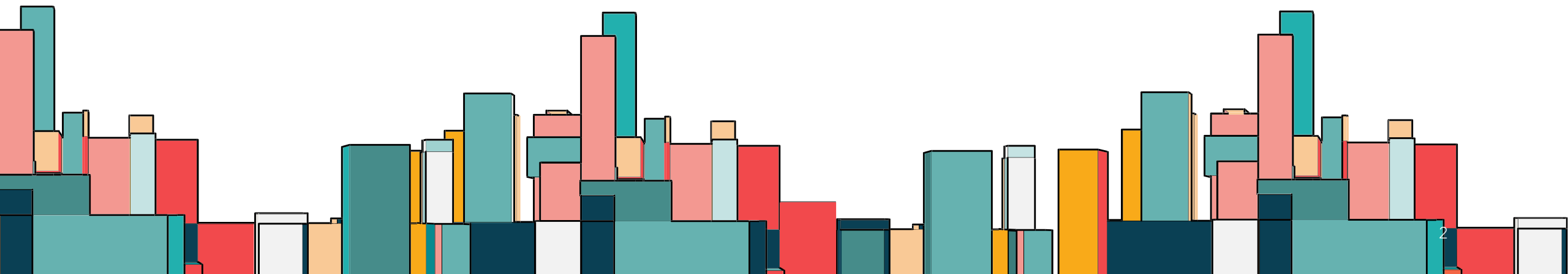
Wellness First

Hegira's mission is to help our service recipients to achieve "wellness" through integrity and resolve.

