



Montgomery Cares Behavioral Health Pilot Update

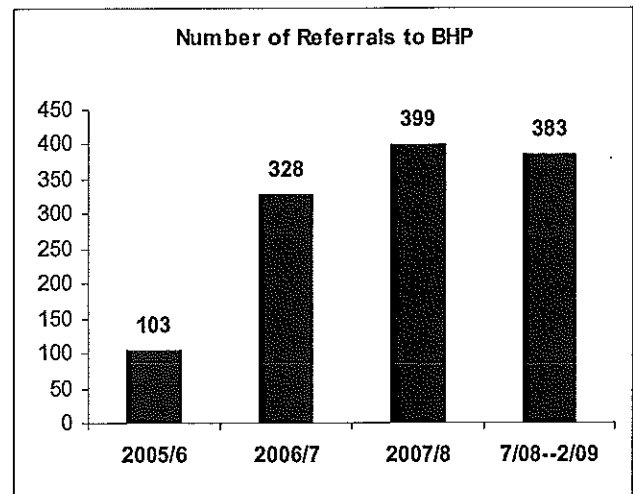
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Increases in Referrals and Patients Served at All Three Clinic Sites

Demand for the services of the Behavioral Health Pilot (BHP) have steadily increased over time as services have been established at three sites. In its fourth year with a stable staff at Proyecto Salud, Mercy Clinic, and Holy Cross Clinic, referrals to the program are increasing steadily, and projections are that by the end of the year there will be a 3 percent increase in the number of patients referred compared with the prior year.

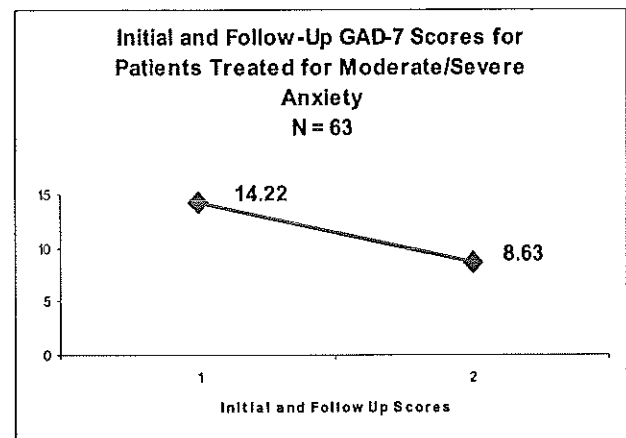
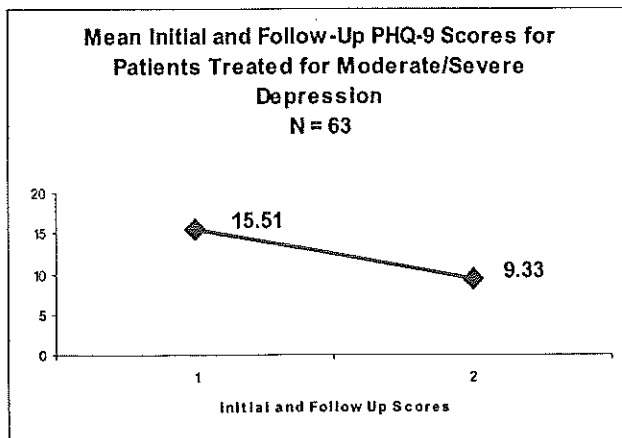
In addition, BHP staff had 1,120 patient encounters between July and December 2008, which is up 23 percent from the prior year. In eight months the total of 383 referrals from providers was almost equal to the number of referrals in the prior year.

Last year the BHP provided services to 5 percent of Proyecto Salud patients, 15 percent of Holy Cross patients, and 11 percent of Mercy patients.



