

**ANMC Department Service Agreement
Behavioral Health and Family Medicine Departments**

The following is a collaborative service agreement between the Behavioral Health and Family Medicine Departments. The departments agree on the following scope of practice for the provision of primary and specialty care.

Core Competencies Agreements:

Behavioral Health will provide the following core competencies:

PCC and Fireweed Locations (Fireweed location sees eligible and non-eligible customers)

- Critical incident debriefing
- Medication evaluation and management
- Initiation and management until stable of anti-psychotic medications
- Psycho education groups
- Screening, assessment and treatment
- Individual therapy
- Group therapy
- Case Management
- After hours crisis consultation through the ER outside of regular business hours

PCC Location Only

- Psychiatric assessment
- Psychological assessment including limited neuropsychological assessment
- FASD diagnostic testing and referrals
- State wide training group for FASD

Fireweed Location Only

- Family therapy
- Trails Program – after school skill building for ages 13-17 years of age
- Willa's Way – safe housing program for Alaska Native men, women and families who have been harmed
- Young Families – for developing positive parenting skills
- SBIRT – early screening brief intervention referral and treatment for adolescents

For crisis intervention and urgent consults please see the service agreement between the Family Medicine and Behavioral Health Urgent Response Team (BHURT)

Family Medicine will provide the following core services:

- Medical evaluation of diseases whose presentation might mimic psychiatric disease.
- Medical evaluation of disease that may be worsened by psychiatric medications.
- Behavioral Health Consultants (BHC's) in FMC will provide first line screening for referrals to BHS.
- Ongoing management for patients with behavioral issues such as: depression, anxiety, sleep disturbances, schizophrenia, bi-polar, personality disorders, with consultation to BHS as needed and /or if they don't respond to the first line intervention.
- Diagnosis, assessment, and medication management of basic ADHD through the use of the clinical guidelines on the ANMC and SCF websites with consultation to BHS as needed and /or if they don't respond to the first line intervention.
- Primary medical care of all ASU patients who are seen in BHS
- Ongoing management of disease and mediation for stable depression, anxiety, panic, social phobia, ADH D. Same day consultation for these cases on request.
- Medication refills for psychiatric medications originally prescribed by FMC.
- Continued monitoring and refills of psychiatric medications originated by BHS once a clear transfer of care is made.
- Lab draws for patients being seen in BHS PCC as needed

Access Agreements

Behavioral Health will provide the following access:

Last reviewed and approved September 19, 2006

- Same day screening during regular business hours for customers who phone or walk in (Monday – Friday 8am to 5pm), to include:
 - Group orientation to services and registration within 48 hours
 - Assessments within 1-3 weeks, as needed
- Crisis intervention after hours (after 5pm until 8am Monday – Friday and all day Saturday and Sunday) through the ER
- Drop in psychoeducation groups

FMC will provide the following access:

- Same day access offered for all Family Medicine empanelled patients who can schedule by 4:00 p.m. and arrive in the clinic by 4:30 p.m. Monday - Friday
- Evenings between 5:00 p.m. – 8:00 p.m. and Saturdays between 8:30 a.m. and 4:30 p.m. the clinic is staffed with 2-3 providers who cover the practice for customer convenience and urgent needs for customers who can schedule by 7:00 p.m. and arrive by 7:30 p.m. in the evenings and customers who can schedule by 4:00 p.m. and arrive by 4:30 on Saturdays

Communication Agreements

Behavioral Health will provide the following communication:

- BHS will provide feedback to the PCP (through the use of the dictation system with a cc to the PCP) on all empanelled patients describing assessment, recommendations, transfers back to the PCP, and any treatment started.

Family Medicine will provide the following communication:

- Feedback about all directly referred patients describing assessment, recommendations and any treatment started.

Verbal and email communication between departments is encouraged to ensure continuity of care.

Consultation / Treatment Guidelines (for each consultation guideline include graduation criteria)

- The process for approving guidelines:
 - Guidelines developed at department (or other) level
 - Department presents guideline to appropriate Core Business Group (CBG)
 - After CBG approval guideline goes to PIC for final approval
 - After PIC approval guideline is posted on ANMC intranet

Quality Assurance Agreements

- Service agreements will be reviewed, updated and approved bi-annually with final approval by the SCF VP of Behavioral Services and the SCF VP of Medical Services.
- Training and education needs can be requested by either service. Each service is responsible for responding in a timely manner.
- Quality review of the system will occur on a regular basis. Metrics to include:
 - % of time guidelines are met
 - % of time processes are followed
 - % of time adequate information is provided
 - % of time appointment is booked using the phone process
 - % of dictation consultation summary received

Allan Crandell, MD

Signature of BHS Medical Director

Verlyn Corbett, MD

Signature of FMC Medical Director

Gordon Hanes

Signature of SCF VP of Behavioral Services

Doug Eby, MD

Signature of SCF VP Medical Services