Welcome!

Reducing Emergency Department Utilization among the Mental Illness Population Learning Series

Whole Health in Populations Experiencing Mental Illness – Webinar Series

The session will start shortly!

Best Practices:

- Please keep your mic muted if you are not talking
- Please rename your connection in Zoom with your full name and organization
- We want these sessions to be interactive! Please participate in the polls, ask your questions and provide your input

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Introduction

Learning Series Goal: To share evidence-based and promising practices and case examples for CCO employees and contracted providers to improve their practices to support the mental illness population.

Learning Series Opportunities

1. Systems Improvement- What CCOs Can Do
2. Behavioral and Physical Health Integration- Lessons from the Field
3. **Whole Health Webinar Series**

This program is supported by the
Oregon Health Authority Transformation Center

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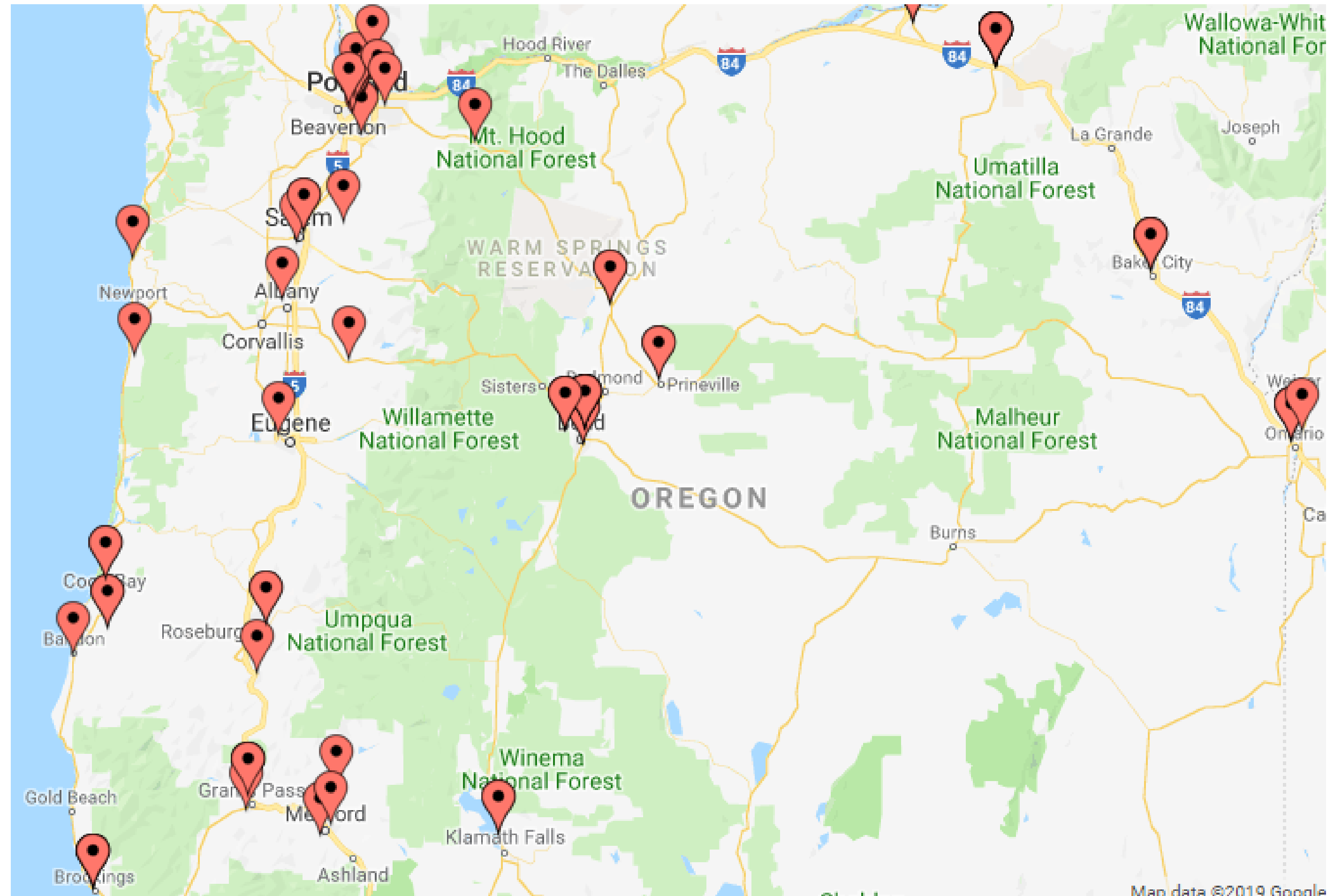
Participation Best Practices