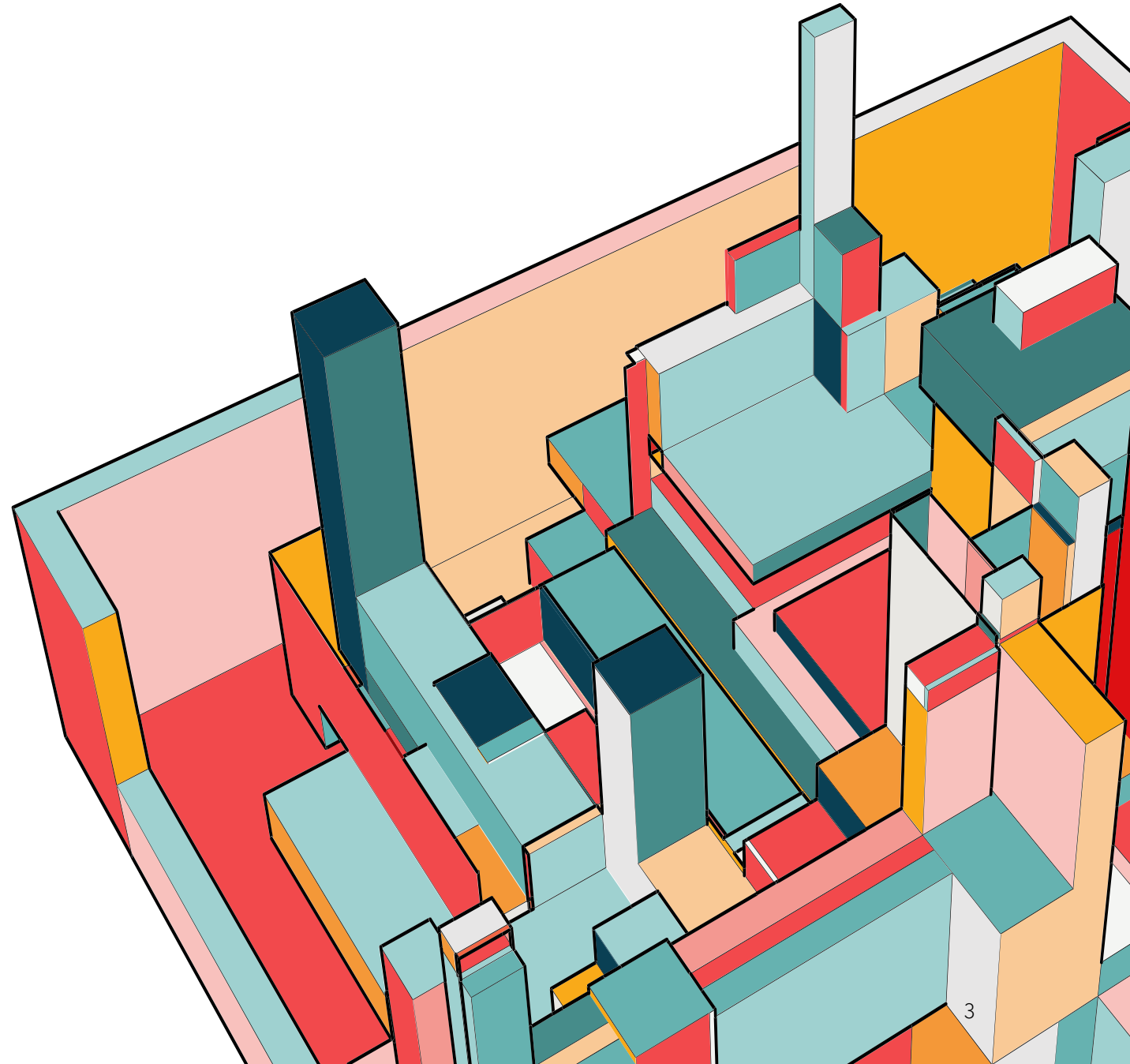
Large service continuum

Hegira employs a large number of employees to assist consumers of all ages with one of the largest service continuums in behavioral health.

SUD, DD, MH, CM, Withdrawal management, crisis walk-in and mobile response, community partnerships (SBIRT, COPE, Prevention, Homebased), ACT, WRAP, Primary Care, MAT, Residential, IMH,



INTEGRATION OF BEHAVIORAL AND PRIMARY HEALTHCARE



BHH INTEGRATION OPTIONS

Coordinated Care

Coordinated care includes minimal collaboration or basic collaboration at a distance. In this model, primary care and behavioral health providers communicate about shared patients, but maintain separate facilities and systems

Co-Located Care

Co-located care includes basic collaboration onsite, or close collaboration with some systems integration. Behavioral health and primary care providers in a co-located practice may share the same facility, but not necessarily the same practice space.

Integrated Care

Integrated care involves close collaboration in a partly integrated practice or full collaboration in a transformed/merged practice. Integrated practices use a systematic clinical approach to identify patients who are in need of behavioral health services and engage both providers and patients in shared-decision making.

IDENTIFYING A PRIMARY CARE PARTNER

Provides a wide array of physical health services

- MAT if possible for co-occurring individuals
- Some providers like FQHCs have a large continuum of physical healthcare and look for community partners.
- Consumers that can reach a one-stop shop have a better chance of accessing care.
- Reciprocal referral agreement

Shares a similar mission

- Care Coordination activities
- Assisting low-income individuals
- Strongly believes that Behavioral Healthcare is necessary for many people
- BHH necessitates a nurse position - ensure this person has appropriate time for direct care and regular case conferences.

COMPREHENSIVE HEALTH CLINIC

Located in Westland

CHC is co-located within one of our primary outpatient behavioral health services building.

BHH Consumers at CHC

Of the 225 BHH members enrolled with HHI, 81 (36%) utilize CHC as their primary care provider.

