

ADMINISTRATION

GEARING UP FOR CHANGE

Mental health agencies in Maine provide a unique service and provide this service well. In the eyes of consumers, staff at the mental health agency is frequently the “trusted other” in consumers’ lives. Mental health agencies do not have to become primary care practices in order to integrate health and wellness into their routines and work on improved outcomes for their consumers. Rather, they can continue to provide the services that they do well and link with primary care and public health community resources, so that the people they serve can benefit from their services in a holistic way. Maine surveys show that people who report being more physically well are also more satisfied with their mental health services.⁹

Support from your organization’s board of directors and key administrators will go a long way toward successful integration of health into your mental health system of care. In gearing up for change, you may want to consider the following:

- Invite someone from Maine who has been working on integrating health into mental health systems to address your board of directors on the need for such work. The speaker could discuss the “dying 25 years too soon” statistic or could give a presentation on the rates of chronic disease among people with a diagnosis of SMI. Representatives from Maine DHHS, from another mental health center, or from a foundation funding this work could fill this role. A consumer could also discuss her health care experiences.
- Your worksite wellness plan. Many organizations and the health insurance plan that they choose have worksite wellness programs. Many of the activities that are effective in worksite wellness programs can also be adapted for the consumers you serve. The staff heading your worksite wellness efforts can also be a useful resource for your consumer-directed efforts. By modeling its own health and wellness commitment, staff is more likely to support consumers in similar activities.
- Maine’s primary care community, patient-centered medical home pilots, and a variety of health care systems are increasingly interested in partnering with the mental health system to provide screening for common mental illnesses, consultation, and brief interventions integrated into the primary care system. If your agency already has partnerships with specific primary care providers or is part of a larger hospital system, these partnerships can be leveraged to bring education programs, consultation, or even medical personnel to the mental health agency.
- Maine’s public health system has a community face, the Healthy Maine Partnerships, who are a local resource for activities related to chronic disease care, such as diabetes self-management education programs and for activities promoting healthy eating and physical activity. Many of these organizations, as well as the Public Health District Coordinating Councils, are eager to partner with local mental health agencies, as local experts on mental health, as referral resources, and as participants in their own boards and programs.

- Take an organizational readiness test to determine where you are on the integration spectrum. One example of such a tool is the Site Self Assessment (SSA) Survey that the Maine Health Access Foundation has used for its Integration Initiative grantees. The form has been adapted from similar formats used to assess primary care for management of chronic diseases.
 - The SSA is not a pass/fail test, but rather an effort to see where your organization is and where you would like to go. It is a tool to help you first define your vision so you can then articulate goals and outcomes. The best way to complete this form is to ask team members to complete it and then get together in a group meeting to discuss and reach consensus on the scoring.

The SSA can be found in Appendix 2.

SUPPORTING THE CHANGE

Once the groundwork has been laid and you have buy-in from your board and staff, it's time to send the message that the administration will support the work of a health and wellness team. This team should have representation from throughout the agency so that the work can be adequately supported and that the consumers' experience at the agency will be well represented. Team composition should consist of:

- Administrator
- Medical staff representative:
 - Registered Nurse, Medical Management Director, Psychiatric Nurse Practitioner
- Consumers
- Case managers

USING THE DATA

If your agency, as part of its integration efforts, has decided to implement a health screen, you may be wondering what to do with the data collected from that screen. In addition to being a valuable tool to discuss health issues with consumers, the screen data can be used to take a look at:

