



Community Healthlink

A Member of UMass Memorial Health Care

**Building Primary Care and
Wellness Services in a Community
Mental Health Center**

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THE DIRECTION OF INTEGRATIVE CARE

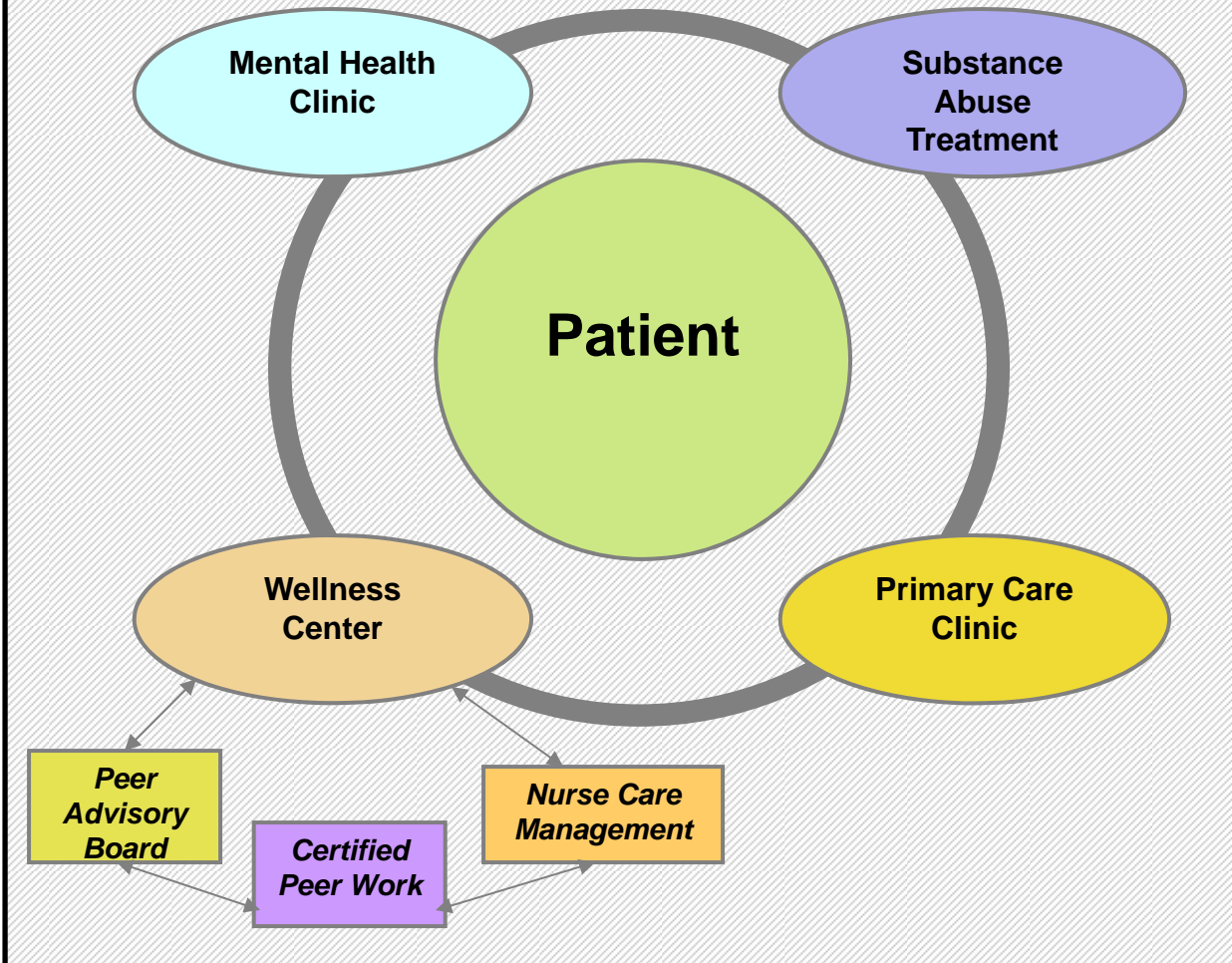
Marie Hobart, MD

Primary & Behavioral Health Care Integration (PBHCI) Program

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- Funded by the Substance Abuse and Mental Health Services Association (SAMHSA)
- **Involves 94 grantees nationally: 4 in MA**
 - **CHL in Worcester 10/09**
 - Behavioral Health Network in Springfield 9/12
 - Center for Human Development in Springfield 9/12
 - SSTAR in Fall River 9/12
- **Enrollment since 2009: over 37 thousand** participants with mental illness and co-occurring substance addiction and chronic medical conditions

