

**Organization: Advocate Health Care****Contact person: Mike Moonan ([Michael.moonan@advocatehealth.com](mailto:Michael.moonan@advocatehealth.com))**

Summary of BHI Innovation: We have a mobile Integrated Behavioral Health Hub at Christ hospital. It is staffed by psychiatrists and other BH providers. Nursing at all south region hospitals (Christ, Trinity and South Suburban) conducts screening for BH condition for patients with common chronic medical conditions. The hub then helps the ED or inpatient team manage the patient in a way that has significantly decreased length of stay. They then refer for outpatient BH care. The hub also serves as a resource for “curbside” consultations to primary care physicians affiliated with Advocate to help them more effectively and efficiently care for patients with BH conditions. This innovation has been so successful we are moving it to the north region hospitals this year. In addition, we have a couple of large primary care practices with embedded BH providers that support the co-management of BH and medical conditions. This is in pilot phase and is anticipated to be expanded within the year.

**Cook County Health and Hospitals System****Responsible Contact: Mark Loafman, MD, MPH**

Summary of BHI Innovation: Illinois residents served by the Cook County Health and Hospitals System (CCHHS), which includes Stroger Hospital, the Provident and Oak Forest regional centers, 16 community based primary care clinics, health centers at Cermak and the Adolescent Detention Centers, and the County Health Department, suffer a disproportionate level of comorbid mental and behavioral health issues. When unmanaged, these behavioral health conditions are associated with excessive rates of chronic disease, acute illness, trauma and violence which result in costly medical and criminal justice services and disparities in life expectancy and life quality. In response, CCHHS has launched a boundary-crossing collaborative improvement process to restructure existing personnel and resources to quickly begin addressing the behavioral health needs of our population of service at every point of care, deploying evidence-based processes to identify opportunities to engage the patient in therapeutic services. Once processes and improvements are refined the project plan calls for expansion of staff and services until the entire population is served. Cost savings are projected to allow for this expansion.

**Organization: DuPage County Health Department****Contact person: Jason Knorr, LCSW**

Summary of BHI Innovation: Mr. Knorr oversees clinical integration for DCHD’s four primary care clinics, one behavioral health clinic and an inpatient behavioral health unit. DCHD is using an array of screening tools (SBIRT, CAGE, CRAFFT, etc.) to appropriately screen all DCHD patients so that they can build a population health model for BHI, and so that they can connect patients seeking medical care to behavioral health specialists in a “warm handoff”. This eliminates need for patients to make another appointment and gets the patient needed behavioral health services faster than using former referral processes.

**Organization: Elmhurst Clinic and Linden Oaks Medical Group****Contact person: Donald Lurye, MD, CEO, Elmhurst Clinic**

Summary of BHI Innovation: Our family medicine practice in Oak Park has embedded a doctoral level psychologist. She huddles with the family physicians to review their schedules daily to identify patients who may need behavioral intervention. She will often do a brief screening following the family doc's visit and can then either advise the family doc, schedule follow up with the patient or consult a psychiatrist who is part of LOMG. This has saved the physicians a good deal of time, and patients are much more accepting of behavioral health care when it is part of the primary care practice instead of functioning separately. We will shortly be able to present data on our experience so far.

**Organization: Regional Mental Health Center, Merrillville, IN****Contact person: John Kern, MD**

Summary of BHI Innovation: Dr. Kern, a psychiatrist, has developed a team of LCSWs who provide BHI at North Shore Health Center, a nearby FQHC. Dr. Kern is the consultant psychiatrist and handles the complex cases and has provided process algorithms to allow the primary care providers to handle the less complex cases. The FQHC has 40,000 patients and 0.1 FTE psychiatrist. He works one half day a week doing 3 hours of face to face patient visits. Every day he is on call for the PCPs at the FQHC. He average 3-4 calls per day, about five minutes per call. Overall this takes about 5 hours each week. The behavioral health caseload is about 2,000 of the 40,000 patients. He works with three mid-levels who are social workers. He is called by the social workers for about 1 in 8 cases. Daniel Yohanna, MD, director, University of Chicago psychiatric residency is now training his residents using this model as they work in FQHCs.