Services

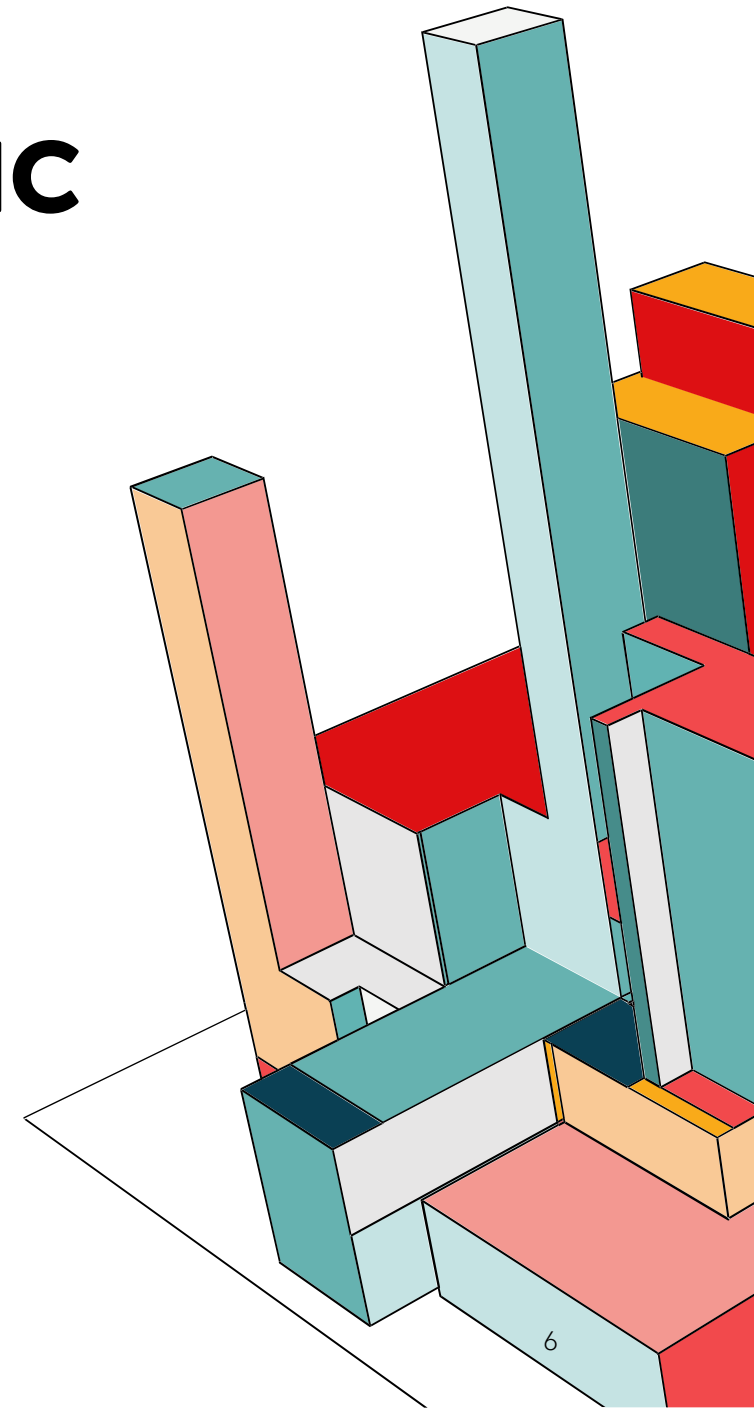
Primary Care
Medication Assisted Treatment
1 PT addictionologist
1 FT Nurse Practitioner

Referral Process for CHC

Consumers at CHC must be a consumer of HHI's behavioral healthcare spectrum of services.

Consumers are referred to CHC from:

1. Outpatient intake process
2. Staff referrals for existing consumers
3. Direct step-down referral after discharge from Oakdale Recovery Center



WORKFLOW PROCESSES

Consumer is identified using the DWIHN/State of Michigan eligibility criteria

A community health navigator meets with consumers to complete a care plan - explore goals, supports, potential barriers, needs

Navigator manages information within EMR system, within MHWIN for DWIHN and the WSA for the SOM

Consumers needs are addressed with existing staff or through internal transfers to behavioral health staff (e.g., therapist, psychiatrist)

Due to the similar services provided by CM and BHH, navigator staff act as CMs for resource management and care coordination.