Integrated Care Model



The Wellness Program at CHL

Bridging the gap between primary care and behavioral health through services, collaboration, support, and outreach

Primary Care Providers

- ▣ Physical health assessment and care
- ▣ Collaboration with mental health services and community providers

Nurse Care Managers & Certified Peer Specialist

- ▣ Care management
- ▣ Wellness planning and engagement
- ▣ Collaboration

Evaluation Team

- ▣ Assessment of progress
- ▣ Coordination of events
- ▣ Dissemination of findings

IT & Administrative Support

- ▣ Integrated Health Record
- ▣ Scheduling and coordination
- ▣ Essential to success!

Clinical Registry Data: Services Offered

Examples of Services Provided For 355 Patients During One Quarter
(FY 2013 Q3)

Physical Health Services (primary care, nursing)

Screen/Assessment/Planning	665
Medication Management	363

Mental Health Services (psychiatry, counseling)

Screen/Assessment/Planning	1571
Medication Management	730

Substance Use Services (counseling)

Screen/Assessment/Planning	634
Counseling	630

Wellness Services (nursing, peer specialist)

Education (e.g., smoking cessation)	258
Activities (e.g., walking, yoga)	407
Individual, specific support	386

Program Challenges and Gains



□ **Gains**

- Increased access and utilization of primary care and wellness
- Increased provider collaboration and care plans
- A model for increased integration and collaboration across CHL programs and locations.

□ **Challenges**

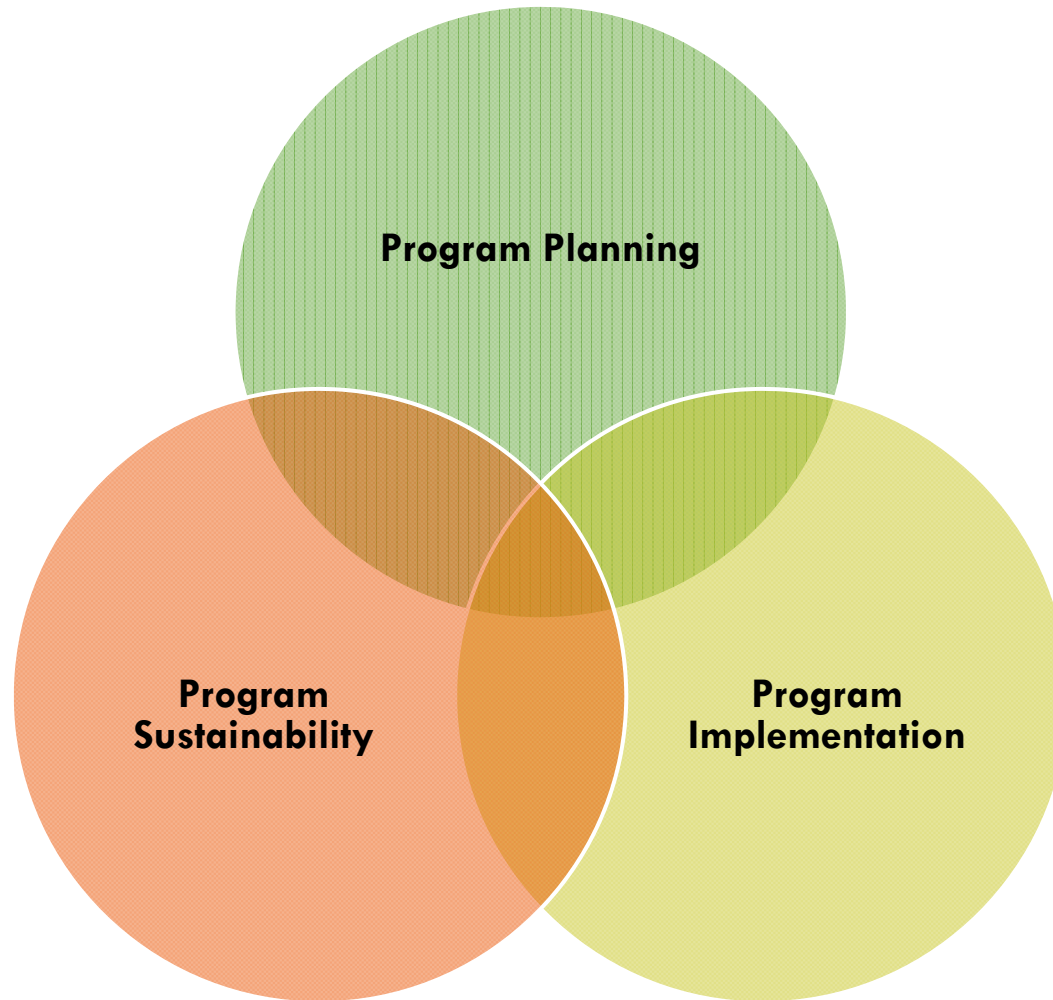
- Integrated electronic medical records
- Transitioning to new methods of payment - One Care, Mass Health Changes
- Provider/client buy-in and/or communication