**Organization: University of Chicago Medicine & Biological Sciences, Chicago****Contact person: Daniel Yohanna, MD**

Summary of BHI Innovation:

We have integrated two psychiatric clinics per month into a primary care group and hired a social worker and behavioral health post-doctoral student to screen, provide behavioral health services individually and in groups to selected populations in primary care. We are testing a computer based screening developed by Robert Gibbons, Ph.D. for depression for all patients in this population. We have introduced medication protocols for primary care to help guide PCP to properly use psychotropic medications

We have integrated behavioral health psychologist and a psychiatrist into the adult oncology programs

We will begin to supervise behavioral health services in the pain clinic this year

**Organization: Southern Illinois University School of Medicine, Department of Family and Community Medicine****Contact Person: Janet R. Albers, MD, Professor and Chair**

Summary of Behavioral Health Integration:

*SIU has four residency training program sites across the central and southern part of the state, in Springfield, Quincy, Carbondale and Decatur. Each site has uniquely integrated behavioral and mental health services within their NCQA accredited patient centered medical homes.*

-Springfield – The Springfield program, a federally qualified health center and residency training program, has on-site behavioral health consultants – LCPC or LCSW – that see patients as part of the team. Rather than referring patients for evaluation or services elsewhere, the patients are seen within the medical home where they are more comfortable. If specific needs are noted at the time of a medical visit, the BHC can see the patient immediately for a brief intervention and schedule a more in-depth services as appropriate. In addition, the BHC and provider may huddle prior to clinics to target specific patients who may benefit from services. The BHCs may address behavioral issues such as smoking cessation or pain management as well as more specific mental health issues such as anxiety or depression. As part of BHI grant funding, a process was initiated for all patients to undergo depression and substance abuse screening with immediate referral as indicated. Additionally, as part of the MOSAIC project for children in Springfield, all children are screened for social and emotional needs from birth to age 18. This unique project including community mental health, the school district, community health workers and primary care has targeted early prevention, screening and recognition of mental and behavioral health issues in children with positive outcomes including improved engagement in therapy and improved school attendance. Lastly, the Center has on-site psychiatry services – both adult and child – for consultation, diagnostic evaluation and treatment as part of the interdisciplinary team. The key objective is not only service to patients but TRAINING future providers in a model that may be adopted for their future practice.

Quincy – PEDSCARE is a program that the Quincy Residency Program (and FQHC) adopted as part of an Illinois Children’s Healthcare Foundation grant. They have onsite behaviorists as well as a psychiatrist, similar to the Springfield program. In addition, they have multiple group educational/therapy sessions available for children and adolescents with mental or behavioral health needs, within the medical home.

Carbondale – The Carbondale program purchased a mobile Care-A-Van to bring medical and behavioral health services to four area high schools in the region using a medical provider and behaviorist. This highly successful program is through a partnership with IDPH. The residency program also partners with the graduate program in psychology at SIU-Carbondale to provide services with PhD psychology interns on site in the medical home.

Decatur – The Decatur program has an onsite behaviorist who provides traditional behavioral health services within the medical home.

**Organization: PrimeCare Community Health****Contact Persons: Jim Christoforidis, MD and Mary Worden, Psy.D.**

Summary of BHI Innovation: Under the direction of Drs. Christoforidis and Worden, PrimeCare is in the process of implementing a program for:

- Population-based screening for depression in adolescents and adults age 12 and greater on an annual basis.
- Guideline-based treatment of persons diagnosed with depressive disorders in three treatment arms--medication only, therapy only or medications and therapy. Therapy arm of the program involves a phased Problem Solving Therapy treatment plan.

Care management of persons diagnosed with depressive disorders, ensuring reassessment of response to treatment at scheduled intervals, identification of adherence issues associated with medication treatment and escalation/modification of treatment plan for patients who fail to improve or who have worsening symptoms.