Improving Rural Residents' Behavioral Health Outcomes Through Care Coordination and Network Development
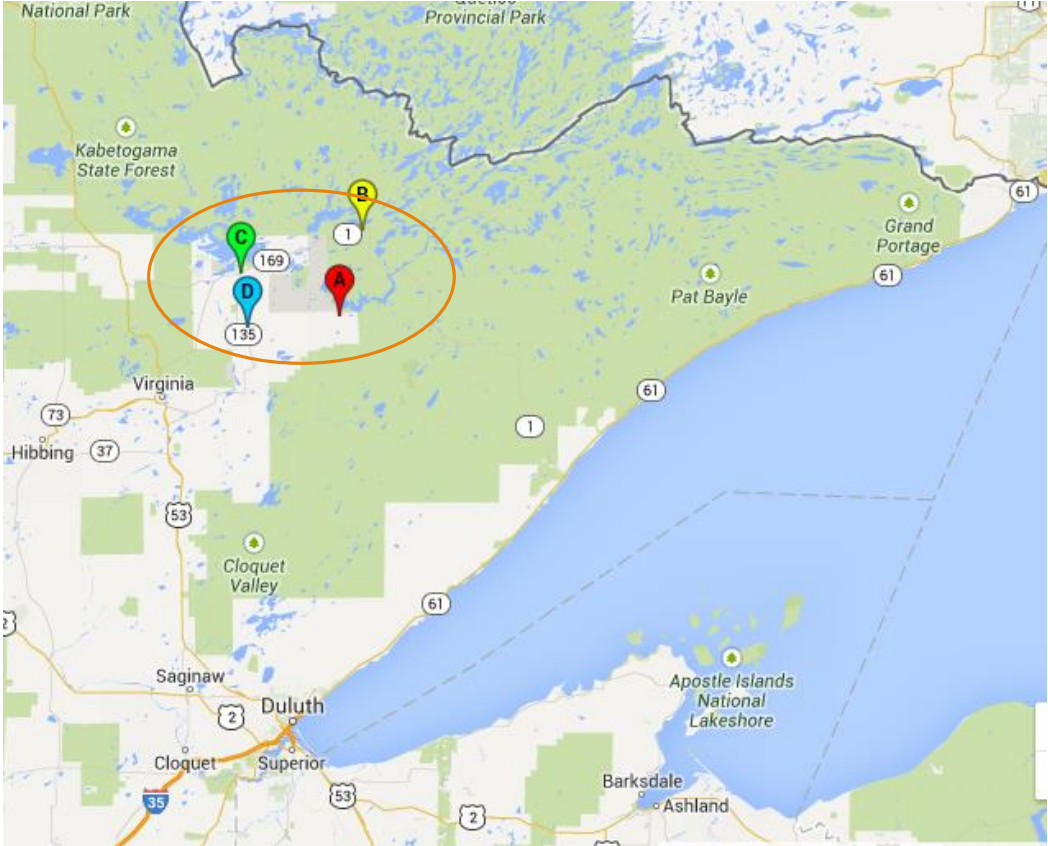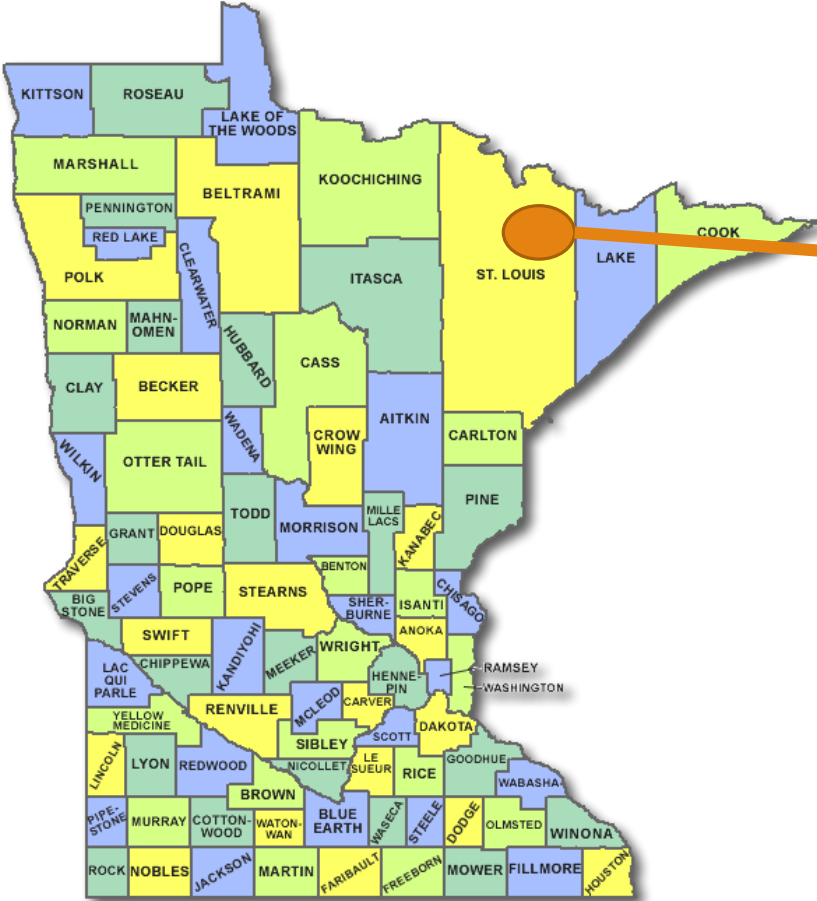
MN RURAL HEALTH CONFERENCE: CULTIVATING RESILIENT COMMUNITIES