Staff provide referrals externally for any services needed outside of HHI's service continuum.

On a weekly basis, staff meet to discuss consumers with outstanding or more acute needs. On a monthly basis, the team meets together to review records and see how to help non-compliance.

STAFFING AND THEIR ROLES

BHH Director

Reviews billing, provides training to direct BHH staff and agency staff, provides back up for care plans and follow up contact for consumers.

Community Health Navigator

Takes the lead in contact with consumers. Coordinates consumer needs with care team members and adds in others when needed. Manages WSA. Resource management.

Medical Assistant

Acts as the liaison between CHN and the primary care clinic, acts as backup to providing care plans and contact to consumer when needed.

Nurse and Nurse Practitioner

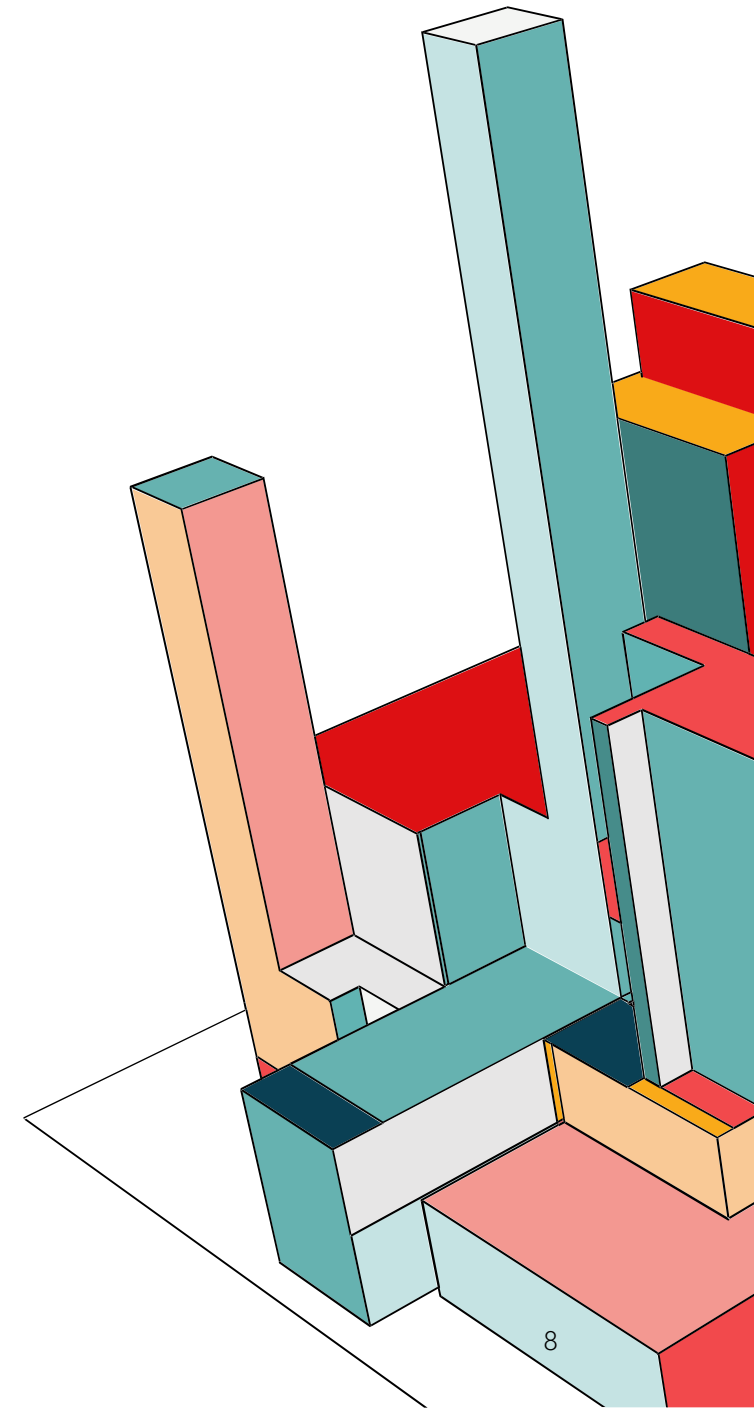
Provides medical problem solving, sees consumers for primary care and/MAT services. Provides a group education curriculum.

