Behavioral Health & Wellness, LLC

As Senior Clinicians in the pursuit of Integrated Care, we have been

Traversing Deserts of Limited Funding….

& Crossing Canyons with Missing Resources

BHW – Est 1992, Grand Junction, CO

- Chris Young, PhD., Clinical Psychologist
- Caroline Hughes, RN, LPC
- Cheryl Young, M.A., LMFT
- Natives of western Colorado. Chris practiced integrated care in Post Doc with US Navy (National Naval Hospital) and then USMC Air Station and Paris Island. Caroline was a CCU nurse supervisor who recognized the missing link was behavioral health. Cheryl worked in integrated care settings with schools prior to starting BHW.
- In 2004 BHW moved into a new building with three large PCP clinics (family med, pediatrics, sport med).
- 1992 – 2023 BHW grew from 3 clinicians and no staff to 22 clinicians, 2 psych assistants and 7 support staff.

BHW Vision… ***To equip and empower behavioral health to:***

- Establish a “continuum of care” from integrated warm hand-offs/brief tx to intensive outpatient between BHW and primary care clinics.
- Address the full spectrum of health needs (screening, prevention, treatment, and crisis stabilization) using EBP.
- Provide team-based health care services in patient friendly primary care settings.
- Ensure access to affordable care for Medicaid, Medicare, and commercial. Provide some pro bono care for underinsured.

The “Senior” Clinician Perspective

- 83 years of combined clinical experience.
- Provided integrated care before it was called *integrated care*.
- This session will be an honest discussion- the good, the bad, and the ugly of private outpatient and integrated care.

BHW Current Status

- Multidisciplinary team (Psychologists, LMFTs, LCSWs, LPCs, MHPNPs, Psych Assistants)
- 19 Licensed Clinicians, 4 Clinical Fellows
- **Integrated care contracts with two primary care clinics, including a pediatric clinic (4 licensed and 2 Fellows).**
- Comprehensive testing lab including neurocognitive, ASD, concussion, general psychological assessments.
- Forensic Assessments / Police Psychology Contracts
- **Formal Fellowships (Psychologist & Masters Level).**
- Tier I Medicaid Status (one of two in RAE Region)

THE GOOD…

1. BHW integrated clinicians - 12 years of Level 5 Integrated care with 2 primary care clinics. (BHW outpatient stuck at Level 3/4). No turnover of licensed IBH in past 6 years.
2. Patient improvement accelerated with IBH and EBP.
3. Shared values, mutual appreciation, and respect.
4. Developed an Integrated Care Fellowship that includes training, supervision, & capstone project. All Fellows trained and certified in EMDR by end of fellowship.
5. Capstones have included:
    1. Post Partum Mood Spa, Mindfulness Based Pain Tx (pre/post testing), Integrated neurocognitive testing (RBANS)
6. Integrated care practices are associated with reduced burnout for physicians.

THE BAD…

- COVID and decreased funding from federal programs harmed efforts at integration. *Commercial insurance failed to add funding for IBH yet benefitted from the medical cost offset.*
- Most traditionally trained BH clinicians are not prepared, interested, or capable of practicing IBH. *It is harder, it can be lonely, the pace is unreasonable.*
- A licensed BHC will make more money in solo/silo outpatient (cash only or insurance), *especially TH, seeing 4-6 patients per day with minimal documentation.*
- Due to decreased funding IBH will see an average of 8-14 patients per day, *extensive documentation, complex billing, ridiculous task boxes, most will be compensated comparable to CMHC.*

THE UGLY…

- Most PCP practices have declining revenue. Hiring BHCs increases revenue. This revenue is not shared with the BHC.
- National turnover in BH is already very high (30-40% annual & 49% -70% triannual).
- One study on IBH: 54% of all psychologists and social workers hired for IBH quit or were fired within 8 months.
- Smaller medical facilities have higher attrition rates compared to medium/large. Two predictors for higher turnover - lower age of BHC and lower job satisfaction.
- Turnover expensive for organizations (1/2 to 2 times the employee's annual salary), but in behavioral healthcare it can have real implications for patients.

Dialectical Viewpoints IBH Job Satisfaction

- Training and use of evidence-based treatment models increases job satisfaction- **but the excessive documentation and rigid adherence to the EB model can create the opposite effect.** ***Are we clinicians or lemmings?***
- IBH is of great value- increasing IBH clinicians identifies BH needs- **but few outpatient BHCs accept Medicaid or even commercial insurance. Where do we refer these patients?**

Dialectical Viewpoints Training & Support

- Supervision and ongoing clinical mentoring, incredibly important- **no funding for this in private BH or PC.**
- Frequent Clinical Training (used to close gaps and expand knowledge and confidence)- **no funding for this in private BH or PC.**
- Organization or supervisor expressing interest in BHCs future personal and professional growth- **no funding for this in private BH or PC.**

Dialectical Viewpoints Fellowship Training

- Fellowships for outpatient and IBH increases retention and successful IBH clinicians- **but narrowing a Fellowship to just IBH fails to prepare clinician for anything beyond IBH.**
- The best Fellowship opportunities should be offered from successful BH practices that include a continuum of care, are multidisciplinary, and expose Fellows to a variety of experiences- **but there is no funding for this in private sector.**

IF YOU BUILD IT…. THEN WHAT?

- Who buys BH clinics? *Mostly companies that have venture capital- their goal is to make money off BHCs, to limit or deny Medicaid/Medicare and harass clinicians about productivity.*
- Small medical practices and small BH practices days are numbered *unless or until payers adequately reimburses for high-quality patient centered care that is integrated*.

WE BUILT IT …. NOW WHAT?

- BHW - 30+ years, a great family of clinicians, staff that we love, patients that teach us something new every day.
- Some of us have been together for 20+ years! One of our clinicians cleaned the toy closet when she was 12 for $, she worked for us at front desk, then psych tech, then a clinical fellow, now LPC.
- We have watched each other's children grow up and become parents themselves. We have suffered through tragedies together.

WHY WE ARE GLAD WE BUILT IT.

- Patients got better.

OUR ADVICE:

- Do BH for the right reasons.
- Don’t do it for the money (you will be disappointed). Fight hard for your value, know how much money your employer makes off your work and their costs).
- Don’t be a solo-silo practitioner – if you do, be careful you don’t turn into paid friend or life coach.
- Train broadly, read everything you can about being human.
- Spend time getting to know yourself, you will change as you grow, compassion fatigue is a real thing, have a plan.

Ryan R. Landoll, Matthew K. Nielsen & Kathryn K. Waggoner (2018) Factors affecting behavioral health provider turnover in US Air Force primary care behavioral health services, Military Psychology, 30:5, 398-403, DOI: 10.1080/08995605.2018.1478549

Amy D. Herschell, David J. Kolko, Jonathan A. Hart, Laurel A. Brabson, James G. Gavin, Mixed method study of workforce turnover and evidence-based treatment implementation in community behavioral health care settings, Child Abuse & Neglect, Volume 102, 2020,104419, ISSN 0145-2134