

Glenn County Health Care Collaborative

Glenn County, California

Cohort 3

“IF WE KNEW THEN WHAT WE KNOW NOW...”



Overview

Briefly describe your project, including your model, staffing, and wellness activities:

- Glenn County is a small, rural county (population 27,800) located in Northern California.
- The PBHCI Project has developed an integrated Health Care Collaborative between the County Behavioral Health (BH) outpatient clinic and the local Federally Qualified Health Center (FQHC).
- Our program works with people with a serious mental illness (SMI) to help them achieve health, wellness, and recovery.

Overview

Behavioral Health Staff:

- Two (2) Clinicians/Case Managers (two bilingual/bicultural staff)
- One (1) Registered Nurse
- Two (2) Case Managers
- Two (2) Masters of Social Work Interns from California State University, Chico
- One (1) Psychiatrist, with additional support through Telepsychiatry
- One (1) Transportation Driver
- Three (3) Transition Age Youth Peer Mentors (paid part-time; ages 18-25 years)
- Three (3) Adult Coaches for our Harmony House Wellness Center (paid part-time)

FQHC Staff:

- One (1) Physician Assistant (part-time)

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Overview

Wellness activities include:

- The Physician Assistant gives verbal “prescriptions for wellness” to clients during primary care visits to encourage members to practice health and wellness every day.
- Examples of “prescriptions for wellness” include:
 - Walk: three times a week
 - Yoga: three times a week
 - Meditation: daily
 - Mindfulness: daily
 - Healthy Meals: three times a week
 - Social Activity: once a week

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Overview

Project staff encourage health and wellness through the following activities:

- Wellness 101 Group, using Whole Health Action Management (WHAM) as a model
- Wellness and Recovery Action Plans (WRAP) Group
- Consumer Voice
- Men's Support / Women's Support Group
- Nutrition Class (taught by a UC Davis Dietitian)
- Cooking Class (using food from the local food bank)
- Hypertension Management
- Diabetes Management
- Anxiety Reduction Group
- Gardening
- Zumba
- Yoga

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Accomplishments & Successes

Client's perception of health changed with this project:

- Initially, clients only focused on their mental health issues.
 - Discovered that physical health has a large impact on mental health symptoms.
 - Discovered that management of diabetes, smoking cessation, nutrition, and/or sleep habits had a positive impact on mental health symptoms.
- Project helped clients to make a commitment to improve their health and wellness.
- Clients established a positive relationship with their Primary Care Provider.
- Clients now have a World View of their Health!

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Accomplishments & Successes

Client health improvement and outcomes:

- Produced Individual Wellness Reports for each client every six months that document progress on the following health indicators:
 - Breath CO
 - Body Mass Index (BMI)
 - Blood Pressure (Systolic and Diastolic)
 - Blood Sugar (Fasting Glucose and A1C)
 - Cholesterol (LDL; HDL; Triglycerides)
- Provided feedback to each client about their progress on their health indicators; staff helped celebrate success on their outcomes.
- Staff and clients learned about chronic health conditions and how to improve health indicators with nutrition, exercise, and wellness activities.
- Clients received graduation certificates and gift cards for finishing the program.

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Accomplishments & Successes

Expanded services to engage our Spanish monolingual clients:

- Bilingual/bicultural staff provided services in Spanish at all appointments – Primary Care, Specialty Care, and Mental Health
- Developed a Spanish-only Wellness 101 group, using WHAM as a model
- Spanish groups achieved better outcomes!
 - A cohesive, ongoing support group improved outcomes:
 - Started a walking group
 - Shared recipes
 - Celebrated improved outcomes
 - Focused on healthy eating and exercising

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Accomplishments & Successes

- Medicaid billing for Health Integration Activities for both BH and the FQHC
- Expanded program into Adult and TAY Wellness Centers
- Offer wellness activities at more locations across the county
- Improved collaboration between Psychiatrist and Primary Care Provider

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Challenges & Outcomes

- Completed Federal “Change of Scope” requirements and state certification requirements, so that the FQHC could bill Medicaid for the primary care services delivered at the BH clinic.
 - FQHC needed three (3) years to complete the various forms and obtain approval for the Change of Scope.
 - BH staff are working closely with the FQHC to ensure that the Physician’s Assistant meets the FQHC productivity standards (for number of clients seen per hour).
- Transportation was a challenge to get clients to their scheduled medical appointments.

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Moving Forward

- Staff and services will continue to be consumer-driven
- Continued focus on integrated care
- Sustain program through Medicaid funding; California Mental Health Services Act funding

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Words of Wisdom: Tips for Success

- Establish partnership relationships between BH and the FQHC early; involve top management early
- Meet regularly with Health Integration Partners to resolve issues as they arise: when a problem is identified, address it immediately
- Be flexible: change will be a constant reality
- Assign primary care staff to the project who understand mental illness
- Train staff to understand health indicators and develop strategies for supporting clients to manage their physical health

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Words of Wisdom: Tips for Success

- Give clients and staff data on their health indicators at least every six months, so that they can manage health and celebrate their successes
- Take the time to recognize the important work the team is doing to improve people's lives
- Don't limit integration activities to a single program: expand and incorporate the philosophy across the agency
- Promote health for all clients and staff!
- **Celebrate success!**