WELLNESS PROGRAM EVALUATION

Monika Kolodziej, PhD

Evaluation Components



PBHCI Organizational Data

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- **Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators:** infrastructure and workforce development: *assessed quarterly*
- **PBHCI reports** on organizational successes and challenges concerning implementation of services, staff and infrastructure changes, funding and insurance variables: *submitted quarterly to SAMHSA*
- **Qualitative stakeholder interviews:** perceptions of program, personal engagement: *conducted in 2010 and 2011*
- **CHL Staff Tobacco Survey:** clinical practice, attitudes, training needs: *developed and administered in March-May 2013 (n=421)*

PBHCI Program Participant Data

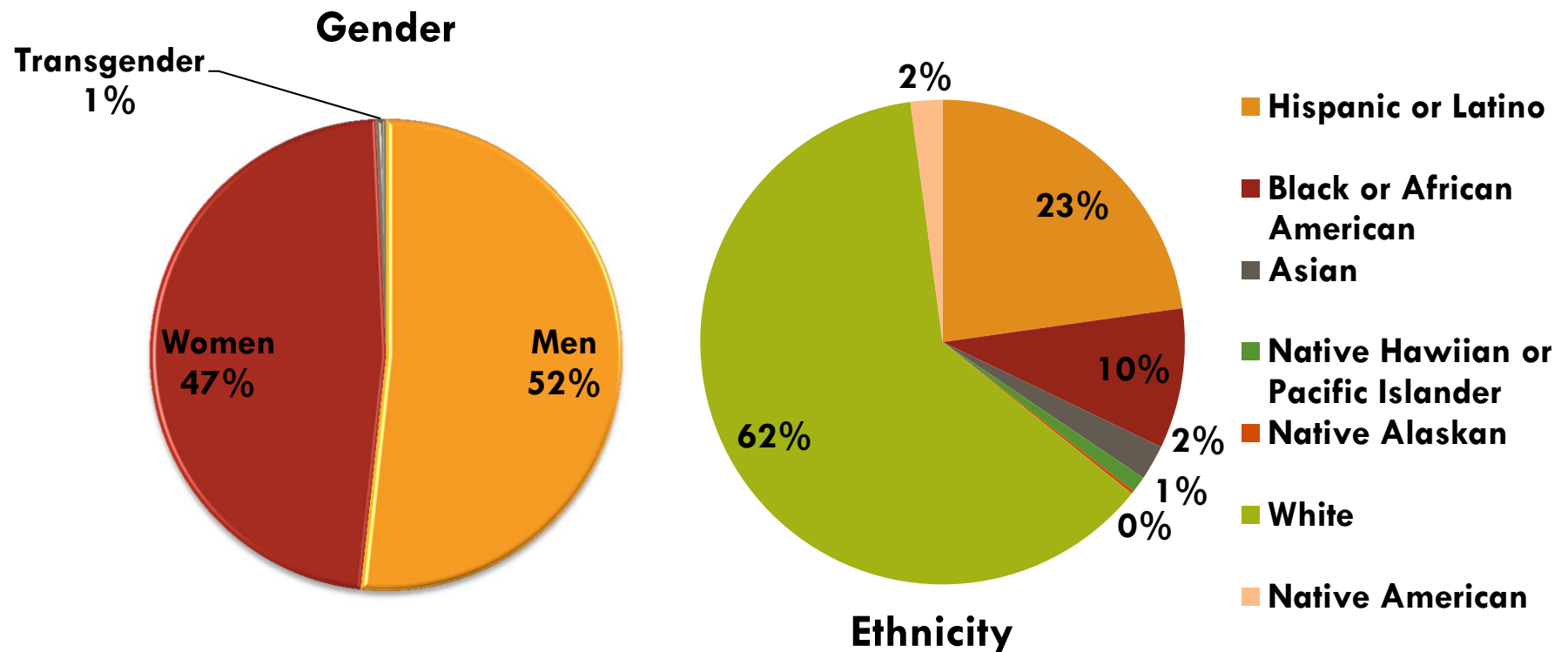
- **National Outcomes Measures (NOMS):** semi-structured interview querying about psychosocial functioning and perceptions of care (*every 6 months*)
- **Physical health indicators:** BP, Weight, BMI, Waist Circumference, CO level, Blood Glucose, HgbA1c, Lipids, Triglycerides (*every 3 to 12 months*)
- **CHL chart data:** demographic and diagnostic characteristics (*every quarter or as needed*)
- **Clinical registry:** primary care, wellness, and mental health services received (*every quarter*)
- **Qualitative interviews:** perceptions of the program (*every year with sub-groups of interest*)
- **Data extracted for specific purposes** (e.g., PBHCI patients prescribed Suboxone)

