

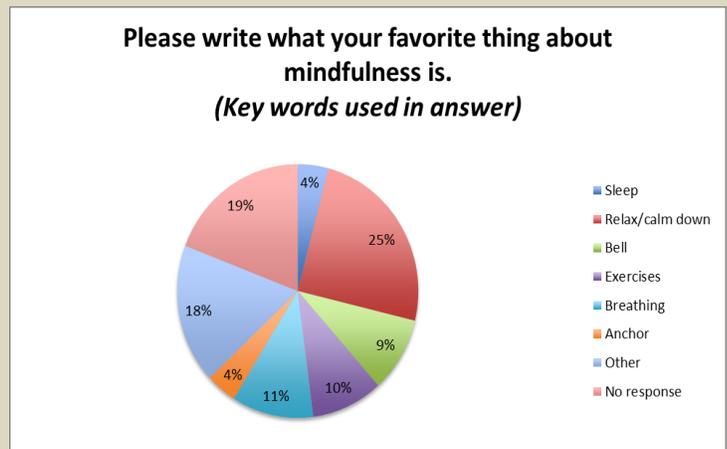
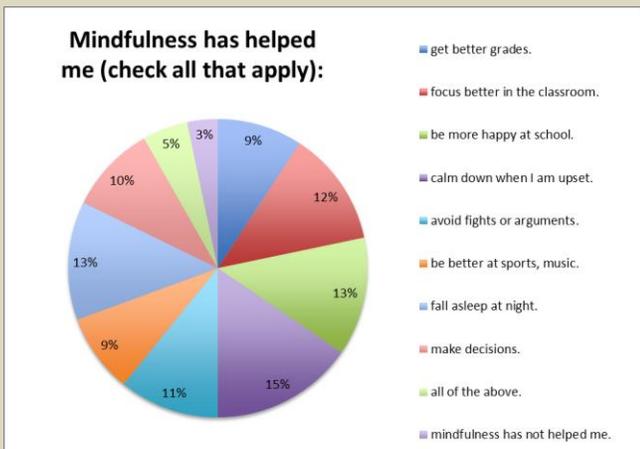
Improving Behavioral/Mental Health 2016-2017

Our 2016 CHNA revealed that we have a shortage of mental health providers across our network campus communities with our rural areas most affected. Additionally, we learned from our 2016 CHNA survey that approximately one third of our population experiences one or more poor mental health days when asked about the last 30 days. Our goal is to improve the mental/behavioral health for residents in the Lehigh Valley through prevention and access to appropriate, quality mental/behavioral health services while building infrastructure across our St. Luke's University Health Network (SLUHN) communities through the Department of Community Health & Preventive Medicine (CHPM).



Prevention and Wellness:

Public health research has effectively indicated that changing the environment for communities can create effective behavior change. We have built infrastructure to support this as we continue to collaborate to include anti-bullying, mindfulness and yoga practices for staff and students into the behavioral health component of our Adopt a School Model at Bethlehem, Allentown, Bangor and Panther Valley School Districts. Additionally, Bethlehem and Allentown School Districts are embarking on trauma informed care models with community partners such as SLUHN and the United Way. In the 2016-2017 school year, CHPM supported mindfulness in 13 classrooms across 3 schools, and provided open after school yoga programs at all three schools.

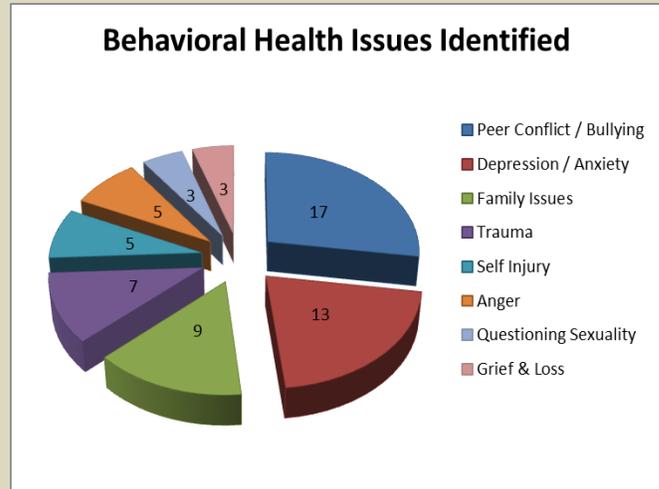
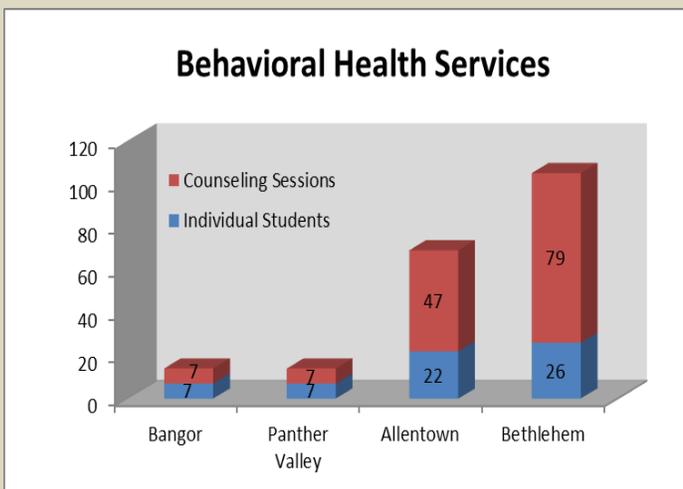




Additionally, across SLUHN, Employee Wellness launched Silver Could which is an online behavioral health program for employees and their spouses.

