Behavioral Health Interdisciplinary Program (BHIP)
Team Based-Care

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What’s New in VA Outpatient General Mental Health Care?

Behavioral Health Interdisciplinary Program Team-Based Care

Collaborative
- Engaged & effective teams
- Shared strengths, expertise, and decision-making
- Improved work processes

Veteran Centered
- Veteran-driven goals
- Recovery-oriented care
- Evidence-based treatment

Coordinated
- Access to care
- Continuity of care
- Managed care transitions
• Background of Staffing Model/Team-Based Care
• BHIP Team
• Veteran’s Role
• Services Provided
• MH Continuum of Care
• BHIP Goals
• BHIP Pilots
• Current and Future Steps
Building an Outpatient General MH Staffing Model

• In November 2011, VHA committed to developing an outpatient mental health staffing model to ensure adequate general outpatient MH staffing and timely access to care.

• Historically, facilities have had flexibility to determine staffing mix based on local resources and needs.

• Sites could benefit from additional staffing guidance.

• Initial focus was on developing staffing guidance for general mental health (GMH), with the intent to build an overall, comprehensive mental health staffing model, encompassing all of MH.
Building an Outpatient General MH Staffing Model

- Mental health adapted the process used by VHA Primary Care to develop population-based guidance.
- Development of the outpatient GMH staffing model considered findings in:
  - academic literature
  - consultation with other health care systems
  - VHA’s utilization & staffing data
- VA considered a number of factors in developing the model, including:
  - Veteran population in the service area
  - The mental health needs of Veterans in that population
  - Range and complexity of mental health services provided in the service area
Outpatient General Mental Health Team Staffing Model Ratio

- The model includes a specific staffing ratio per panel of Veterans in general outpatient mental health services and incorporates team-based concepts.

- The model’s clinical staffing ratio is:

<table>
<thead>
<tr>
<th>Employee Category</th>
<th>FTEE for MH Team Panel Size of 1,000</th>
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</thead>
<tbody>
<tr>
<td>Total MH Clinician: Licensed Independent Providers (LIP)/Autonomous Providers</td>
<td>5.1-5.5</td>
</tr>
<tr>
<td>Admin. Clerical Support</td>
<td>0.5-1</td>
</tr>
<tr>
<td>Non-LIPs</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total FTEE</strong></td>
<td><strong>6.6 -7.5</strong></td>
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What is the Behavioral Health Interdisciplinary Program (BHIP) Team?

An interdisciplinary team, based on the staffing model ratios, working together to focus on the Veteran’s mental health and well-being

Mental health professionals:
Psychiatrists, psychologists, nurses, social workers, marriage and family therapists, clinical pharmacists, licensed professional mental health counselors, peer specialists, and others

Administrative staff:
Program support assistants, clerks, and others
Veteran’s Role in BHIP

- Value Added
- Evidence based care
- Access to care
- Recovery oriented care
- Inter-D team

Treatment Goals
What Services Does a BHIP Team Provide?

GMH → BHIP

- Intake Assessment
- Medication Management
- Individual Psychotherapy (incl. EBP)
- Group Psychotherapy
- Case/Care Management

GMH BHIP

Behavioral Health Interdisciplinary Program
Where Does BHIP Fit Within the MH Continuum of Care?

- PRIMARY
  - PC
  - PC-MHI
  - ED
  - SELF/Community

- SECONDARY
  - GMH
  - BHIP
    - Intake Assessment
    - Medication Management
    - Individual Psychotherapy (incl. ERP)
    - Group Psychotherapy
    - Case/Care Management

- TERTIARY
  - PTSD
  - INPT
  - SUD
  - RRTP
  - MHICM/PRRC
What are the Goals of BHIP Team-Based Care?

• **ACCESS:** Provide Veteran-centered care tailored to the Veteran’s needs — the right care, at the right time, every time

• **VETERAN CENTERED:** Work with the Veteran to identify his/her own personal goals for mental health recovery and well-being

• **COLLABORATIVE:** Help the Veteran achieve his/her goals by providing proactive, integrated, comprehensive outpatient mental health care

• **COORDINATED:** Manage and coordinate transitions between mental health services so that the Veteran does not become “lost in the system.”
Collaborative, Veteran-Centered, Coordinated Care

The BHIP team plays an essential role in assuring ongoing access by:

- Working at the top of their licenses
- Streamlining processes for Veterans
- Coordinating care for Veterans
- Managing Veteran panels
BHIP Pilots & Qualitative Evaluation

• In spring 2012, VISNs 1, 4, 17, and 22 began pilots

• Interviews with 16 Pilot Sites at the 4 Pilot VISNs in FY13Q2

• Providers perceptions about changes in care as a result of transitioning to BHIP:
  – 76.5% reported increased continuity of care
  – 93.8% indicated improved relationships between providers
  – 50% discussed improved Veteran access to care
  – 50% reported increased overall Veteran health status
BHIP Pilot Qualitative Evaluation: Implementation Facilitators

• Core aspects supportive of BHIP
  – Regular team meetings attended by all BHIP members
  – Daily “huddles” to discuss patient issues
  – Building in care evaluations into standard practice
  – Staff retreats for training and to foster collaborative relationships
  – Obtaining leadership and Veteran buy-in
BHIP Team Implementation in FY14

- Incremental VHA-wide implementation with continuous quality improvement and feedback loop
  - Every VA healthcare system/medical center to implement one general mental health (BHIP) outpatient team, as defined by the mental health staffing model, in FY14
  - Each BHIP team will contain the recommended number of team members, and each team will provide interdisciplinary care for an assigned panel of Veterans.
Implementation Pathway Options

2 Months

ROLLOUT PHASE

- Memo release
- National and VISN-level calls
- SharePoint Library of Implementation Tools

IMPLEMENTATION PHASE

- Timeline
- FY14 and beyond

Local self-directed implementation

- National and VISN-level calls & support
  (Didactics, Q&A; OMHO site visits; Weekly OMHO/VISN MH Liaison conference call)

Collaborative series
  (formal coaching support for teams)
Overall BHIP Evaluation Plan: How Will We Know It’s Working?

• Focus of Evaluation
  – Structure
  – Process
  – Outcomes

• Assessment of Effectiveness
  – Access
  – Quality
  – Staff Productivity/Efficiency
  – Veteran and Staff Satisfaction
  – Veteran Engagement and Care Transitions
BHIP Team-Based Care: FY15 and Beyond

- Building strong initial teams
- Providing more structure and guidance to the field based on Pilot and Collaborative data
- Continuing re-assessments of sites
- Revising model guidance based on continuous feedback loop with the field
- Broader rollout to increase # of BHIP teams at all sites