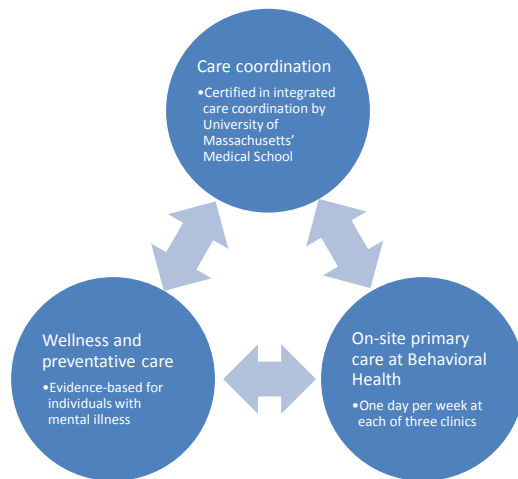


Tri-County Community Mental Health Center
South Carolina Department of Mental Health
Cohort 3

“If I Knew then What I Know Now...”

Overview



Customer-Oriented Care

- No barrier to entry
 - Initial health screening at no cost to clients
- Affordable rates
 - Primary care fees for self-pay mirror Center's fees
 - Grant required labs are free for clients
- Collaborative staffings
- Transportation
- Flexible scheduling
- Incentives for service participation

Accomplishments & Successes

Unique clients served	589
Blood pressure improved	50%
BMI improved	70.7%
Waist circumference improved	60.2%
Breath CO improved	46%
Plasma glucose improved	37.5%
HgbA1c improved	77.1%
LDL cholesterol improved	32.6%
Tri-glycerides improved	22.9%
Everyday functioning improved	51.7%
Lives saved*	≥ 3

Accomplishments & Successes

- Achieved the greatest reduction in breath CO of all grantees.
- Recognized as a grantee spotlight in the SAMHSA-HRSA newsletter, eSolutions.
- Identified as a successful model of integration for the SC Department of Mental Health's expansion of PBHCI.

Challenges and Outcomes

- Recruitment of skilled professionals
 - Interruptions in employment of primary care providers were addressed with coverage by contract provider's medical staff.
- Gaining buy-in from staff and stakeholders
 - Senior leadership support, getting everyone involved in some way, and celebrating success have improved buy-in from staff and stakeholders.
- Addressing needs of indigent clients
 - With a high percentage of uninsured, this continues to be a challenge. Training staff in benefit navigation has helped. Many clients continue to be uninsured without Medicaid expansion.
- Administrative obstacles
 - Implementing PBHCI is "treading new ground" and new policies and procedures are needed in system development.

Moving Forward

- Sustainability
 - Increase participation with automatic referrals
 - Improve payer mix to support primary care billing
- Addition of children and adolescents
 - Address a need for healthcare
 - Increase participants with payer sources
- Expansion
 - Serve as a model for integration for other centers
- Extend utilization of best practices

Words of Wisdom: Don't Do What We Did/or What I Wish We'd Done Differently

- Staff members that fulfill behavioral health and primary care duties should be dually employed by both organizations.
- Have contingencies written into contracts for primary care coverage.
- Be more aggressive about gaining buy-in from the beginning of the project.
- Begin with a robust data collection method—you may not even know in the beginning what data you'll need. Measure everything!

Words of Wisdom: Don't Do What We Did/or What I Wish We'd Done Differently

- Be persistent with patient assistance and administrative challenges—do not become discouraged.
- Establish strong partnerships with providers of specialty care at affordable rates.
- Hire/retain staff members that exemplify health, wellness, and the benefits of recovery.
- Maximize the utilization of peer support services.

Words of Wisdom: Tips for Success

- Maximize Best Practices
 - Motivational Interviewing
 - Trauma-informed care
 - Reducing health disparities with population management
 - Collaborative documentation
 - Peer support services
 - Open access/Enhanced scheduling
 - Tobacco recovery and control programs

Words of Wisdom: Tips for Success

- Incentivize participation in services, not interviews.
 - No-cost health screenings at enrollment
 - Provide NRTs for tobacco recovery
 - Weight scales for weight loss groups
 - Pedometers for whole health groups
 - Blood pressure cuffs for chronic care groups
 - Expenses for lab work required by the grant