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With Pat Conway, Sarah Olimb, Jeanette Palcher, Joe Bianco, and the Ely Community Care Team and Behavioral Health Network Members

Environmental Context

NE Rural Iron Range Communities

❖ Depressed regional economy

❖ Lack of transportation

❖ Stigma regarding Behavioral Health issues

❖ Population:
  ❖ higher than state average female, age 65+, college education, service and construction work
  ❖ Lower than state average income, people who are married
  ❖ High rates of depression, anxiety, substance use (alcohol, opiod)

Example of Behavioral Health rates

EHEC Patients by Behavioral Health Diagnosis		
Diagnosis	N	%
Depression	1,308	40.4
Anxiety	853	26.3
Alcohol Abuse	384	11.9
Substance Abuse	230	7.1
Dysthymic Disorder	206	6.4
Bipolar	145	4.5
PTSD	81	2.5
Schizophrenia	33	1.0

Context: The Ely Community Care Team

Mission: The Community Care Team (CCT) provides collaborative care and support to help you achieve your wellness goals.

Providers recognize and address needs of whole person, no matter their role or agency.

Community Care Team Members

19 Agency Partners representing:

❖ **Health Care**

❖ **Mental Health**

❖ **Government Services**

❖ **Education**

❖ **Social service Non-profits**

❖ **Consumers and Families**

CCT Successes

❖ CCT Care Coordination Model in multiple settings

❖ CCT Care Coordination model being piloted at 2 additional Essentia Health sites and being used to redesign Essentia Health care coordination model—part of primary care redesign

❖ Robust process and outcome evaluation of network, and care coordination

❖ Strong consistent network participation >4 years

❖ Leverage resources through CCT to address gaps in services

   ❖ Ex: Free Clinic opened January 2016

❖ Behavioral Health Network formed as subgroup of CCT to further address behavioral health needs in service area

Context: The Behavioral Health Network

The Ely CCT identified gaps between existing behavioral health services and needs of adults with behavioral health challenges through:

❖Individual agency needs assessments,

❖Ely CCT network member surveys,

❖Interviews with representatives of CCT member organizations and community members,

❖A 2013 community needs assessment,

❖A survey of providers in 2014, and

❖Focus groups with consumers in 2014.

