INTEGRATION- INSIDE AND OUT

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In collaboration with:

AllCare CCO and PrimaryHealth CCO

Community Mental Health Program (CMHP)
for Josephine County

Options for Southern Oregon

Providing mental health and co-occurring disorder treatment in Josephine County since 1981.

- Outpatient Services for Children and Adults.
- Psychiatric Residential Treatment (state-wide resources)
  - Crisis Resolution Center (Short-term hospital diversion and respite)
  - Secure and non-Secure Residential Treatment Facilities, Adult Mental Health Foster Care
- Supported Housing
- Independent Housing

Access Changes- Be there when we need you

- Since the implementation of the Affordable Care Act, we have seen a 40% increase in people seeking behavioral health services.
- The population we serve has changed:
  - Working adults
  - Adults without previous access to health care and lacking the knowledge of what is available
  - Adults who are uncertain as to what mental health services are and how they can benefit

This population has different needs and wants when it comes to accessing health care.

Paving The Way To Increased Integration

Conversations with local primary care providers reveal:

- If you (Options) close a case, I am alone.
- Babies are being born with addiction issues
- Approximately a 30% no-show rate on MH referrals from PCPs
  - Patient's referred state 'not interested" but agreed at the appointment
  - Patient states that the problem is resolved
  - There remains a stigma about going into a mental health clinic

Conversations with outpatient mental health services reveal:

- Full therapist caseloads with little flexibility for walk-in clients
- High "no-show" rates
- Long waits for assessments and engagement, 2-4 weeks

Paving The Way To Increased Integration (Con't)

After reviewing the access and treatment needs of this new patient population along with potential integration models, in 2013 we started the first of our new projects designed to "Be There When We Need You."

"Open Access" starts- same day appointment. Wait time from two- four weeks down to Zero

Outside: Co-Location and Integration in Primary Care

- 2013: Started our first Co-Location project at the Women's Health Center in Grants Pass focusing on pregnant women and post-partum depression.
- 2013: Started a pilot project in a local nurse practitioner's office focusing on referrals that would not come to a mental health clinic.
- 2014/2015: Expanded integration services into other primary care offices with a high number of OHP patients.

Integration outside: Be there when we need you

Provide mental health services within community PCP offices using…..**The Brief Intervention Model:**

- 30 minutes appointments
- If full assessment is needed, schedule an-hour
- Therapist can be interrupted during session
- PCP Clinic schedules and does reminder calls
  - Attendance is higher at one clinic
  - Work the list
- Therapist consultation with the psychiatrist every week
- "Warm hand-offs"
- Records are kept in the Options EHR

What we have accomplished

- Improved community relationships with primary care providers.
- Increased access points for mental health services. (Over 61 ways to access OHP mental health services in our community through multiple integration projects.)
- Increased patient follow through and decreased no-show rates by approximately 15%.

Inside Integration

With the advent of the CCO's, we learned to pay more attention to clients' physical health needs:

A random chart audit of 100 client charts' was conducted.

- 91/100 Substance abuse or co-morbid medical diagnoses
- 78/100 Poly medical conditions
- 55/100 Substance abuse diagnoses

Top diagnoses

- 21 Hypertension
- 18 Diabetes
- 25 Obesity
- 20 High Cholesterol
- 4 Seizure Disorder
- 16 Alcohol
- 3 Methamphetamine Dependence
- 16 Nicotine
- 20 Polysubstance

** Note this is just the information listed in the mental health chart, so it is assumed that it is low.*

Internally- conversations with staff.

- The majority of staff didn't understand my increased interest in a client's physical health.
- Case manager's would go to appointments, help get prescriptions filled, but follow up was limited.
- Started the education process- and with the support of AllCare CCO and Primary Health CCO decided to open a primary clinic located in our adult services building.

What happened

Options obtained its Tier III Patient Centered Primary Care certification.

- We changed the way we communicate:
  - Twice a week huddles- Case managers, Therapists, Psychiatrists, Primary Care Providers discuss clients to be seen in primary care clinic.
  - When needed joint appointments- PCP/Psych prescriber.
  - If the client no-shows, case management follows up- so same level of outreach as we do for mental health.

And….

- We changed the way we think- really working towards understanding how important it is to treat the whole person.
  - ER – now MH/PCP is aware of all ER visits.
  - 7-day follow ups for mental health/physical health when in the ER.
  - We “catch” problems earlier- both physical and mental health

Still a ways to go- Staff turnover, separate medical records, etc..

PCPCH- Opened to All Options clients

- Specialty is persons with Severe and Persistent Mentally Illness:
  - High mental health needs
  - Low- to- middle physical health needs
- Treating patients with:
  - High substance abuse
  - High ER usage
  - Some medically complex
  - High mental health needs
- Assertive Community Treatment participants
- Residential Treatment client covered by different CCO's

What have we accomplished

- Coordination of care- share information easier.
  - Resulted in multidisciplinary case conferences
  - Increased PCP involvement and Mental Health Involvement in complicated cases.
- Increase the number of initial successful engagement attempts.
  - Scheduling PCP appointments when we are there for a warm hand-off
  - Able to help with crisis

Joe's Story

- State Hospital- 6 months
- Stepped down to residential
- Transitioned to ACT- physical health problems started
  - Uncontrolled Diabetes
  - Triglycerides 9000
- Diabetes in control/Triglycerides to 202
- Team Work

THANK YOU!