Improving Behavioral Health Coordination and Care by Strengthening Community Collaborations

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Rural Health Innovations (RHI), LLC, is a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization. Together, RHI and The Center are the nation’s leading technical assistance and knowledge centers in rural health. In partnership with The Center, RHI connects rural health organizations with innovations that enhance the health of rural communities.
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Why Integrate Behavioral Health?

• 26% of Americans 18 years + suffer from a diagnosable mental disorder
• 2 million people discharged from hospitals have a primary behavioral health diagnosis
• States cut $5 billion from mental health services nationwide from 2009-2012
• US lost 10% (4,500) public psychiatric beds 2009-2012
• Only a handful of CAHs provide inpatient psychiatric units nationwide
• 9 out 10 ED physicians report that psychiatric patients were being held in their ED
• 28% of patient re-admissions are due to mental illness

Data source: http://www.trusteemag.com/articles/918-three-ways-hospitals-are-improving-behavioral-health-care
Mental Health Impacts Clinical Conditions

Physical Diagnosis

29% of adults with medical conditions also have mental health conditions

Mental Diagnosis

68% of adults with mental health conditions also have medical conditions

Data source Epstein Becker Green
Impact on Chronic Health Care Costs

Data source: Epstein Becker Green
Project Vision

To provide whole person care through the integration of behavioral health
Expectations of Critical Access Hospitals

• Participate in educational calls and events
• Identify a specific target population
• Convene providers and community organizations
• Implement at least three best practices
• Identify at least two organizational and two operational process improvements towards integration
• Create evaluation metrics
• Utilize a Balance Scorecard to measure and monitor progress
• Showcase findings statewide and nationally
<table>
<thead>
<tr>
<th>Measure Area and Hospital’s specific chosen measure</th>
<th>Pre-Project Values and time frame</th>
<th>November 2016 values</th>
<th>February 2017 values</th>
<th>May 2017 values</th>
<th>August 2017 values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization of services measure: Decrease number of ED visits for those with depression dx code</td>
<td>July-Sept. 2016 35 visit</td>
<td>38</td>
<td>29</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>Cost of services measure: Decrease in cost of ED visits for those presenting with depression dx</td>
<td>No baseline</td>
<td>$7600</td>
<td>$5800</td>
<td>$6000</td>
<td>$3400</td>
</tr>
<tr>
<td>Health outcomes measure: Increase the number of people screened for depression.</td>
<td>0</td>
<td>5</td>
<td>15</td>
<td>12</td>
<td>32</td>
</tr>
<tr>
<td>Individual measure: # of referrals to community based care coordination team</td>
<td>No baseline</td>
<td>No measure</td>
<td>3 referrals</td>
<td>2 referrals</td>
<td>4 referrals</td>
</tr>
</tbody>
</table>
RHI Technical Assistance

Our support is structured over 12 months, through:

- One in-person kick-off event
- One on-site visit at each location
- Quarterly peer sharing calls
- Quarterly evaluation calls (Recommended Adoption Progress)
- Ad hoc 1:1 calls with subject matter experts
Documenting The Project - Toolkit

• Integrative Behavioral Health Project-The Process
  ◦ Background
  ◦ The Readiness Assessment
  ◦ The selection process
  ◦ Technical Assistance (TA)
  ◦ Evaluation of project outcomes
  ◦ Promising Practices
  ◦ Lessons Learned

• The Hospital and Community Teams
  ◦ Strategic objectives
  ◦ Promising practices
  ◦ Lessons learned
  ◦ Project outcomes
Let’s Hear From the Panel
INTEGRATIVE BEHAVIORAL HEALTH MENTORING GRANT
2016/2017

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LifeCare Medical Center was awarded the Integrative Behavioral Health Mentoring Grant through Rural Health Innovations.
OBJECTIVES

