



Montgomery Cares

Behavioral Health Program Update

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CELEBRATING PATIENT PROGRESS & SUCCESS

Measuring success when working with patients with behavioral health problems is not always easy. The following patient stories are compilations of groups of similar cases, and all information has been modified so as not to violate confidentiality.

SUPPORTING STEPS TO INDEPENDENCE

After being separated from her husband for 12 years, Michelle immigrated to the U.S. to be reunited with him and to aid in providing a better life for her children and family who were still in Brazil. Michelle was being treated for asthma and hypertension, and she was referred to Montgomery Cares Behavioral Health Program by her doctor after she described fights with her husband, and because she seemed depressed. The Nurse Care Manager met with Michelle for an assessment, and presented her case to the BHP treatment team. Michelle had multiple symptoms of depression and anxiety, however, the main stressor was the on-going physical, sexual, and emotional abuse she was experiencing. The team diagnosed her with adjustment disorder with depressed mood and recommended that the MCBHP team provide her with referrals and support to address the domestic violence.

Over the course of almost two years, the BHP provided on-going support to Michelle as she gradually moved toward independence. After attempting to leave her husband at least once unsuccessfully, she suffered (continued on page 2)

Adding Psychiatry Services Expands and Enhances Patient Care

The following chart shows the number of patients and encounters that the MCBHP psychiatrist saw in fiscal year 2010.

	Patients	Encounters
Holy Cross – Silver Spring	12	36
Proyecto Salud	35	114
Mercy	39	124
TOTAL	86	274

TRAUMA & TORTURE SURVIVORS: PATHS TO RECOVERY

Imagine having to leave your home, your family, and your professional job with almost no warning because you were arrested, severely beaten, burned and abused, and you are in fear for your life. Somehow you scrape together the resources to get on a plane, and a friend of a friend helps you get a tourist visa. You arrive in a foreign country where you do not speak the language, have only the name of a distant relative, and have no money. "I left a life full of success and have become a vagabond," is how one patient described this experience.

When the MCBHP began working with Amadou he looked like he was about to collapse whenever he came to the clinic. He reported experiencing overwhelming fear almost all the time, (continued on page 2)

IDENTIFYING THE ROOT OF THE PROBLEM



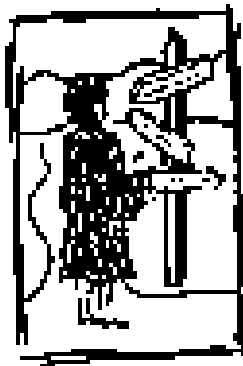
Eleanor sobbed uncontrollably as she shared her story with the care manager. A 42 year old African American woman, she was referred to the BHP by her medical provider after sharing details about her insomnia, depression and living conditions.

During her intake with the care manager, it was clear that Eleanor's (continued on page 2)

Michelle, continued from page 1

an additional incidence of severe physical abuse. She went through the process of filing a protective order and the court mandated that her husband leave the home. The BHP support services included numerous food and clothing referrals, assistance with job searches, help with transportation to referral sites for food, and translation at job sites. The patient maintained contact with the BHP even though she moved to North Carolina for part of the two years, and was back in touch with them when she returned to Maryland.

With the support of the MCBHP and the Abused Persons Program, Michelle was able to start English classes, find another job and focus on bettering her life and the lives of her children. She is now becoming more proficient in English and has a job. Her children have immigrated to the U.S. to be with her, and she remains separated from her husband. She has found herself again and has started a new chapter of her life.



Amadou, continued from page 1

cried multiple times every day, and had thoughts about ending his life. He had not slept more than one or two hours a night for months. Much of his story was too painful to tell, and the MCBHP was fortunate to be able to coordinate services with his therapist to spare the patient the pain of retelling his story over and over again.

The MCBHP accompanied Amadou to medical appointments in the clinic and worked hand in hand with the medical providers to treat wounds that he had received almost a year earlier in his own county. After the Care Manager assessed him, Amadou started taking antidepressants. However, his symptoms did not respond to the first course of treatment. He met with the MCBHP psychiatrist, who over the course of several months made changes to his medications. She reported that of all the patients with PTSD she has treated, Amadou's symptoms were among the worst. Gradually, after many setbacks, his mood has improved, and he now says that for long periods of time he feels like himself again.

Giving hope for a better future is very important. The Care Manager was able to connect Amadou with a pro-bono attorney who assisted him with his application for political asylum. Over the course of months, Amadou diligently followed all the recommendations of the people working with him. His file for the political asylum case included pictures that the medical staff had taken, and letters from his medical provider, care manager and the psychiatrist. Amadou was granted political asylum at his first hearing, probably because of such compelling evidence backing his case.

Today Amadou faces the incredible challenge of finding a job as an immigrant in a recession. But, he knows that there is hope, and that if he made it through the past year, anything is possible. He has received his social security card and is dreaming of the day when his children will join him in the United States.

Eleanor, continued from page 1

strong character had helped her through years of difficult situations. Like many patients, she described life growing up in a dysfunctional home where she had suffered abuse. She had used alcohol and cocaine to cover up her pain and at one point felt so low that she went out and bought poison with the intention of taking her life. Eleanor had been clean for five years since signing herself into an inpatient treatment center and had worked hard to obtain her associates degree. Despite this, she described a long series of problems with jobs and relationships that continued to haunt her.

