

***REliance***

HelpLine:  
*The team you can depend on.*  
 1(800) 900-3277

Presented By:  
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 Lolita Manigbas, RN, Quality Director.

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***Behavioral Healthcare Helpline  
(BHCHL)***

*A regional toll-free member service phone line that provides crisis intervention, crisis counseling and provides answers for behavioral health care questions and concerns.*

1 (800) 900-3277

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**BHCHL Learnings Objectives**

**At the end of the presentation, the attendees will be able to:**

1. Verbalize the Phone number to access the Behavioral Healthcare Helpline (BHCHL) .
2. State at least 2 services provided by the BHCHL.
3. Discuss how the BHCHL aligns its services with the KP Promise.
4. Identify at least one measure of success for the BHCHL Program.
5. Describe one limitation of the BHCHL Program.

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**CLINICAL QUALITY STRATEGIES**



**PERSON-CENTERED:** Providing respectful and responsive care that is designed to give our patients the best possible experience.

**SAFE:** We are the safest system in which to receive and provide health care. This means avoiding harm to patients from the care that is intended to help them.

**EFFECTIVE:** Providing services based on scientific knowledge to all who could benefit.

**EFFICIENT:** Achieving top quality outcomes through evidence-based clinical practices that reduce waste and promote efficiency.

**EQUITABLE:** Providing personalized and inclusive care for all members and patients.

**TIMELY:** Respecting the value of time for both patients and each other.

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### What is Behavioral HealthCare HelpLine (BHCHL)

- A regional toll-free phone line - 1 (800) 900-3277.
- Operates 24/7, 365 days a year
- Staffed by licensed mental health professionals
  - ❖ Licensed Clinical Social Workers
  - ❖ Marriage Family Therapists
- Staff are credentialed by KP's Credentialing and Privileging Committee every 2 years.
- Answers calls regardless of the member's benefit, including non-members.
- Ensure member's rights are recognized and protected.

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### What is Behavioral HealthCare HelpLine (BHCHL)

- Providing:
  - ❖ The highest level of quality service, accessibility and continuity
  - ❖ Crisis counseling
  - ❖ Crisis intervention
  - ❖ Answers to behavioral health care questions
  - ❖ Communication between members and the appropriate KP personnel
    - Notify KP providers of their encounters with members, via the KP Health Connect system, for continuum of care throughout the KP system.
  - ❖ Referrals to Southern California (SCAL) Kaiser Permanente (KP) members
    - Behavioral Healthcare (BHC) Services
    - Drug and Alcohol Services
- Involving community emergency medical and law enforcement personnel for wellness checks, emergency evaluations, emergency transport and as needed

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**Quality:** Staff are credentialed, and calls are monitored for quality

**Service:** Staffed by licensed mental health professionals

**How the BHCHL aligns with the KP Promise**

**Access: Always available - Operates 24/7, 365 days a year**

**Affordability: Toll-Free 1 (800) 900-3277**

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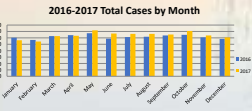
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2017 BHCHL Calls

- 109,666 total calls
- 45,998 member calls.
- 38,388 of the member calls required behavioral health intervention
- Comparison of member calls that required behavioral health intervention for 2016 and 2017:

Month	2016	2017	Change
January	3011	2814	-6.5%
February	2827	2714	-4.0%
March	3137	3462	10.3%
April	3208	3157	-1.6%
May	3288	3048	-7.3%
June	2931	3129	13.6%
July	3048	3313	8.7%
August	3082	3314	7.6%
September	3181	3259	2.5%
October	3237	3033	-6.3%
November	3041	3180	4.8%
December	2900	3007	3.7%
<b>Total</b>	<b>35241</b>	<b>38388</b>	<b>10%</b>




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Protocols have been put in place to provide direction and guidelines for the BHCHL Clinicians.

- PRESENTING SYMPTOMS/PROBLEMS
- GENERAL INFORMATION
- PSYCHIATRIC CLINICIAN ASSESSMENT AND ADVICE
- REQUIRED DOCUMENTATION/ACTION

42 protocols:  
(Anxiety/Panic Attack to Violent calls)

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### Quality Performance Measures

- The BHCHL comply with applicable regulatory and accreditation review requirements.
- Calls and documentation are monitored to ensure the best quality service is provided consistently and to recognize superior performance.
- All calls are recorded, using the NICE System, for quality and performance expectations.
- Five random calls, per month, for each BHCHL clinician are monitored (15 calls/documents, per staff, per quarter).
- Call/documentation indicators will have an aggregate score of equal to or greater than 95%.

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### Quality Performance Measures

- Quality Improvement (QI) Coordinators reviews the BHCHL tracker to monitor the documentation of each call.
  - The BHCHL Clinician is monitored on a routine basis to assure quality, consistency and accuracy
  - The BHCHL Department Manager/Supervisor approves the final score and review with staff for feedback, training, coaching and counseling

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### BHCHL Call & Documentation Monitoring Evaluation Form for Member Calls.

NO.	DOCUMENT	Score
1	Sub-Header	
2	Header	
3	Text	
4	Text	
5	Text	
6	Text	
7	Text	
8	Text	
9	Text	
10	Text	
11	Text	
12	Text	
13	Text	
14	Text	
15	Text	
16	Text	
17	Text	
18	Text	
19	Text	
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### BHCHL Call & Documentation Monitoring Evaluation Form for Member Calls.