Psychiatry Supervisor

Back up for BHH consumers who are not having psychiatric needs met. On call for psychiatric questions.

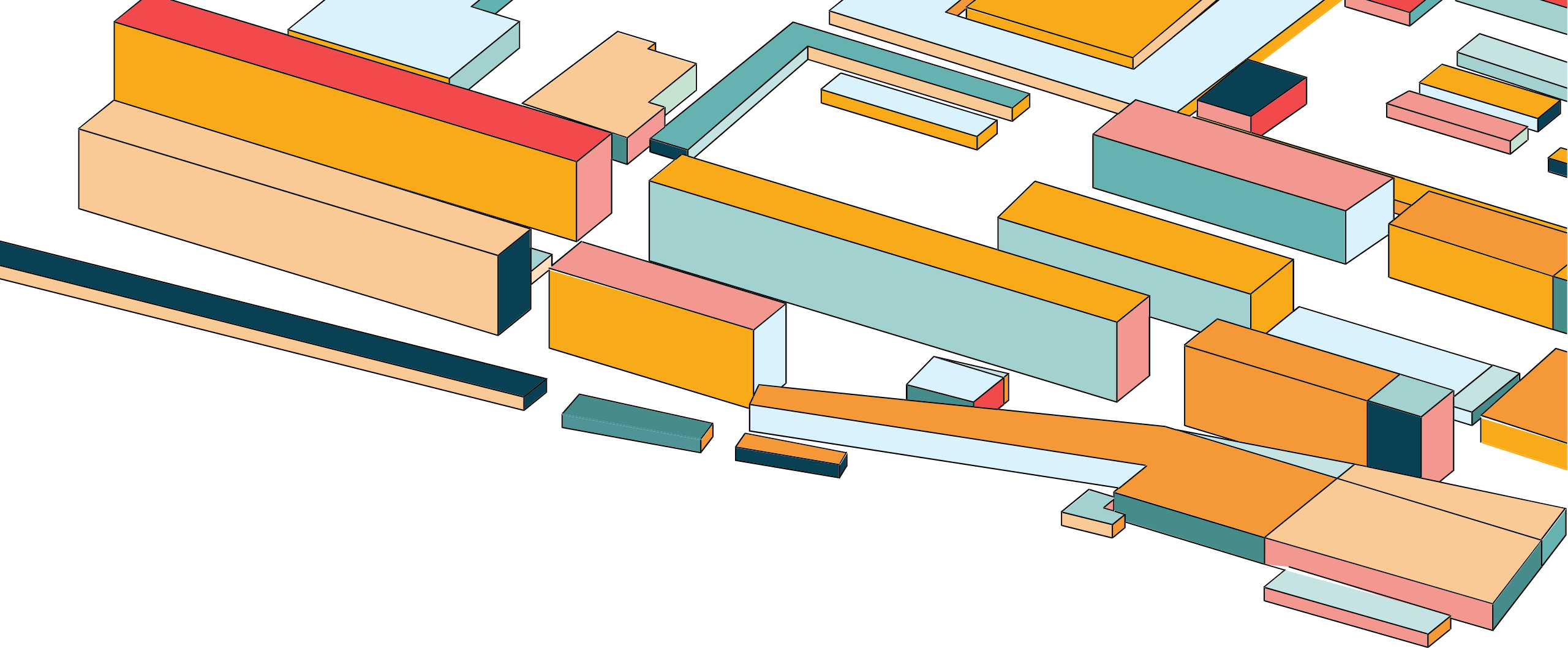
Peer Recovery/Support

Provides support through lived experiences. Enhances consumers motivation to continue treatment.