In Fall 2014, 5 CCT agencies formed a new network, the Behavioral Health Network, to research and address inter-agency communication and referral issues that contribute to gaps in care to individuals and families with behavioral health issues.
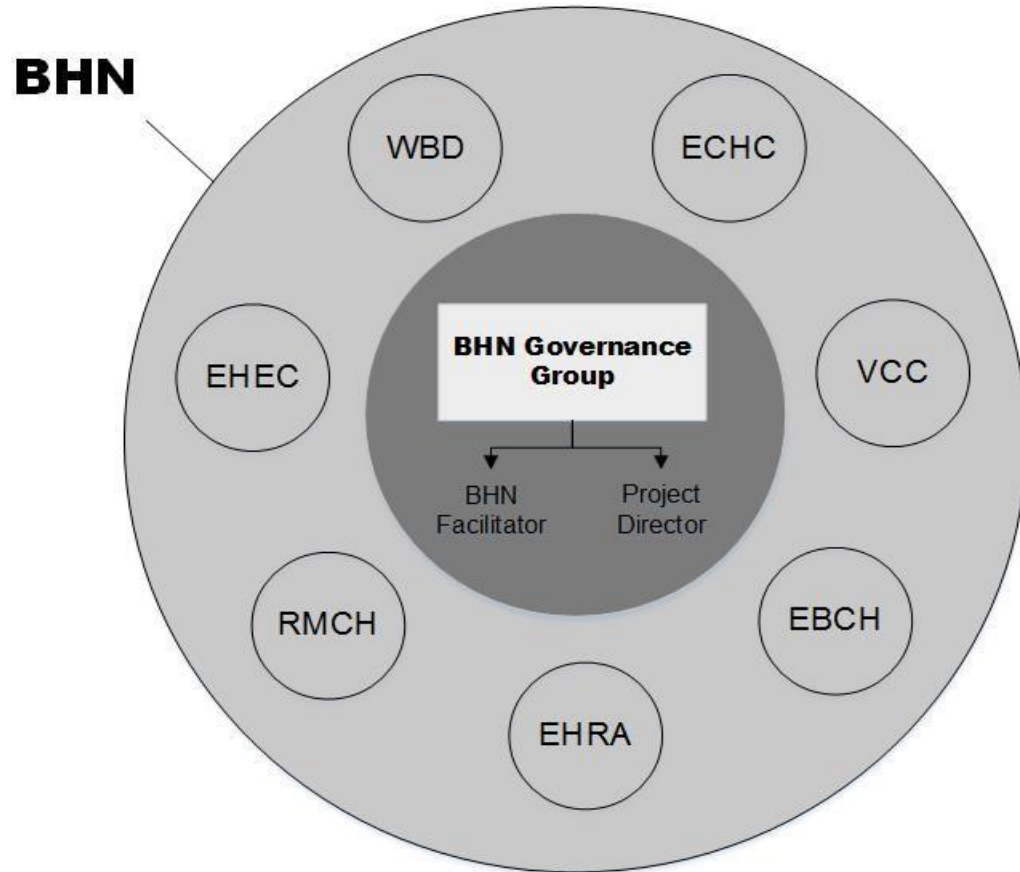
BHN Vision, Mission, and Purpose

Mission: Provides collaborative care to identify and address overall behavioral health and recovery needs for rural NE Iron Range Communities.

Vision: Routine behavioral health screening in combination with voluntary connection to services insures adequate resources are available to individuals with mental illness and their caregivers to meet their physical health, mental health and psychosocial needs. Professionals in health, education, and public service offer routine screening for behavioral health needs, provide timely referrals to evidenced based services and follow up to determine if the intervention met the individual's needs.

Purpose (Goals):

1. To develop cross-agency system for screening, referral, interventions, and follow-up for behavioral health issues.

2. To build capacity in the community to address behavioral health needs.

3. To enable the community to embrace mental health as an integral part of health and wellness.

BHN Network Structure

Key:
WBD= Well Being Development
ECHC= Ely Community Health Center
VCC= Vermilion Community College
EBCH= Ely Bloomenson Community College
EHRA= Ely Housing & Redevelopment Authority
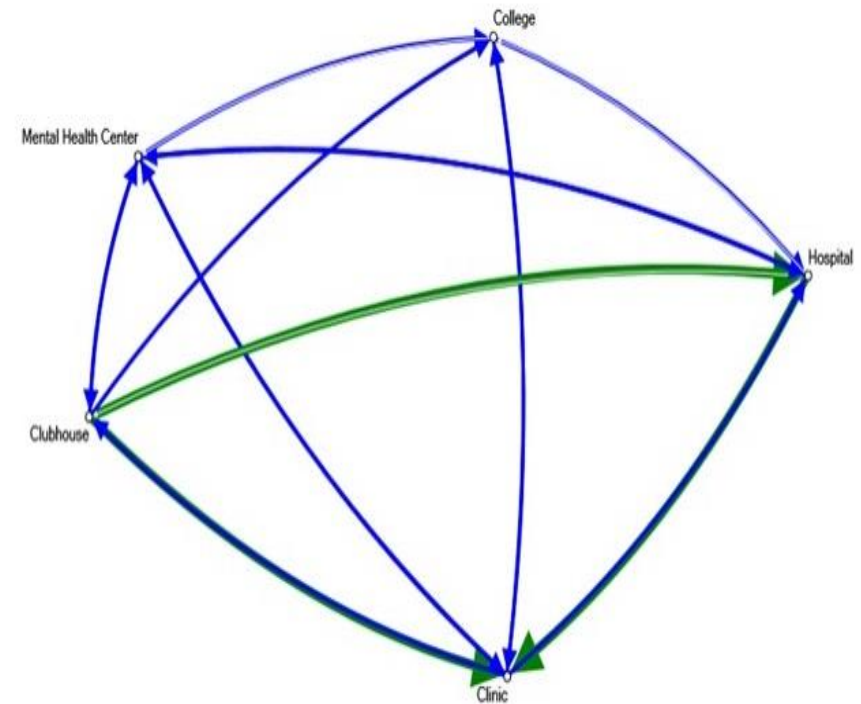RMCH= Range Mental Health Clinic
EHEC= Essentia Health Ely Clinic