BHCHL DOCUMENT SYSTEM		
1.0	Document the patient's signs	1
2.0	Document the patient's history	1
3.0	Document the patient's symptoms/signs (including frequent calls)	1
4.0	Document the patient's vital signs/physical diagnosis from patient's report or EP health (AHEAD of symptoms)	2
5.0	Document the patient's understanding of chronic/acute conditions (level, stage, therapy, Mx, outcomes work, patient education) or co-morbidities (per HPI)	2
6.0	Document the physician regarding patient's status/condition/pathological condition (past present, history, treatment, medical history)	3
7.0	Document the document/interactions based on documented signs/symptoms/physical and Pathology & Procedures	2
8.0	Document the assessment of subjective signs of condition to take the place of other	2
9.0	Document the discussion of resources for care/education (or Emergency Department, Urgent Care Clinic, OTC, Department of Health and Family Services, Police Department, Adult Protective Services, Pharmacy/Advance Medical, maintenance services, resp, mental, bereav, social, religious, etc. etc.)	1
10.0	Document the maintenance of vital signs document with the date of action (Problem, Assessment, Plan)	1
11.0	Check system needed and correct documentation	1
12.0	Complete accuracy of appropriate data in BHCHL database including correct information	1
13.0	Document the type of case/counsel, i.e. Member/Visitor	1
14.0	Document the time of arrival patient, 30, 1, 15, minutes of call as indicated by transcription	1
15.0	Document the date of telephone contact	1
<b>TOTAL SCORE</b>		<b>100</b>

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- ### Quality Performance Measures
- The data is presented in table format, Statistical Process Control p-chart and Pareto diagram.
  - Quarterly, the BHCHL Call Monitoring Report is presented to the Case Coordination Center Quality Improvement Committee.
  - Annually, the BHCHL Call Monitoring Report is presented to Quality Evaluation Support team (QuEST) to forward to the Southern California Quality Committee (SCQC).

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Key Improvement Metrics:	Results:
100% of the random BHCHL clinician call documents will meet 95% of the required indicators.	100% of the BHCHL Clinician call documents randomly monitored met or surpassed the goal of meeting 95% of the required indicators. (1/1/17-12/31/17)
Documentation indicators will have an aggregate score of equal or greater than 95%.	99.14% average for BHCHL Call/documentation monitoring of the standardized BHCHL Call/documentation indicators.

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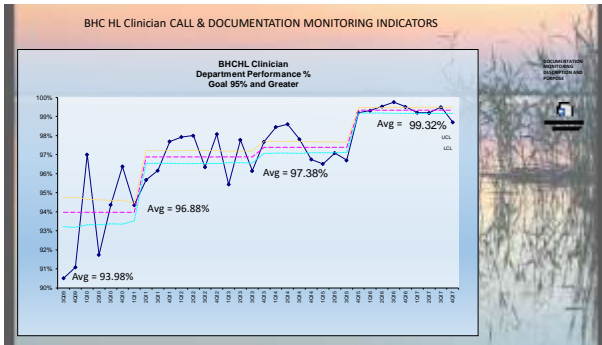
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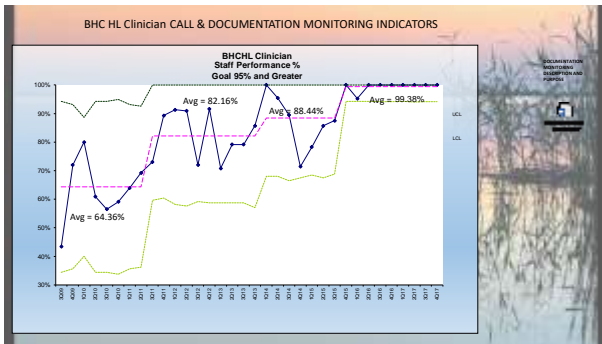
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### BHCHL Learnings and Limitations

- What are the most important take-home messages (learnings and limitations)?
  - ❖ Learnings:
    - The BHCHL is available to all callers regardless of the member's benefit.
    - The BHCHL provide information, crisis risk assessment and intervention from simple deep breathing exercises to arranging for immediate emergency service as needed.
    - The BHCHL provide a seamless application of Behavioral Healthcare benefits, accessibility and treatment through the member's continuum of care.
  - ❖ Limitations:
    - Ensuring all members are aware of this benefit.
    - Ensuring all KP staff and employees are knowledgeable of this process and benefit.
      - ✓ The BHCHL is not an appointment line. (While this is a function BHCHL performs *as needed in high risk cases* where an emergency same day, or next day MH appointment is indicated, it is not their role to book routine MH appointments.)
      - ✓ The BHCHL does not advise on Medications or act as a pharmacy representative.

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### BHCHL Learnings and Limitations

- What are the next steps?
  - ↳ Inform and educate the KP community of the benefits of the Behavioral HealthCare HelpLine.

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Get involved...You do not have to be a behavioral health expert to advocate for mental health....

Changing minds about mental health...  
Someone you know has a mental health problem  
Ready to start your conversation?  
You don't have to be an expert to talk about mental health.  
Talk, but have an strategy being there will make a big difference.  
Keep it simple: reach out, phone, email or text.  
Don't get into about mental health that affect everyday things as well.  
Remember that you care: small things can make a big difference.  
Be patient: let our thoughts catch up.  
Find out more about mental health and how to be there for someone at [greenribbon.ca](http://greenribbon.ca)




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Any Questions?



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Acknowledgments:

Presentation: ..... Christopher Brown, RN,  
Presenter 1 ..... Lolita Manigbas, RN,  
Presenter 2 .....  
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Ruth (BHCHL Clinician) ..... Karmen Del Pinto  
Karmen Sanders (Caller) ..... Rob Sanders (Husband) ..... Rob Barlow

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