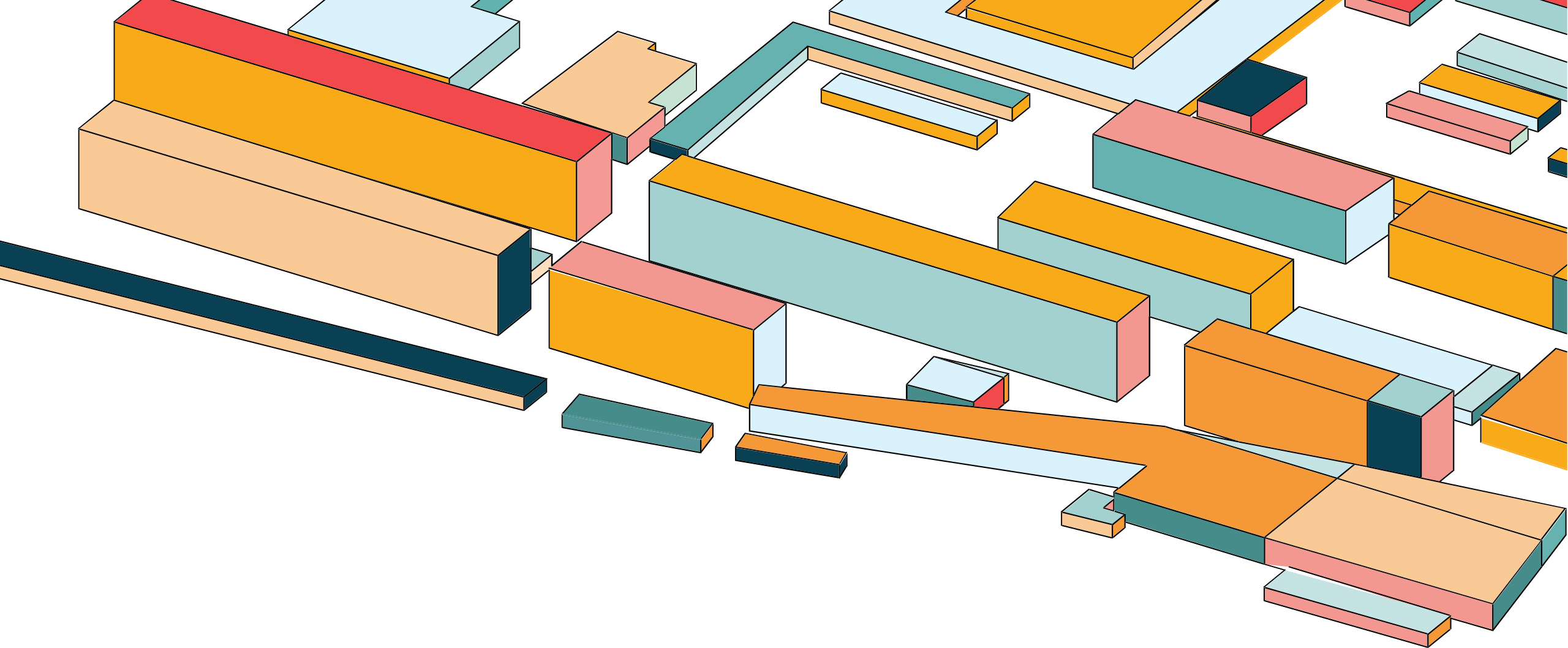


LESSONS LEARNED

- More training than we would have imagined.
 - Training on integration in general, training on eligibility criteria, training on the need for regular case conferences, training on the roles of the BHH staff.
- BHH director needed regular meetings with referral sources to discuss the interplay of BHH with other services (e.g. ACT).
- Patience is a virtue
 - Setting reasonable goals
 - Waiting for the systems and processes at the state and local level to match expectations (and vice versa).
- Creativity with consumer engagement.



BARRIERS



BHH SUCCESS STORY



QUESTIONS?