- Please type your questions and comments into the chat box
- Please stay on mute unless you intentionally want to ask a question or make a comment
- Please rename your connection in Zoom with your full name and organization you work for
- All sessions will be recorded and shared on the OHA website
- The roster will be distributed after this session; please let Anna Steeves-Reece know if you do not want your name shared on the roster: steevesr@ohsu.edu
- **Please actively participate in the sessions! We want to hear from you**

Map of Participating Organizations

>160 Participants



Whole Health in Populations Experiencing Mental Illness

Session 1: Health Care Access in Populations Experiencing Mental Illness

Session Goal: Offer both interpersonal and systems-level strategies for improving health care access for populations with MI.

Speakers:

Lynnea Lindsey, PhD
Drew Grabham, LCSW
Rick Kincade, MD

Healthcare Access for Populations Experiencing Mental Illness and Housing Insecurities

Whole Health for Populations Experiencing Mental Illness

Drew Grabham, LCSW

Outreach Social Worker, New Directions Program OHSU

Social Services Director / Board Member, Portland Street Medicine

April 10, 2019

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What I Hope to Cover Today

- *Common barriers for people who experience mental health / homelessness with trying to engage with health care services*

- *What are some things you can do in your practice to enhance engagement with folks*

Who am I?

New Directions at OHSU

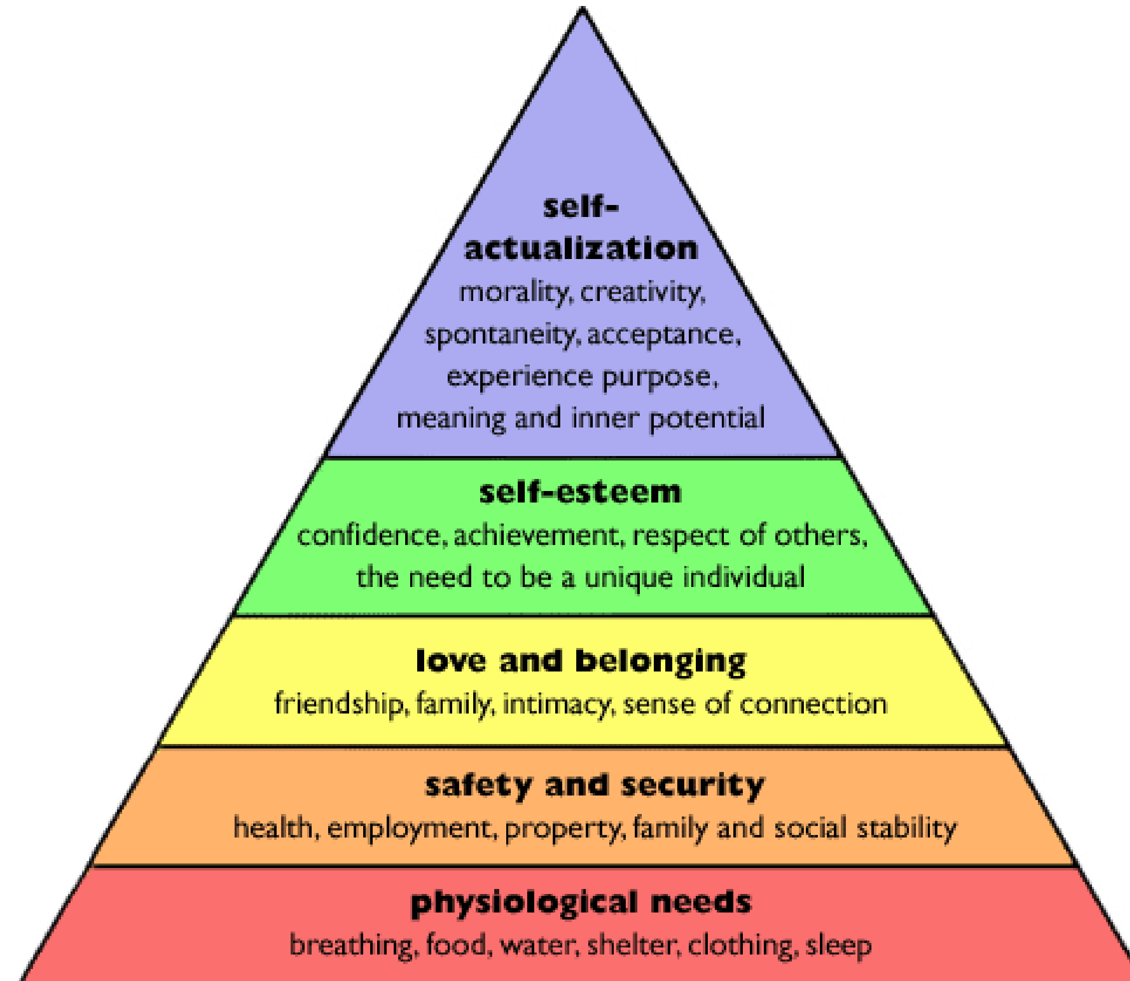
Portland Street Medicine

Why do people not engage in services?

Internal Factors

- Don’t feel they are helped / don’t feel they are worth helping
- Symptomatic
- Don’t feel safe / feel scared / feel overwhelmed
- Don’t know where to start
- Feel judged / retraumatized by the system
- Low health literacy
- Feel that people aren’t listening to them / people don’t care
- Trauma and Addiction

Where do people start?



Racing ACEs

if it's not racially just, it's not trauma informed

Adverse Childhood Experiences*

death

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviours

Social, Emotional, & Cognitive Impairment

Adverse Childhood Experiences

Scientific gaps

conception

Historical Trauma/Embodiment of Oppression

Early Death/ Quality of Life Loss for POC

Burden of Dis/ease for POC

Coping (risk - embodiment and exposure to structural racism and white supremacy)

Allostatic Load, Disrupted Neurological Development, White Fragility, Grief & Rage of POC

Social Identity Threat, Micro and Macro Aggressions, Complex Trauma, ACEs

Structural Racism, White Supremacy
Social Devaluation of People of Color

