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**Grant Operations: A Program
Coordinator's Point of View**

Linda Ligenza, CIHS Liaison
Matthew Rich, Austin Travis County Integral Care
Christian Barnes-Young, SC Department of Mental Health
Jeff Reece, Chesterfield General Hospital

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About the Speakers



Matthew Rich
Austin Travis County Integral Care

Matt is the Project Coordinator of the PBHCI program at Austin Travis County Integral Care. Matthew has a background in quality management and in various roles as a Mental Health worker including; as a psych tech, ACT case manager, and group facilitator. BS in Behavioral Health.

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About the Speakers

Jeff Reece, RN, MSN, MBA
Chief Executive Officer



Jeff has over 20 years of healthcare experience in a variety of settings. Jeff's clinical experiences are varied and include emergency nursing, Level 3 NICU, ICU directorship, education, infection control, risk management, Chief Quality Officer, Chief Nursing Officer, and Chief Executive Officer.

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About the Speakers

Christian-Barnes Young, MS, LPC
Project Coordinator



Christian is the Project Coordinator of the PBHCI program at Tri-County Community Mental Health Center (TCCMHC). Christian is a licensed professional counselor and certified in primary care behavioral health by the University of Massachusetts, School of Medicine.

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Informing Integrated Practice: Building on Strengths

Matthew Rich
Austin Travis County Integral Care

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Our Integration Model

- Cohort III Grantee
- CMHC/FQHC partnership
- Primary Care team consists of MD, RN, MA, Case Manager, and Medical Admitting Clerk
- Co-Located
- Rotate between two locations
- Urban/Suburban
- 900 consumers receiving integrated services from 10 mental health treatment teams.

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Integrating Services

Objectives:

- Merging two disparate systems
- Gaining staff buy-in
- Creating team cohesiveness
- Client Engagement



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Strength of Common Ground

- Both organizations state they seek to “improve the lives/health of the people we serve” in their mission and vision statements.
- Clinician’s on both sides doing face to face work with patients and consumers are passionate and proud of the work they do, and they do a great job.

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Registry

- Visual connection between two disparate health record systems.
- Allows us to leverage existing systems of engagement for NOM’s reassessments.
- Ability to breakdown, no-shows, enrollment, and attrition by mental health treatment team or by individual case manager, supporting team specific goal setting.

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Outcomes

- Strategy to gain buy in from community based mental health staff
- Use of e-mail as preferred form of coordination
- Culture of "mini-staffings"



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Informing Integrated Practice (Primary Care Staff)

Equipping Primary Care Staff (Workforce Development)

- Don't assume that even the most talented and brilliant clinicians have what they need to do integrated care.
- Community Mental Health Center systems orientation
- Mental Health First Aid (MHFA)
- Prevention and Management of Aggressive Behavior (PMAB) or Crisis Prevention Institute training (CPI)
- Group home tour for provider (picture is worth 1000 words)
- Trauma-Informed Care training

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Outcomes

Stronger patient/provider treatment relationships

- Increased capacity for empathy

Integrated Behavioral Planning

- Avoidance of ER overutilization
- Pain Management
- Diabetes Maintenance



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Conclusions

- Effective use of Information
 - ✓ Who has what? How do we get it?
 - ✓ Who needs what? How do we provide it?
- Important to find, use, and strengthen common ground
- The participation of clinicians has been key
- Clinician's on both sides have now become passionate and proud of the integrated work they do, and they do a great job

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Questions

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Overcoming Operational Challenges

Christian Barnes-Young, MS, LPC
Project Coordinator, South Carolina Department of Mental Health
Jeff Reece, RN, MSN, MBA
Market Chief Executive Officer,
Chesterfield General & Marlboro Park Hospitals

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Our Integration Model


Tri-County is a community mental health center of SCDMH that serves three rural counties—Chesterfield, Marlboro, and Dillon

Tri-County is a cohort 3 PBHCl grantee

Our integration model includes:

- On-site primary care at each of the three clinics
- Care coordination with UMass-trained staff
- Evidence-based wellness groups
- Collaborative staffings and record sharing

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Overview of Challenges

- Enhancing staff buy-in and eliminating “us/them”
- Increasing client participation and improving program reputation
- Transportation
- Recruitment and retention of providers
- Socioeconomic climate


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Enhancing Buy-In

- Focus on the benefits the clients enjoy
- Sell the message that “We are an Integrated Health Care Center”
- Have all staff involved in some way (build momentum)
- Eliminate the perception of “grant staff” and “center staff”
- Celebrate successes

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Public/Private Partnership

Best of both worlds

- Strong infrastructure from state agency
- Adaptive and responsive private corporation

When worlds collide

- State policies and procedures apply to contract employees
- Enhanced public scrutiny of state agencies
- “Treading new ground” can take time

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Increasing Client Participation

Lowering the bar to entry

- Broad interpretation of eligibility requirements


“No cover charge”

- No-cost health screening

Incentives for participation

- NRT for tobacco recovery group

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Rural SC's Unique Challenges & Creative Solutions

Transportation

- Vehicles have been leased and drivers hired
- Scheduling to maximize clients' time at center


Recruitment and retention of providers

- Staff have been cross-trained to cover duties
- Coverage of primary care by physicians

Socioeconomic climate

- Matched fee schedule with mental health
- Affordable lab work

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Measuring Progress

A simple Excel file can track referrals by


- Clinic
- Staff member
- Date

and client needs for

- Transportation
- Wellness groups
- Targeted case management

and NOMs

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Conclusions

- Integrated primary and behavioral health care is effective and worth the effort
- Creative solutions can address challenges
- Resources are available, although they may not be apparent
 - TA from SAMHSA, CIHS (National Council)
 - Listservs
 - Community forums/networks
 - Fellow grantees

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