

Regional Mental Health Center Merrillville, IN

Cohort 2

"If I Knew then What I Know Now..."



Overview

- ▶ Regional Primary Care Initiative
 - ▶ 2 separate sites in E. Chicago and Merrillville, IN
 - ▶ 2 separate FQHC partners with on-site services
 - ▶ In each site:
 - ▶ Nurse care manager
 - ▶ Case manager
 - ▶ Peer counselor
 - ▶ [Medical Assistant in the Psychiatry department]
 - ▶ Wellness coordinator / health coach.
 - ▶ Goal – assist 750 SMI individuals overall.



Accomplishments & Successes

- ▶ High reassessment rates, high level of improvement in health outcomes.
- ▶ Met enrollment goals.
- ▶ Behavioral Health Integration Capacity Building Grant from MDwise [Indiana Medicaid Care Management Organization]: \$59,151
- ▶ Involvement [with other Indiana grantees] in influencing state-wide policy and funding for integrated care.
- ▶ Providing training to local nursing and medical assistant programs, partnership with local Area Health Education Cooperative



Accomplishments & Successes

- Providing training to MH staff, psychiatrists and PCP's on integrated care through CIHS training curriculum.
- Publishing on integrated care subjects:
 - "Operationalizing Health Care Reform," Lloyd, D et al [2013]
 - Psychiatric News articles in 2013 and 2014,
 - Psychiatrists Guide to Integrated Care: Working at the Interface of Primary and Behavioral Healthcare, Raney, L ed. [in press.]
- Work with Indiana Health Information Exchange to get past 42 CFR barriers successful.
- **Successful FQHC application, opened March 2014**
- Post-grant funding streams identified.
- Sold our board and CEO on the wisdom of pursuing an integrated system of care.

Challenges & Outcomes

- ▶ Loss of 2 FQHC partners: one went out of business, the other couldn't manage the low demand.
 - ▶ This led to 3 tries and finally a successful FQHC grant to provide direct service ourselves.
- ▶ Difficulty maintaining peer presence.
 - ▶ Lost 2 peer providers and never were able to start new ones.
- ▶ Struggles to buy or create computer-based registry.
 - ▶ Finally near completion but at end of grant- will be based out of Avatar EMR and NetSmart Primary Care module.



Challenges & Outcomes

- ▶ Transportation still largest obstacle to care
 - ▶ Some "bundled" transportation to FQ and dental sites now available.
- ▶ Loss of QI staff identified for data support
 - ▶ Program staff assumed this responsibility.
- ▶ No Medicaid expansion in Indiana yet.
 - ▶ May be 2015
 - ▶ We participated in care coordination waiver program to help preserve Medicaid benefits for clients over 100% of poverty.



Moving Forward

- ▶ Building the monitoring functions into the Medical Services [Psychiatry] area.
- ▶ Continuing the case management functions by case managers assigned to Medical Services and creating a spot for a specialty Wellness case manager in the Case Management Department. [Funded through case management MRO billing.]
- ▶ Primary care services available on site through our FQHC.
- ▶ Funding position for Supervising Nurse Care Manager to manage and direct care via use of registry, linked with FQHC functions of Patient Centered Medical Home

Words of Wisdom:

Don't Do What We Did/or What I Wish We'd Done Differently

- ▶ We lost what could have been a solid FQHC partner due to low volume of CMHC clients because:
 - ▶ Separate registration for the FQ really burdensome and we just did not do enough to smooth it out.
 - ▶ The CMHC staff, including me, not encouraging enough of the clients to get the medical care they needed, AND
 - ▶ We wildly underestimated the amount of drum-beating and PR needed to engage our psychiatrists and MH staff to refer.



Words of Wisdom: Tips for Success

- ▶ Figure out how to get your CEO and Medical Director excited about and behind your project.
- ▶ It is hard to do enough outreach and PR to your center staff to keep enough referrals to primary care services coming.
- ▶ Proximity is crucial – the primary care and mental health services can't be too close together.
- ▶ The most dramatic change in health behaviors and health outcome comes in the context of a personal relationship with a case manager.
- ▶ Try and get enrollments done early in the life of the grant to give yourself time to work with clients. Engage your psychiatrists – they can feed the program if they think it is worthwhile.