A victim of job cuts, she had been unemployed for eight months, and was currently sleeping on a friends' sofa. It was clear that she needed immediate help. Eleanor's symptoms included insomnia, feeling that she was a failure, excessive worry, lack of energy, and most importantly she was experiencing active suicidal ideation. The assessment with the care manager opened the door to a series of visits with the team members. Eleanor was evaluated by the resident psychiatrist, who diagnosed her with bipolar disorder, and initiated medical treatment. The BHP team kept in close touch with her, anchoring her care, particularly at the beginning.

Looking back at her life, Eleanor now thinks that she should have been treated for bipolar disorder many years ago, and regrets that it took so long to obtain a diagnosis and start treatment. Today, a year after starting her treatment, Eleanor lives with a family member and is applying for jobs and looking forward to eventually re-enrolling in college to pursue a career in nursing. She is hardly recognizable when she comes to clinic well-dressed, wearing make-up and a big, grateful smile. Eleanor best summed up her change by saying, "You guys helped me not to cuss and get angry at everyone all the time."

FIRST TIME TREATMENT FOR LONG TERM DEPRESSION AND ANXIETY

The Behavioral Health Program routinely encounters patients who have moderate and severe symptoms of depression, anxiety and PTSD who have never received treatment.

Mark, a 25 year old Guatemalan and Maritza, a 45 year old Salvadoran are examples of this type of patient. Mark was diagnosed with PTSD that was severely affecting his ability to function. The memories of being attacked several years ago continued to return to him, and he found it difficult to leave his home, hold a job, or have successful relationships.

Maritza's severe anxiety manifested in panic attacks, multiple aches and pains and gastrointestinal problems, but her medical doctor was unable to identify a medical reason for her complaints. She had gone to the Emergency Department several times during her attacks, sure that she was having a heart attack.

Both of these patients were started on SSRIs to

treat their symptoms, and Maritza was also given a short-term prescription for Clonazepam to use until the SSRI began to take effect. Both patients responded well. Their self-reported symptoms decreased, and this was reflected in lower scores on the PHQ-9 and GAD-7, the instruments that the BHP uses to track depression and anxiety.

Mark took medication for three months, and decided to discontinue use of medication at this time because his symptoms were greatly improved. The BHP usually recommends a treatment course of at least six months. Mark had also sought out therapy services, and felt that he had better coping skills. He was encouraged to return for treatment if his symptoms returned.

Maritza has responded well to SSRIs and after a couple of months no longer took Clonazepam. She will take medication for a year while the BHP continues to monitor her, and then will be counseled on her options of continuing or stopping her medication.

CONNECTING PATIENTS TO INSURANCE AND ENTITLEMENTS

Patients often need assistance connecting to programs that will pay for on-going care, and the BHP routinely screens patients for eligibility for medical and social service entitlement programs. Some of the things that the BHP commonly identifies and assists patients with are:

- **Patients who qualify for Primary Adult Care Program (PAC):** *BHP will assist them with their application, and assist them with transferring to another care provider once it is approved.*
- **Patients who qualify for Food Stamps of other entitlements because they have U.S. born children:** *BHP will assist patients with their application and refer them to SEUs where they can complete the application process.*
- **Patients with medical and mental health diagnoses who may qualify for disability:** *BHP assists these patients with information and may also work with doctors or psychiatrists to complete the medical portion of their claim.*
- **Patients who have Medicare but who do not understand that it is insurance or patients who have Medicare but who do not use it because of associated costs.** *It is not uncommon for a senior to have a Medicare card, but not understand why they received it or how to use it. It is also not uncommon for the co-pays associated with Medicare to be prohibitive to seniors on a fixed income. The BHP is able to assist them to complete the Qualified Medicare Beneficiary application, under which Medicaid will pay for their co-pays if they are income-eligible. The BHP can assist them with a transfer to a provider that accepts their*

BHP Patient Interviews: 96% Satisfaction Rate

As part of the 2009 evaluation, Georgetown University Department of Psychiatry conducted telephone interviews with twenty BHP patients. Patients received services from between 5 to 48 months, and 96% reported that they were satisfied with the services. All of the patients had received medications, fifty percent also reported receiving support/therapy from the MCBHP staff and 25% reported receiving social service referrals. When asked about what was most helpful, 85% of patients said that both the medications and the additional services were important. 15% percent of patients said that the medications were the most helpful.

“If it hadn’t been for the clinic, I’d be dead right now.”

“I wanted to die, but now I feel better.”

“They have helped me a lot. Before, I wanted to be alone, I wanted to leave, I only felt like crying, and I didn’t know what to do; not anymore.”

“I sleep better and I feel happier now, before I was very aggressive.”

“I see life from a different point of view now; they helped me to give sense to my life. Now I know problems can be solved.”

“This is a great program and I thank God and the doctors, because in my case it worked 100%”

For more information about the Behavioral Health Program:

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COALITION OF
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