- LifeCare staff awareness and training
- Community awareness and training
  - Determine through LifeCare staff how best to communicate/disseminate information
  - Use this information for future marketing strategies
  - Provide training to key community groups on mental illness signs and symptoms and resources available in the community.
  - Repeat this training periodically so that as new people enter the ‘arena’ they receive the training.
OBSERVATIONAL MENTAL HEALTH GUIDE

- Determine best practices for ‘first point of access’
- Provide a best practice guide to key community members.
  - Teachers, law enforcement, supervisors in industrial settings, clergy, etc.
COMMUNITY INTEGRATION

- Community Integration vs. Integration into Primary Care
  - LifeCare doesn’t have Primary Care
  - Advantage is ‘this isn’t a silo’ of only medical
    - But collaborated with non-medical agencies
COMMUNITY CARE TEAM

- Development of Community Care Team
  - Pre-Release Team at County Jail
    - Jail Manager/Sheriff
    - Department of Corrections
    - County Social Services (financial and social)
    - Public Health Nurse
    - Mental Health Professional (roving therapist)
    - County Attorney representative
INDIVIDUAL CARE PLANS

- Community Care Team identification
  - Care Plan
    - Medical follow-up needed (establish PC to reduce ED usage)
    - Financial/Housing/Employment/Transportation
    - Referral for Mental Behavioral Health, inc. Community Based Services for SPMI
    - Applications for assistance (Medicaid, Housing, etc.)
COMMUNITY HEALTH WORKER

- Determination of where the CHW will be best utilized
  - Emergency Department
  - Public Health
  - Social Services/Behavioral Health
- Goal of a CHW is to be part of the care team to increase appropriate utilization of services and reduce inappropriate utilization of services
  - Multiple ED visits
  - Multiple arrests and county jail stays
OVERVIEW OF COLLECTED DATA
LIFECARE MEDICAL CENTER

- Staff Survey
  - 40% of employees completed
What is your preferred news resource (all types of news)? (please rank)
Which of these symptoms if present for most of the days in a two week period are indicators of anxiety?
Which of these symptoms are indicators of depression when present almost every day for two weeks?

- Feeling tired or having little energy, 2
- Poor appetite or overeating, 3
- Little interest or pleasure in doing things, 2

All of the above, 168
None of the above, 6
If the above are all signs of depression, you should (pick the answer that first comes to mind.)

- Seek help from your primary care clinic or LifeCare Behavioral Health professional, 173
- Do nothing, they will go away, 4
- Call 911, 1
- Wait until someone else notices them too and then discuss what to do, 2
EMERGENCY ROOM & BEHAVIOR HEALTH DATA

- ED visits
  - Tracking Psych visits since October 1, 2014 to present date
  - Seeing reduction in visits especially in quarter 2 of 2017
- ED visits resulting in In-Patient Psych stays
  - In-Patient Psych transfers from the ED has reduced, especially in quarter 2 of 2017
- Using an “open access” concept for urgent issues in the Out-patient Behavioral Health Department
• Patients brought to the ED from the jail has reduced
• ROVING THERAPIST was introduced to the jail as an option for inmates with depression and anxiety January 2016
• Inmates seen by ROVING THERAPISTS at the jail have resulted in ZERO In-Patient Psych transfers
“NO SHOWS” IN BEHAVIORAL HEALTH

• Data from 2014 through quarter two shows:
  • 2014/15 19%
  • 2015/16 16.25%
  • 2016/17 13.85% YTD

*Every attempt is being made to see the “urgent” situations the same day or the next day after a referral. This is best for the patient but also assuming the “show rate” would increase.

*Return visit No-Show rate isn’t lower than the Initial Visit No-Show rate

This was a surprise: Felt that the Initial No-Show would be higher.
QUESTIONS
Sanford Luverne

Behavioral Health/Community Care Coordination

- Family Support System
- Social Economic Status
- Education
- Employment and Working Condition
- Community Services
- Personal health practices and coping skills
- School System
- Patient Privacy
- Health Care Services