PBHCI Program Participants

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489 participants were enrolled since the start of the program in February 2010 to March 2014 (348 consumers are currently enrolled)

- Approximately 70% are enrolled with our on-site primary care
- Approximately 70% are actively engaged in services



Health Risks at Enrollment

Indicator	<u>n</u>¹	<u>M</u> (<u>SD</u>)	At-risk range used by SAMHSA
Systolic Blood Pressure	379	126 (18)	Greater than 130
Diastolic Blood Pressure	379	80 (11)	Greater than 85
BMI	384	31 (7)	25 and above
Breath CO	269	11 (11)	10 and above
Fasting Plasma Glucose	283	107 (49)	Greater than 100
HgbA1c	236	6.1 (1.7)	5.7 and above
HDL Cholesterol	288	47 (21)	Less than 40
LDL Cholesterol	282	102 (37)	130 and above

Physical Health Indicators from Baseline to a 12-month Period

Section H Indicator	# of Cases	At-Risk Baseline (%)	At-Risk at 2nd Interview (%)	Outcome Improved (%)	No Longer At-Risk (%)	Outcome Remained At-Risk (%)
BP - Systolic	229	38.9	36.7	19.2	20.1	18.8
BP - Diastolic	229	33.6	35.4	13.1	20.5	13.1
BP - Combined	229	48.0	48.9	18.3	20.1	27.9
BMI	227	81.1	81.5	37.9	4.0	77.1
Waist Circumference	159	69.8	67.9	42.8	11.3	58.5

Physical Health Indicators

Section H Indicator	# of Cases	At-Risk Baseline (%)	At-Risk at 2nd Interview (%)	Outcome Improved (%)	No Longer At-Risk (%)	Outcome Remained At-Risk (%)
Breath CO	134	40.3	45.5	26.1	4.5	35.8
Plasma Glucose (fasting)	35	54.3	45.7	48.6	17.1	37.1
HgbA1c	30	66.7	73.3	26.7	6.7	60.0
HDL Cholesterol	43	34.9	34.9	46.5	11.6	23.3
LDL Cholesterol	41	17.1	19.5	46.3	9.8	7.3
Tri-glycerides	42	45.2	40.5	54.8	21.4	23.8

Lessons Learned

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- Integrated care interventions are effective for persons with complex diagnostic profiles; **develop organizational infrastructure**
- Integrated interventions need to be incorporated into treatment plans at mental health and addiction treatment programs; **shift team processes**
- Persons with mental illness and co-occurring disorders benefit from wellness services and opportunities to engage with a peer specialist; **create new services**



CERTIFIED PEER SPECIALISTS (CPS)

Liz Clinkscles, MDIV








Role as CPS in the PBHCI



- Respect and invite peers to voice their opinions
- Provide support and encourage them to drive their lives and recovery in meaningful ways
- Promote self-determination
- Inspire hope and model concrete examples that **“recovery is real”** for peers using mental health services
- Facilitate groups and individual sessions

WELLNESS ACTIVITIES

I Choose Wellness!