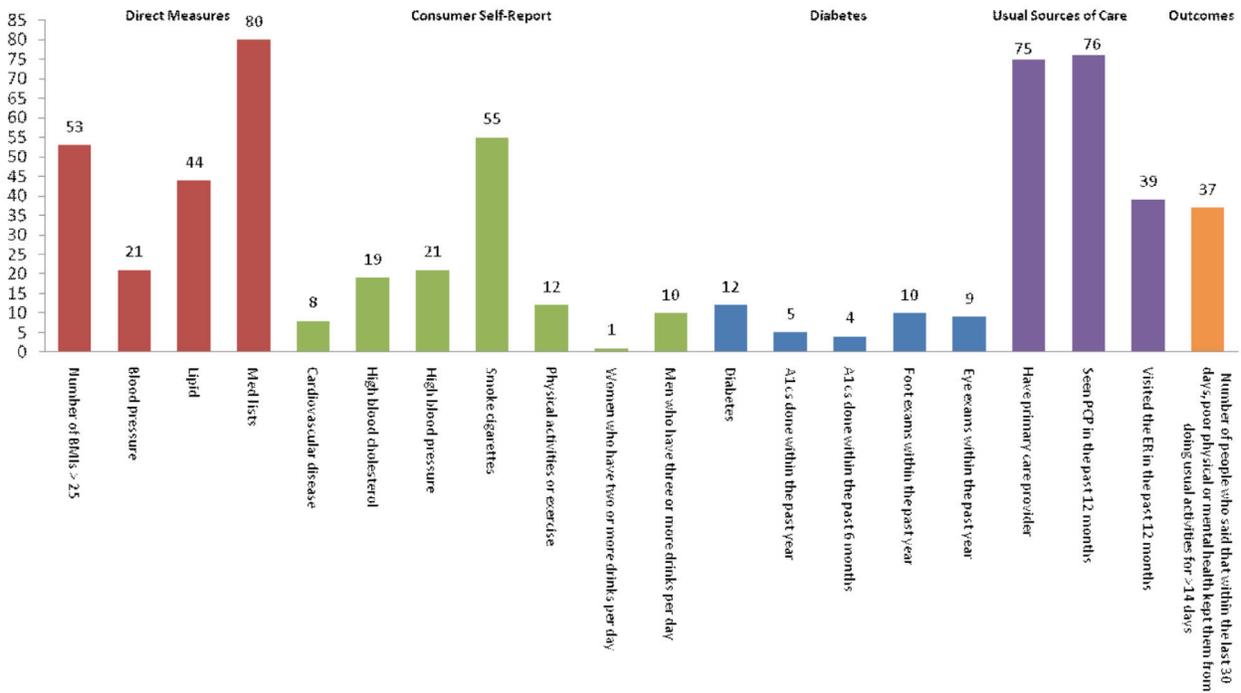
- Quality of consumers' relationship to primary care
- Prevalence of chronic conditions
- Performance on quality measures:
 - If a consumer has diabetes, are they having the recommended tests in the recommended time frame?

POWER IN NUMBERS

Another benefit of using a health screen on a clearly defined population, or group of people, is that it can be a wake-up call on their health status. This can lead to change at the micro level, or within the agency, or the macro level, state or national policy, and can even influence things like reimbursement from the federal and state governments.

For example, if you look at the aggregated or “grouped” health screen information below from Tri-County Mental Health Services in Lewiston, you can see that 55 of the 88 people who were screened, smoke, for an overall percentage of 68.7 percent. This confirms national and Maine data on the large number of people with a diagnosis of mental illness who smoke. It could also indicate the need for an intervention program, such as smoking cessation, or partnership with the state DHHS Center for Disease Control and Prevention/Chronic Disease Division. You can also see that most consumers seem to be linked to a primary care practice, with 76 of them visiting their provider within the past 12 months.

**Integrated Health into Mental Health Systems of Care
Health Screen Reporting**
Pilot Site: **Tri-County**
Program: **ACT Team**
N: **80**



MOTIVATING STAFF AND CONSUMERS

Change is hard for all of us, particularly when we are talking about changing something as core to us as how we eat. Or what we snack on. Or when we realize we need to start exercising after having spent the winter as a couch potato.

Agencies in Maine that implemented a health screen for consumers of mental health services learned that it would not do any good to force consumers to take the health screen if they didn't want to. So, they would put it aside and agree to tackle it at another time. Teams also felt more confident about talking with people about their diabetes after they had collaborated with the local diabetes education program. Peer support among the agencies involved helped a lot, too. Members shared success stories, problem-solved and planned next steps.

WHAT WAS DONE

Monthly conference calls kept the teams plugged in with each other and with their state partners. A quarterly Learning Collaborative allowed them to work together to understand and face challenges and share success stories. One team shared a story about a member who had lost 70 pounds since joining the health and wellness group. Another team member shared her concern about morbidly obese clients, more than 300 pounds, whose weight was not only affecting their health but also isolating them in their apartments and hindering self care, such as hygiene.

Agencies also worked hard on culture change. Tri-County Mental Health incorporated a Health and Wellness group into its regular services for clients. Kennebec Behavioral Health spread the health and wellness message to its network of social clubs. Motivational Services had a wellness fair for employees. Two agencies, Tri-County and Common Ties, collaborated on a community-wide Diabetes Fair open to their consumers and the general public and held at the Lewiston Public Library.

“We can’t ask people to give up everything at once. We can provide information and hope it will support them.”

MOTIVATING CONSUMERS AND DIABETES EDUCATION

Given the prevalence of diabetes among people with a diagnosis of Serious Mental Illness, it is important to reach out to diabetes educators at local hospitals to educate first their staff and then to see how to best provide diabetes education to consumers. “Lunch and Learns” about diabetes can be scheduled for both consumers and staff.