Patients Treated for Depression and Anxiety Improve

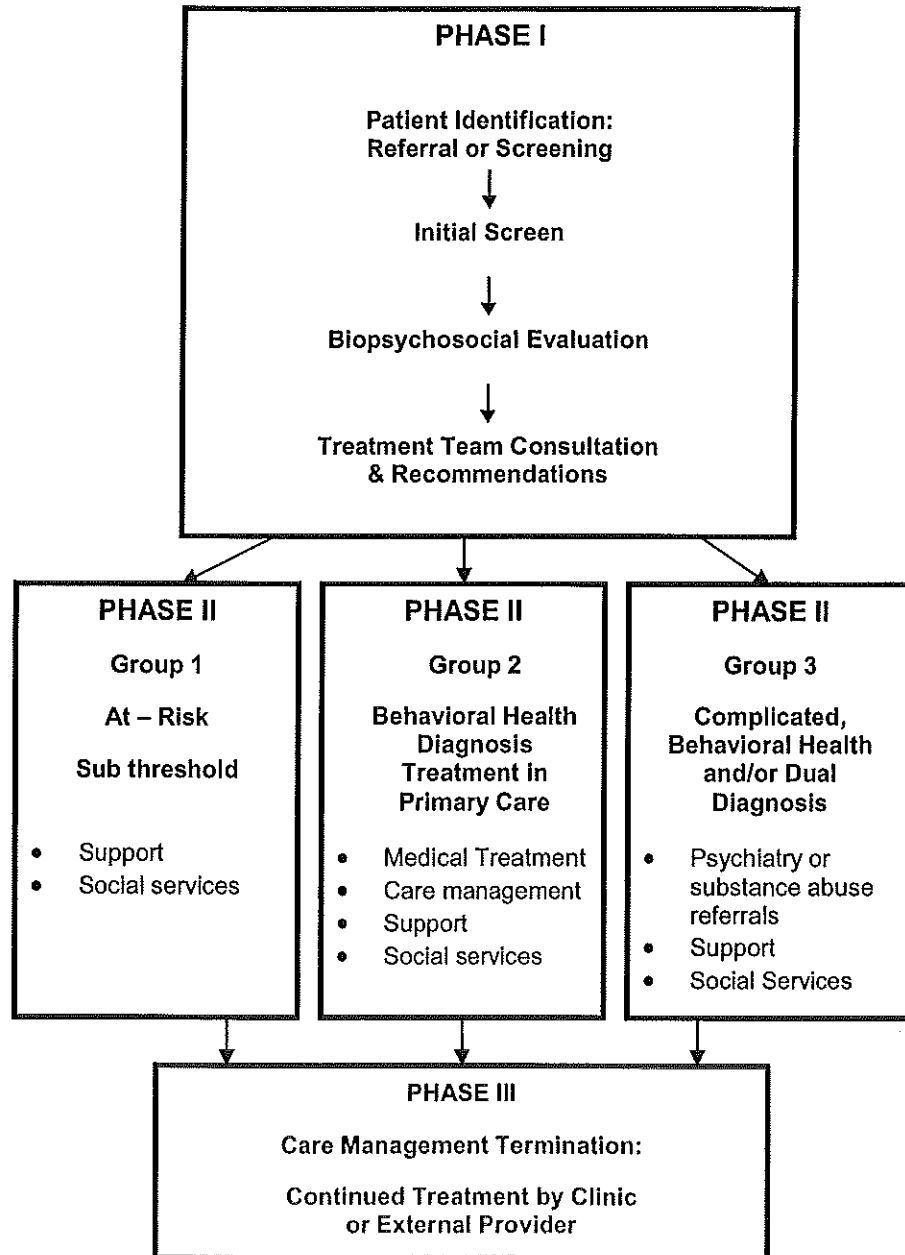
A key element of the care management provided to patients in the BHP is to objectively and systematically track patient scores on standardized instruments in order to measure their response to treatment and to make changes in treatment when patients are not responding. The Behavioral Health Pilot utilizes the PHQ-9 to track response for depression and the GAD-7 for anxiety. The goal for patients who are treated for a mental health disorder is to achieve and maintain remission. Remission is achieved when a patient's score in the 'minimal/mild' range is maintained. Patient's scores are entered into CHL Care as lab scores. Patients are scored during their initial evaluation, and then on a regular basis during their treatment. Program data, analyzed by the program evaluator, Georgetown University Department of Psychiatry, indicates that on average, patients with depression and anxiety improved significantly. The analysis controlled for the number of days between the scores and the results were statistically significant.



Behavioral Health Pilot Collaborative Care Process



Prevalence estimates suggest that 20-25 percent of primary care patients suffer from depression and/or an anxiety disorder (Mergl et al., 2007).



Georgetown Psychiatric Resident Adds Level of Care

In January 2009, the Behavioral Health Pilot started to work with Dr. Agdell Hernandez, a 4th year resident of the Georgetown Psychiatry Residency Program. This new initiative aims to address gaps in service for patients with more complicated mental health problems, but who may still be appropriate to treat within the primary care setting with some direct

psychiatric consultation services. When a patient's diagnosis is difficult to determine, or a patient is not responding to treatment, the BHP staff schedules the patient to see the resident.

The resident's role is to:

Conduct in-depth psychiatric evaluation of patients with complex

mental health needs to determine diagnosis whether they can be treated in the primary care setting

Make recommendations about diagnosis and initial treatment or make recommendations about changes in treatment for patients who have not responded to initial treatment.

Provide on-site consultation

and education services to medical providers about psychiatric medications and treatment

It is important to note that the role of the resident in the program is NOT to become the primary psychiatrist for patients, but to continue to work within the collaborative care model as a consultant to the primary care providers.