Intergenerational Transmission of Trauma
Historical Trauma

Implicit bias, epigenetics

Trauma and Social Location

*https://www.cdc.gov/violenceprevention/acestudy/
Adapted by RYSE, 2016

More common barriers

External Factors

- Difficulty getting to appointments
- Difficulty navigating the system
- Fired from a provider / clinic
- Lack of available resources and services
- Fragmented / siloed systems of care
- Multiple providers - limited care coordination
- Historical and systemic trauma

To Whom it May Concern;
This stuff is NOT TRASH or
A campsite NOR Abandoned property!
I am relocating and this is just
the first stop in my Relay Race
of moving, So please Keep your
HA
of it.
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Clinician / Clinic / Self Inventory

- Who does your existing service delivery system work for?
- Who does it NOT work for?
- How do you talk about barriers to engaging in care with your clients?
- How do you help them overcome those barriers?
- What more do you wish you could do or offer?

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Where can I make a difference?

- in my clinical practice?
- in my department?
- in my agency?
- in my community?
- **Do I feel empowered to do so?**

Photo credited to Jonathon Maus at www bikeportland.org

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Framework for enhancing engagement

- Start with creating a connection / shared goals
- Constant feedback
- Relationship based care
- Trauma Informed Care
- Redefining what is success
- Language matters (in notes and in person)
- Recognizing limitations of system and self
- Acknowledge your provider distress - take action
- Supervision, support and self care
- Whenever possible, bring the care to them.

Thank You for What YOU do for others

- Questions?
- Reflections?

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Healthcare Access for Populations Experiencing MI
Community Health Centers of Lane County

Whole Health for Populations Experiencing Mental Illness

Rick Kincade, MD, Medical Director, CHCLC

April 10, 2019

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Learning Objectives

Explore and understand 5 elements of organizational success in meeting Mental Health needs of the patients you care for:

- ✓ *Know your Population*
- ✓ *Create Paths of Least Resistance*
- ✓ *No Wrong Door*
- ✓ *Make Difficult Care Easier, Together*
- ✓ *Sustainable Change Requires Leadership, not just Management*

Background

Why am I talking to you?

- 35 years of Family Medicine
  - Small, Single Specialty
  - Large Multi-specialty
  - FQHC
- Local and State Leadership Roles
- OHA Technical Assistance in Behavioral Health Integration

Why now?