BHN Network Partners

Agency	Service to Community
Ely Bloomenson Community Hospital	EBCH, the only hospital in BHN service area, provides inpatient, outpatient, emergency room, imaging, & lab services.
Essentia Health - Ely Clinic	EHEC, a certified health care home, is the principle health clinic in the region and the facilitator of the Community Care Team network.
Range Mental Health Center	RMCH provides therapy and psychiatric outreach services in Ely and Tower. In addition, it provides Adult Rehabilitation Mental Health services (ARMHS) throughout the region.
Vermilion Community College	VCC is a residential, comprehensive, 2-year community college. It is the only post-secondary education program in BHN area.
Well Being Development	WBD serves people through its Northern Lights Clubhouse (NLC) and by providing assistance accessing community services for referred adults through its Community Health Worker.
Ely Community Health Center	ECHC provides free, basic health care to uninsured and underinsured persons in the Ely area. ECHC collaborates with area agencies to address social determinates of health and behavioral health issues.
Ely Housing and Redevelopment Authority	EHRA offers affordable housing for low and moderate-income persons without discrimination through 120 public housing units, with a preference for individuals who are elderly, disabled or handicapped and low income families; 25 units provide market rate, accessible senior housing.

Outcomes: Network Collaboration

❖ Development of a strong Network, including a highly engaged governance group; mission, values, and goals; and policies and procedures.

❖ Network growth (from 5-7 organizations).

❖ Completed Strategic Planning Session, from which a 3-year strategic plan is being developed.

❖ Sustainability through ongoing value of network to participating network organizations.

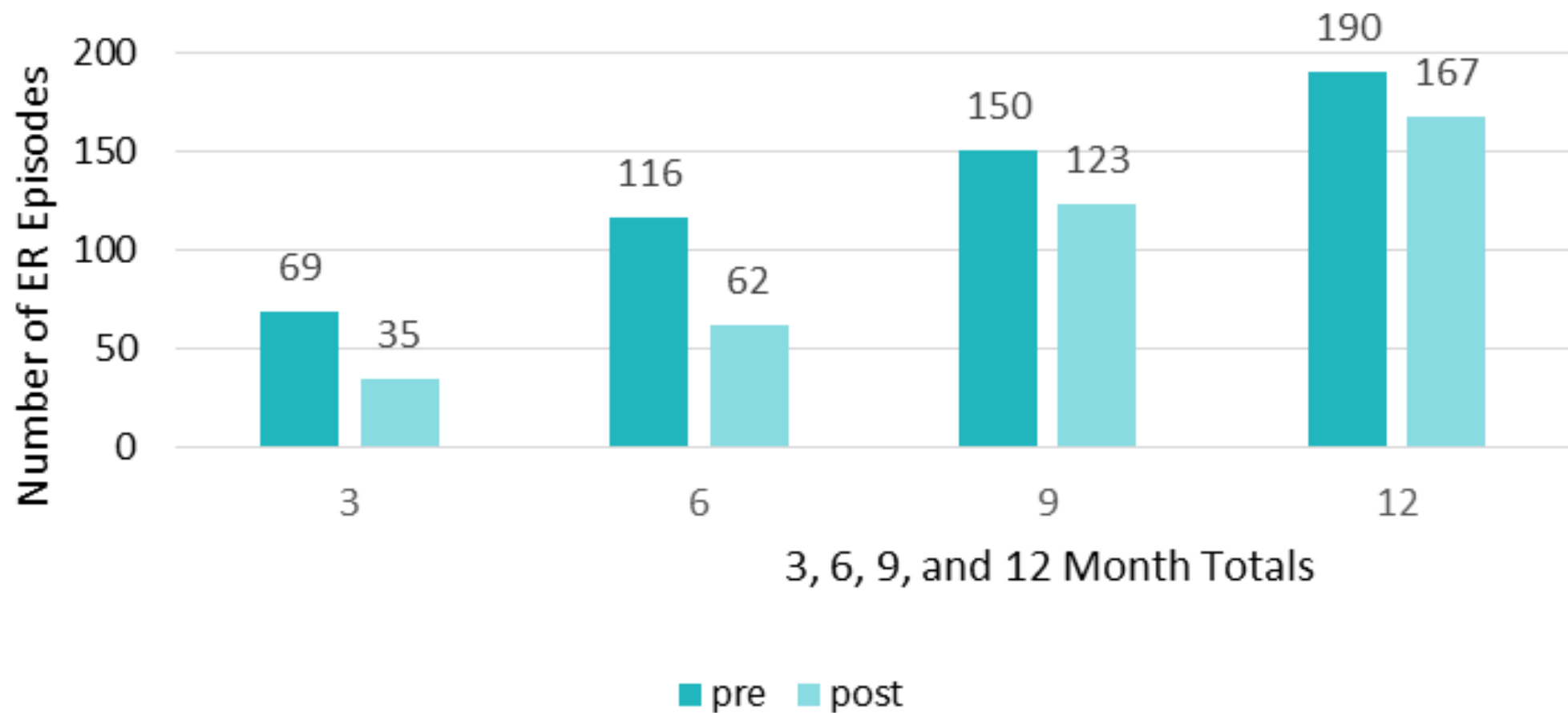❖ 2015 SNA showed a high level of satisfaction with network collaboration in the BHN.