	Monday	Tuesday	Wednesday	Thursday	Friday
All day		PRIMARY CARE CLINIC 8:30 – 4:30 Call (774) 312-2764	F.Y.I. Wellness participants can pay \$20 per year for "Y" membership. There are no restrictions on the day or time that you can go with a Y membership. Note: You must provide your own transportation.	PRIMARY CARE CLINIC 8:30 – 4:30 Call (774) 312-2764	ASK A NURSE 10:30 – 11:00 Call Anne at (508) 438-5658
8:30am – 9:30am					
10:00am – 11:00am	INDIVIDUAL SMOKING CESSATION HELP <i>By appointment</i> Call Liz at (774) 312-2758 	 GYM (Work Out World) <i>Free</i> Call Liz at (774) 312-2758 Transportation provided!		 GYM (Work Out World) <i>Free</i> Call Liz at (774) 312-2758 Transportation provided!	10 DIMENSIONS OF WELLNESS (Everyday Miracles) 10:30 – 11:30 Call Liz at (774) 312-2758 Starting Jan. 10 for 10 Weeks
11:00am – 12:30pm			 ASK A NURSE 3:00 – 3:30 Call Justine at (774) 312-2417	 YOGA Call Liz at (774) 312-2758	MEDITATION GROUP 11:00 – 12:00 Call Justine at (774) 312-2417
1:30pm – 3:30pm					PRIMARY CARE CLINIC 1:00 – 4:00 Call America at (774) 312-2764
3:30pm – 4:30pm					
Liz Clinkscales <i>Certified Peer Specialist</i> 72 Jaques Ave., Office #104 (774) 312-2758	Justine Rovezzi <i>Nurse Care Manager</i> 72 Jaques Ave. Office #103 (774) 312-2417	Anne Treadwell <i>Nurse Care Manager</i> 12 Queen St. Office #141 (508) 438-5658	America Rodriguez <i>Senior Receptionist</i> 12 Queen St. Office (774) 312-2764	Debbie Truong <i>Program Evaluation Coordinator</i> 72 Jaques Ave. Office #102A (774) 312-2761	

****NOTE: A PROVIDER DIABETES GROUP will be held on a monthly basis from 1:00-2:30. Must RSVP. Call America at 774-312-2764 for more information.**

Whole Health Action Management (WHAM)

- Incorporates 10 evidence-based dimensions of wellness:
 - ▣ Teaches self-management skills and how it affects having a healthy body and mind
- Groups were previously only facilitated to PBHCI peers:
 - ▣ BUT now I bridge substance use disorder units within CHL
 - Including Detox, TSS, MYR, PASSAGES, and a Recovery Community Organization

WHAM (cont'd)



- Purpose of groups:
 - Facilitated weekly on different dimensions of wellness that are essential for peers as they begin or continue to sustain their recovery
 - Educates peers about the importance of treating the whole person, a pre-requisite, to achieving overall wellness
 - Identifies individual strengths, and ***patterns of behavior***
 - Person-centered planning

Topics

Improving Health

- Stress Management
- Healthy Eating
- Restful Sleep
- Physical Activity



The Importance of Attitude

- Optimism Based on Positive Expectations (future)
- Cognitive Skills to Avoid Negative Thinking (self)

Smoking Cessation

- Individual/groups

Spiritual Support

- Spiritual Beliefs and Practices offered in 10-Dimensions of Wellness curriculum
- Spiritual support provided upon request; I am an ordained minister

Benefits According to Peers Serviced in PBHCI

- **Positive self-reports from peers:**
 - Conveniences of services offered in one location
 - Physical activity provides healthy alternatives and focus from mental and physical health problems (e.g., anxiety, depression, social isolation, chronic pain)
 - Having a peer specialist available to them makes them feel understood (mutuality)
 - Open door policy gives them a sense of belonging to the agency and community
 - Peers with spiritual beliefs and practices appreciate Spirituality

Challenges of Working in PBHCI

- ❑ Rejection of a peer specialist as a trained and certified professional
- ❑ Inclusiveness is a continuous struggle for *some* mental health and medical experts to value and integrate peer contribution
- ❑ Accept that there are many pathways to recovery
- ❑ Acknowledge that recovery is real!
- ❑ Resistance that WHAM trainings as resourceful and complementary addition to behavioral health recommendations
- ❑ Standing up and voicing oppressed treatment from staff

Benefits of working in PBHCI

- ❑ Addressing the whole person as a major factor on influencing health
- ❑ Functioning in the role of a change agent
- ❑ Serving as a compassionate presence
- ❑ Providing peers with a sense of belonging

I Choose Wellness!



The Wellness Team at Community Healthlink

12 Queen St.
Worcester, MA 01610