Care Transformation:

SLUHN is committed to identifying new models of care to more effectively address mental health, including routine screening of all patients for behavioral health issues through PHQ-2/9, using Integrated Behavioral Health models, and through collaboration with other community agencies. In order to enhance the nature and scope of mental health interventions to fill gaps, improve effectiveness, reduce stigma, and identify and address problems early behavioral health services are being offered on the mobile vans. Each student seen on the Mobile Health Van is screened for behavioral health issues and services are provided by a licensed clinical social worker (LCSW), in partnership with Pinebrook Family Answers and United Way of the Greater Lehigh Valley. This service is offered in four different districts as seen on the bar chart. Students utilizing the services have indicated a variety of needs with the majority being peer conflict, bullying or depression and anxiety related. These programs are offered in conjunction with the schools and guidance counselors who are an integral part of care delivery.



Additionally, efforts have begun across SLUHN to increase the proportion of primary care facilities that provide mental health treatment through a collaborative care model or medical home/case management model. We have also increased depression screenings by primary care providers for adolescents and adults and are working towards building capacity for community-wide approaches to addressing mental health needs in the local communities served by SLUHN. We are also working towards the incorporation and support of mental health counseling services within the HeartsLink clinic for providing free care for

uninsured and poorly insured individuals. We also continue to work towards promoting access to care for mental health services for the geriatric population.

On a network level a behavioral health specialist was embedded into two separate sites through the behavioral health service line, splitting time between practices Monday through Friday. Initial access to behavioral health services was expedited within these sites. The behavioral health specialist assists primary care providers in recognizing, treating and managing behavioral health and psychosocial issues and acts as a contributing member of the primary care team. They provide assessment, brief therapy services and referrals for more intensive behavioral health services for patients in integrated primary care settings.

Results of the behavioral health integration pilot have been positive:

- Between 8/1/15-8/1/16, 700 patients were seen for 1256 visits. As a result, in FY17 brief therapy and referral services were provided at 11 PCP sites with two LCSWs splitting their sites.
- There is momentum to pilot this model at rural sites and possibly include telemedicine.
- Over 8000 behavioral health crisis situations resulted in connections to care/services.
- An Innovations van transport service was implemented to transport patients for the Partial Hospitalization Program (PHP) and home from inpatient psych units (650 rides to and from PHP on FY17).
- 97% of patients seen reported a reduction in symptoms following an integration visit. PHQ9 scores indicated a 58% reduction in depressive symptoms following integration visit(s)
- The PHQ 2 and 9 are used Network-wide, additionally for OP, PHP and Integration to measure reduction in symptoms for depressed patients.

Research & Partnerships:

Partnerships with area agencies such as the United Way, Pinebrook Family Answers, Shanthi Project and the Pratyush Sinha Foundation continue to grow in order to offer services in schools. To further reinforce the need for clinical practice integration, SLUHN staff attended the Delaware Valley Accountable Care Organization Fall CME Conference and the 3rd annual Geisinger Primary Care Behavioral Health conference. Physicians participated in the planning, development and implementation of integrated behavioral health services in SLUHN. When developing the program, staff reviewed existing behavioral health integration programs in the region including ones from the Geisinger Health System, Abington Health System and Main Line Health System. Collaborations with area universities to build a strong provider base continue to grow and develop with Lehigh University, DeSales University and the Lewis Katz School of Medicine at Temple University.

On a community level, we are developing a partnership with Penn State ProWellness and our Adopt a School districts to pilot study to identify best practices for school-wide mental health assessment models.

CHPM and Behavioral Health at SLUHN have been actively involved in county and health bureau task forces to combat the opioid epidemics currently being faced by our communities. There are opioid task forces in communities serving Bethlehem, Allentown, Quakertown, Miners and Quakertown campuses. The intent is to build better collaboration between systems, particularly the county and the hospital, to ensure people seeking care are referred to and connected to recovery services. In partnership with the Northampton County opioid task force, we applied for and received a grant for \$103,000 from the Pennsylvania Division on Crime and Delinquency. The money will be used to focus on increasing the availability of Naloxone, address opioid addiction through the Bethlehem and Bangor police as referral sources, in addition to workplace trainings (<http://www.mcall.com/news/local/bethlehem/mc-bethlehem-heroin-opioid-abuse-grant-20170418-story.html>).

Work is also under way to develop Trauma Sensitive Programs. This United Way led effort would allow partnerships with community organizations to implement trauma sensitive programs in partner schools and provide training for SLUHN department and service line staff to provide trauma sensitive care to patients.

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