*Results of a 2015 BHN Social Network Analysis.
Key: the stronger the identified relationship, the thicker the line. Green indicates the strongest identified relationship.

Outcomes: Care Coordination

❖ Increased expertise regarding the intersection of HIPAA, FERPA, and MN law.

❖ Enhanced continuity of care among local organizations.

❖ Increased capacity for mental health care for member agencies.

❖ Developed infrastructure for mobile crisis unit; inter-agency telehealth; and routine behavioral health screening, referral, and follow-up.

Number of Emergency Department Episodes at 3, 6, 9 and 12 Months

Challenges and barriers

❖ Shortages of behavioral health care workforce.

❖ Limited access to behavioral health treatment and recovery services.

❖ Siloing of existing health care organizations.

❖ Lack of identification of behavioral health needs.

❖ Long term financial and leadership sustainability of the network.

❖ Continued engagement and development of network partners.

❖ Legal concerns regarding inter-sectoral and interagency collaborative care.

❖ State and national policies that limit data sharing.

❖ Difficulty of sharing data and documents across agency firewalls (let alone sharing PHI) limits efficacy of collaboration efforts.

❖ Transportation issues.

Recommendations/Lessons Learned

Network Development

❖ Foster authentic collaboration, i.e. not coming to the team with an agenda

❖ Have action oriented meetings

❖ Utilize existing relationships

Network Structure

❖ Have meeting facilitator and Project Officer be different people

❖ Provide paid staff time to implement plans

❖ Use facilitators/contractors that have access to one of the participating organizations. This provides resources, facilities, increased buy-in, etc. to the network

❖ Choose representatives that have decision making power in their organizations

❖ Have a backbone/central agency to the network (at least initially). There is particular benefit to health networks when that agency is a primary care organization

*Photo courtesy of the Ely Echo April 2016

Recommendations/Lessons Learned

Value to Network Partners

❖Have a care coordinator(s) that acts as a super-user of all the systems (cross agency)

❖Dedicate yourself to network member's needs

❖ Have shared commitment to hearing concerns from other organizations.

❖Commit to bilateral systems to maximize outcomes and services for patients

Additional Keys

❖Be willing to think outside the box

❖Be willing to adjust workplan as needed

❖Involve evaluation as an important and ongoing piece of network activities.

Next steps

❖ Continued development of network, including further consumer engagement

❖ Network leadership succession planning

❖ Further development and honing of cross-agency screening, referral, and follow-up processes and infrastructure

❖ Capacity building for behavioral health treatment and recovery services:

   ❖ Telehealth expansion

   ❖ Insurance Navigator

   ❖ Peer Support

   ❖ Support groups

Contact Information

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Thank You