PROMISING PRACTICES

Washington Association for Community Health

CHC Community Health Center OF SNOHOMISH COUNTY

The Association Promising Practice reports aim to support Community Health Centers in leading and developing disruption and innovation by identifying successful innovations and communicating promising practices to the statewide network

COMMUNITY HEALTH CENTER OF SNOHOMISH COUNTY SHARES PROMISING PRACTICE: BEHAVIORAL HEALTH TRIAGE CLINICIAN, A KEY ROLE IN THE FIGHT AGAINST BURN-OUT AMONG MENTAL HEALTH PROVIDERS.

During the pandemic four years ago, an influx of behavioral health cases made it incredibly challenging for the Behavioral Health Provider to maintain a full schedule of providing patients care while simultaneously remaining available for crisis calls/situations. After analyzing the situation, the Community Health Center of Snohomish County (CHC) created a new position, Behavioral Health (BH) Triage Clinician, to lessen the load of their BH provider. CHC also created a special phone number that would break through the "noise" of routine calls going to their BH Coordinator. The role lent itself well to the pandemic world since some patients were not able or comfortable going into the office to seek support.

OVERVIEW

The BH Triage role has been a valuable tool in the fight against burn-out of mental health providers. It also gives primary care, dental and others a routine way to access an on-the-spot consultation for providers and support for patients. This has proved to be especially important for CHC as they have few onsite BH staff.

The BH Triage provider does not carry a patient schedule and is available to take calls or meet with patients in person. Triage duties vary depending on the volume and type of calls that come in. BH Triage may talk directly with patients or consult with providers/staff for next steps/support. Main components of the BH Triage role are risk assessment, safety planning and resource sharing.

STAFFING & TRAINING

As BH needs arise in many settings in healthcare, CHC strives to support all facets of their organization. There is "No Wrong Door" to seek help from the BH Triage. They welcome calls from any clinic or role in their organization. All new providers receive information about the BH Triage Role during onboarding.

CHC acknowledges that the secret to success is having a BH Triage Clinician who has expert level understanding of risk assessment, safety planning, the process for involuntary hospitalization, the community mental health system and other outside behavioral health resources. The BH Triage calls for a clinician who can work calmly and compassionately with patients (or their loved ones) who are emotionally escalated or in some type of crisis. The role requires the ability to make quick judgement calls and pull in outside resources when needed (i.e., welfare check, designated Crisis Responder).

CHC sought executive leadership team support to create the role. They worked with HR to change the formal job description to capture all duties and they continue to grow and fine-tune the role. For example, BH Triage has recently started calling patients to check in following an inpatient psych hospitalization.

The role coordinates all referrals and intakes in addition to triage duties (supporting high schedule utilization). And, because the rest of the Behavioral Staff do not have to stop what they are doing (or keep part of their day open) they are able to provide billable services without interruption.

RESULTS TO DATE

CHC's goal is to support behavioral health patients with rapid, real-time connection with behavioral health support. This role was designed in alignment with the Coordinator Role to access scheduling and resource sharing in one interaction. They have been tracking calls for the past two years and to date they are on course for an 18% increase from 2022-2023. This year BH Triage has gotten calls from primary care providers, RN's, call center, walk-in clinics, family/friends, self (patient can call coordination line and leave messages), nutrition, dental, front desk, medical assistants, from other BH Team members and via the portal.

Successes after hiring BH Triage Clinician

- No turnover on BH Team in 4 years (except 2 psych NP positions).
- Patients speak with an expert level provider who has the time it takes to adequately assess risk and safely plan without disrupting service to another patient.
- 90% of the calls were managed by BH Triage with no further intervention needed (which saves cost to the larger medical system), while 10% of the calls were told to go to ER, 911 was called for a welfare check or the process for involuntary hospitalization was initiated.

Challenges

- On rare occasions, two BH Triage calls come in at once.
- Having a coverage plan in place when the one BH Triage Clinician is out.

CHC Behavioral Health Team



Lessons Learned

- Ongoing education is necessary to maintain awareness of the service to keep it well-utilized and growing.
- Patients often start the conversation for BH care with Triage because they are comfortable and familiar with the CHC system and providers.
- BH support is sometimes needed by teams who they would not typically expect to hear from (i.e., dental, nutrition).

Next Steps

- Evaluate if more FTEs are needed to meet the needs of the organization as they grow, and patient volumes increase.
- Find strategies to improve the workflow for contacting patients following psych discharge.



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