Regional Hub for Mental Health/Substance Abuse/Co-Occurring Disorders

At Washington County Mental Health Services we have been involved in the Learning Collaborative process, aka care coordination, as have most regions throughout the state. We began working on a pilot and coordinating between primary care, home health, Council on Aging, SASH, and mental health back in March 2014. At WCMHS, we volunteered to coordinate our regional group, which included training all community providers on a similar set of tools that would lead to assignment of a care coordinator (chosen by the patient) and development of a Shared Care Plan. Essentially, patients/clients chosen for our Collaborative all exhibited high needs and high utilization or difficulty engaging, multiple case managers, in-patient and/or emergency room utilization. The numbers we were dealing with never rose beyond 30 individuals and we had some great outcomes at the end of the pilot. A Robert Wood Johnson foundation grant came along to assist our efforts in paying for the time spent by the Coordinator and participating providers in 2016 with the main focus being growing the numbers served under coordinated care; and by April 2017, we had 100 people served by the Collaborative. Looking forward to VMNG and the number of people we saw coming our way based on the cross pollination of our system, the benefits of a regional referral service emerged. Seeing the VMNG numbers for our panel confirms the concern we have for continuing to assure smooth access for services. In fact, of the 1,095 patients in the panel who are stratified as Level 3 & 4 (moderate high to high risk, respectively), 733 clients receive services at WCMHS:

- Children's Services - 612
- Out Patient – 44
- Navigation & Doula – 15
- CSP – 38
- Crisis/Adult Access – 32
- DS – 32

In addition, the All Payer Waiver will direct outcomes that assure follow up for all people seen in Emergency Rooms for mental health/substance abuse issues. This is yet another reason to tackle the issue of access/referral for services. Of the total number of people in the U.S. having a diagnosable mental health disorder, only 40% will receive any treatment, and this accentuates needs going forward as we integrate care and, hopefully, lessen the stigma of seeking mental health **as** health.

To that end, in our region CVMC and WCMHS have come together to discuss the viability of the regional referral service. At this juncture we are looking at models and considering particular components we would want to consider. It is our intention to develop a process template that can be utilized by any region to derive need. The first step is to collect information and data to examine that need. We are in process of:

- Developing a mission statement highlighting goals of assuring timely access and diversion from higher, more costly levels of care
- Examining current organizational structure between primary care/mental health and substance abuse systems to assess how mental health/substance abuse needs relate to available resources

given our current models. CVMC is involved in discussions on Primary Care Transformation and this is an opportunity to enhance access and streamline services.

- We have agreed to describe functions within the two systems as they relate to mental health/substance abuse support, treatment and referrals.
- Engage private counselors in the region to assess interest in participating in a referral service through sharing availability
- Continue to embed therapists in offices for a warm hand-off, while recognizing that not all people will want to access that person as a choice
- Align APW measures for follow-up. Follow-up is a key component of our plan so that we know if the person actually carried through with the plan.
- WCMHS will develop estimate of need based on population of county, tracking of current referrals within the DA, average wait list counts
- Survey of primary care providers to assess provider needs --- current referrals within the practice and referrals out with identified gaps/waits
- Develop a workflow/design/schematic to examine how this might be assembled from assessment to hub to treatment. Examine WCMHS current Single Point of Contact/Urgent Referral process and ENHANCE depending upon need (this currently includes: intake, assessment for services, urgent care referrals, wellness group referrals, therapy referrals, psychiatric (urgent or non-urgent referrals)
- Examine psychiatric coverage in the region and see if we can increase access through modification of models (*Raney, L.,M.D., Kathol,R., M.D., Summergrad, P., M.D., Collaborative Care Models for Comorbid Medical and Behavioral Health Conditions,* Focus, Fall 2013, Vol. XI, No. 4)
- Include data on referrals to DA from Corrections and other Community Providers; as well as identifying issues related to hx discharge delays from DMH care managers, DA, and hospital
- Develop a cost/benefit analysis after streamlining functions between the systems
- On-going work on intra-agency releases and IT agreements
- Determine funding once design and plan are in place

Current work group to complete work and determine process going forward:

WCMHS: CEO; Director of Psychiatry; Director of Counseling and Psychological Services; Director of Intensive Care Services; Director of Community Support Services; Chief Information Officer

CVMC: VP of Physician Services; CVMC Practice Division Leader; Director of Quality Operations; Director of Psychiatry; Chief Medical Officer; Chief, Family Practice Psychiatry

Timeline – TBD in September 2017

Thank you!

Mary D. Moulton, Executive Director
Washington County Mental Health Services