Medication Algorithm For Depression and Anxiety

The BHP utilizes a formulary and treatment algorithm for treating patients with depression and anxiety. The algorithm takes into consideration factors such as safety of use, cost, and effectiveness. One of the main reasons the program has emphasized the use of citalopram is that citalopram drug-drug interactions are minimal, in general patients experience fewer side effects, and it is effective at treating both depression and anxiety disorders. It has less activating properties than some of the other SSRIs. Some patients may not respond well to citalopram, or may experience side effects. In these cases, the BHP may recommend the use of a different medication. Occasionally, the BHP recommends the use of Clonazepam for patients with severe anxiety or anxiety in specific time limited situations. However, if long-term treatment for anxiety is necessary, use of benzodiazepines such as Clonazepam or Alprazolam is **not** recommended.

Patient History	Medication Choice	Medication Follow-up 2-12 weeks
Patient with no prior history of psychiatric medication and no known medical or psychiatric co-morbidities that contraindicate use of citalopram	20 mg citalopram	If tolerated and patient scores drop to mild/no symptoms range, maintain on same medication, If the medication is tolerated and the patient has some response but does not achieve full remission as indicated by PHQ/GAD scores in mild/no symptoms range, titrate to next dosage Mild side effects – consider starting with lower dose or another medication
Patient with prior history of successful treatment	Consider medication which resulted in successful treatment in past; for non-preferred or off-formulary meds, discuss with consulting psychiatrist	Moderate/Severe side effects: Stop medication; consider different medication; seek consultation with psychiatrist
Medical or psychiatric comorbidities	Consider other medications on formulary; for non-preferred or off-formulary meds, discuss with consulting psychiatrist	If clinically worsening, Consult psychiatrist for change in meds
SEVERE ANXIETY: Either in the setting of other psychiatric condition, or in the setting of extreme, time limited distress	Clonazepam 0.5 mg, one to two times per day	Consult with psychiatric consultant to discuss long term use as Clonazepam can be addictive



**PRIMARY CARE
COALITION OF
MONTGOMERY COUNTY**

Behavioral Health Pilot Goal

To establish an evidence-based collaborative care model in community-based primary health care settings serving Montgomery Cares patients to:

- Identify patients with mental health needs;
- Evaluate the patients to determine diagnoses and appropriate levels of care; and
- Collaborate with primary care providers to provide appropriate treatment including medication, support, social service intervention, and/or referral to primary psychiatric or substance abuse services.

PROGRAM STAFF

Proyecto Salud
Talia Benami-Rosas, LGSW, Care Manager
Francesca Monteforte, Family Support Worker

Mercy Health Clinic:
Marta Baker, LGSW, Care Manager
Priya D'Souza, Family Support Worker

Holy Cross Clinic
Pat DeLeon, RN, Nurse Care Manager
Alicia Beltran, Family Support Worker

Project Director
Jennifer Pauk, LCSW-C, MPH

The Primary Care Coalition, in conjunction with the Montgomery County Abused Persons Program, presents:

**DOMESTIC VIOLENCE IN THE
PRIMARY CARE SETTING**

Friday May 8, 2009

1:30 – 4:00 pm

Primary Care Coalition

8757 Georgia Avenue, 10th Floor

- Information on the dynamics of domestic violence
- Assessment tools for domestic violence
- How to intervene in the clinic setting
- Information about local resources

Please RSVP by Friday, May 1st to Jennifer Pauk, Director of the Montgomery Cares Behavioral Health Project, at jennifer_pauk@primarycarecoalition.org or 301-628-3407.

The Role of Supportive Services in Behavioral Health Care

Mary was a 40 year old woman from Jamaica who had been living in the US for approximately four years. She reported that within the past six months her husband, a US citizen, became verbally and emotionally abusive towards her. The husband participated in illegal drug activity, promiscuous behavior with another woman and consistently demanded that Mary give him her paycheck.

Mary was referred by her doctor to the BHP because the doctor suspected she had depression and social service needs. During the intake she admitted to having thoughts of suicide and also thoughts of homicide. Her employment was not secure and she was living in a basement that frequently flooded. She reported a high level of marital discord.

The staff of the MCBHP linked her with the shelter system and the Montgomery

County VASAP program for counseling and pro-bono legal consultation. They contacted her weekly by phone and provided supportive counseling and behavioral activation at each of her clinic visits.

Eventually Mary decided to leave the abusive relationship. She was placed in a shelter and continued to maintain a busy schedule that included attending clinic, VASAP, and immigration appointments, a full-time work schedule, and fulfilling shelter requirements.



In the first two months of 2009 the BHP made

- 56 referrals for food
- 8 referrals for housing,
- 15 referrals for employment services.