After finding a “champion” diabetes educator to work with, diabetes education sessions can be arranged for consumers. A project that tried this in Maine shortened the time frame from the traditional day-long program to several one-hour presentations. Plenty of time was given for consumers to ask questions and process information. One consumer dramatically improved her A1c status during the course of the education ses-

sions. Another missed a couple of sessions because she was hospitalized for a health condition, but returned to finish and reported that the sessions had really helped her and that she had learned more through them than anywhere else. After the diabetes education meetings ended, a monthly diabetes support group was set up. Consumers found it easier to commit to a once-a-month structure than the weekly education sessions.

REACHING OUT

As the diabetes example shows, teams benefitted when they worked with community partners. And the community partners did too: they had support from the mental health agency staff in addressing health needs of the people they were serving. Your agency staff can look to many community resources to meet consumers' health and wellness needs: diabetes educators, Healthy Maine Partnerships, local food pantries, and the Cooperative Extension Service.

COLLABORATION WITH PRIMARY CARE

Some people with SMI have a difficult time maintaining a good relationship with primary care. Primary care practices may struggle to meet their needs. Sometimes consumers face stigma when they seek primary care or care in the emergency room. Sometimes consumers' mental illness makes it hard for health care providers to see the true health issue they may be facing.

“We are collaborating with our local primary care practices. To develop this integration is our goal. We want to look at the whole person.”

One nurse practitioner in the MeHAF-grant project had to send a young man experiencing cardiac problems to the emergency room because she could not get him into a primary care doctor for a referral to a cardiologist.

There are several strategies for improving a relationship with primary care:

Collaboration: Reach out to primary care. Write a letter describing what you are doing to address consumers' health needs and ask if the primary care practice is inter-

ested in collaborating on the change. Describe your goals in improving consumers' overall wellness. Mental health agencies that have tried this have been pleased by the response from primary care practices who were in turn pleased to learn that the mental health agencies had a health and wellness program in place.

Case Management: Case managers can work with the consumers to complete the health screen, to get information from primary care, and to problem solve issues consumers may be facing in accessing primary care. Health and wellness goals can be incorporated into the Individual Support Plan (ISP) so that agencies can be reimbursed for working with consumers on their health needs.

Health Literacy: It is important for team members to work with consumers to increase their health literacy, to feel empowered enough to ask questions at their doctor's office visit. Case managers or other key staff, such as a registered nurse, can work with consumers to prepare a list of questions to take to the doctor's office.

SPREADING THE WORK AND THE WORD

After assessing where your agency is with its health and wellness program at six-month and 12-month intervals, you may want to consider expanding or “spreading” the screen to a broader population. If you have implemented a health screen, you may want to spread the health screen from the initial target population, an ACT team, to all people getting community integration support. Or if you initially had two case managers working on a health screen with their caseload, you may want to have these case managers work with other case managers who haven’t been using the screen.

As people work on a health screen within your agency, they also educate people outside of their agency. By collaborating with primary care, they raise awareness about the health needs of people with SMI. By working with community organizations, they decrease stigma about mental illness and increase awareness of the early mortality of people with a diagnosis of SMI.

ENDNOTES

¹Mauer, B. Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, October 2006. Technical Report No. 13.

²Freeman, Elsie. PowerPoint Presentation, A Multi-State Study of Emergency Room Use by Persons with Mental Health and Substance Use Disorders, presented at the 19th Annual Mental Health Services Research Conference, Integrated Health Care: Physical and Behavioral Health Services and Systems, Washington D.C., April 16, 2009.

³Mental Health Statistics Improvement Program (MHSSP) Survey 2010

⁴Mental Health Statistics Improvement Program (MHSSP) Survey 2010

⁵Colton, CW, Maderscheld, RW (2006). Congruencies in increased mortality rates, years of potential life lost and causes of death among public mental health clients in eight states. *Prev Chronic Disease*. Downloaded from url:http://www.cdc.gov/pcdissues/2006/april05_0180.htm

⁶Freeman, E., Yoe, J. (2008). PowerPoint: The poor health status of consumers of mental health care: the interaction of behavioral disorders and chronic disease

⁷Mental Health Statistics Improvement Program (MHSSP) Survey 2010

⁸Mental Health Statistics Improvement Program (MHSSP) Survey 2010

⁹Data Infrastructure Grant, Adult Mental Health & Well-Being Survey, 2010 Adult Survey