- PCPCH Performance Criteria
- CCO 2.0 Requirement
- Societal Imperative to do the right thing

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Community Perspective

Community Health Centers of Lane County

- 6 sites, Tier 4 PCPCH
- Serve 25,000 low income patients in Lane County
- Family Medicine, Pediatrics, Dental, Behavioral Health, Complementary Medicine, SUD Treatment

Community Collaborative Efforts

- Poverty and Homeless Board Health Team
- Mobile services

COMMUNITY HEALTH CENTERS OF LANE COUNTY

LANE COUNTY OREGON

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Know your Population

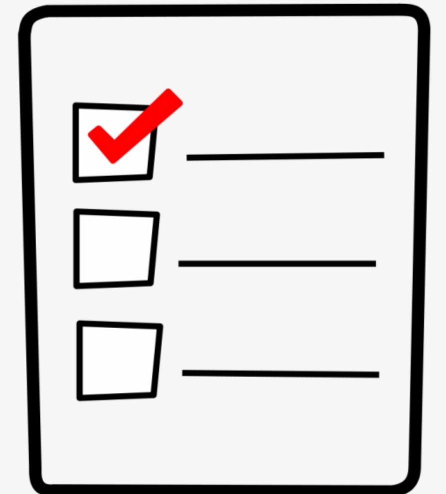
Leverage your Demographic Data

Understand the Disease Burden and Co-morbidities

- Chronic Conditions
- Tobacco and substance use
- Homelessness
- Social Support Network
- Transportation
- Food Security

Know your Population

-Risk Stratification if possible in your Electronic Health Record
-Use Information provided by other organizations
“Hot-spotter” lists
PreManage/EDIE system
Other Utilization Data
ED/Hospital
Primary Care/Behavioral Health Services
Specialty Services
Pharmacy
Support Services Networking – Aunt Bertha



Create Paths of Least Resistance

Must lower barriers to care, create one stop shopping!

Primary Care Practices:

- Integration – Mental health care members in the team
- Co-Location - Mental Health available on site

Behavioral Health Homes:

- Integration – Primary Care providers on MH Team
- Co-Location- Primary Care Clinic on site
- Rapid Access Psychiatry Clinic

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Create Paths of Least Resistance

Better navigation and hand-offs:

- Coordination, direct hand-offs
- Peer Support/CHWs
  - -Interim care, transportation
- “Fast Passes”
  - - IBH does the intake to facilitate direct scheduling with Behavioral Health Providers
- CCO Care Management Team Support

No Wrong Door

Create mechanisms to say “Yes”, rather than our traditional response, “No”

- Drop-in capacity in schedules; “Same day access”
- Trauma Informed Care Training for all staff
- Triage- IBH and RNs
- Work in the patient!
- Don’t fire patients for no-shows
- Behavioral Agreements

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Make Difficult Care Easier, Together

Use a “Team-Medicine” model

- PCP
- IBH
- Nursing
- Care Coordination
- Peer Support/Community Health Workers
- Specialty Consultation
- Community Network Partners

Sustainable Change Requires Leadership, Not Just Management

Change needs "Champions"

- -Primary Care Leaders
- -Behavioral Health Leaders

Change needs support from **<u>all</u>** levels of Management

- -Comprehensive, integrated care requires commitment
- -Low Barrier, High Compassion is the message

Sustainable Change Requires Leadership (and Money) , Not Just Management

Change needs the support of the payment systems

- -Payment models designed to support the care model
- -Alternative Payment models
  - PMPMs for augmented primary care services
    - Ex. Payment based on PCPCH Tier level
  - Capitated contracts for specific patient population
    - Ex. High Utilizer/High Risk Group

Change needs dollars for the Social Determinants of Care

- -Grants for supportive housing, respite care
- -Transportation
- -Vocational Training

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Conclusions

Low barrier, high quality, integrated care will need to be a key organizational priority in the health care world ahead.

Most barriers to good care are systemic, not just a series of personal preferences.

Be clear on your goals and assure support at all levels, especially high level management.

When in doubt, do the right thing for the patient!

Thank you for listening! Questions?

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Medical Director

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Thank you!

Please complete the post-session evaluation.

Next session is on **Wednesday, April 24 from 12 p.m. – 1 p.m.**
Session 2: Pain & Pain Management for Populations with MI

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Lynnea Lindsey, Consultant, drlindseyconsulting@gmail.com

For more information on ED MI metrics support, visit www.TransformationCenter.org

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