communiCARE
Community
Behavioral
Health System

Health Management Strategies for Recovery

A Giant Step Toward Healthcare Reform

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Health Management Strategies for Recovery

- The program involves a partnership with a FQHC and the location of primary care clinics at each of the three behavioral health sites. In addition to primary care services, HMSR includes a focus on the provision of health and wellness services that emphasize prevention, education and coordination of care. Interventions can be offered in individual, group and family contexts. Community education and health promotion activities have a key role in this model and are ongoing throughout the duration of the PBHCI project. It encourages individualized treatment planning and offers a 'menu' of choices to the consumer based on need, desire, motivation and risk factors.
- Cornell-Scott Hill Health Center (the FQHC) was established in 1968 and was created through a collaboration of community residents and Yale Medical School to "plan and develop methods for providing comprehensive health services including medical, psychiatric, dental and other supportive health initiatives to underserved populations".

The Health Care Team

- Nurse Care Managers are employed at each of the three sites and serve as the liaison between the client and the treatment team; both internal and external providers. They provide direct care and health consultation to the clients, as well as overseeing and supporting their Wellness Plan.
- The PBHCI Project Coordinator is responsible for the coordination, implementation and expansion of the project across the three BH sites – and is the liaison between CommuniCare agencies and the FQHC.
- Primary Care APRN from the FQHC offers screening, treatment and follow-up medical services to consumers at each of the agencies.
- Medical Case Managers from the FQHC provides comprehensive case management services to each client enrolled in the program and work closely with the health care team AND external providers.
- Medical Directors from each of the BH agencies AND the FQHC provide supervision and leadership support on the project. In addition, they facilitate and/or serve as speakers in community forums.
- A licensed Dietician / Nutritionist, whose career has been focused on individuals with SPMI, provides both staff and consumer education, individual consultation to clients and serves as a group co-facilitator for the nutritional sessions.
- Peer Health Mentors are embedded at each BH site and have an integral role on the Health Care Team. They support consumers in their recovery goals and provide advocacy, education and case management. They are trained in the HMSR Group Curriculum and subsequently serve as co-facilitators in designated sessions.
- Behavioral Health Clinicians and Case Managers are core to the Health Care Team. Through training and education on primary care services and the HMSR model, they incorporate health and wellness interventions into their everyday work with individual clients.

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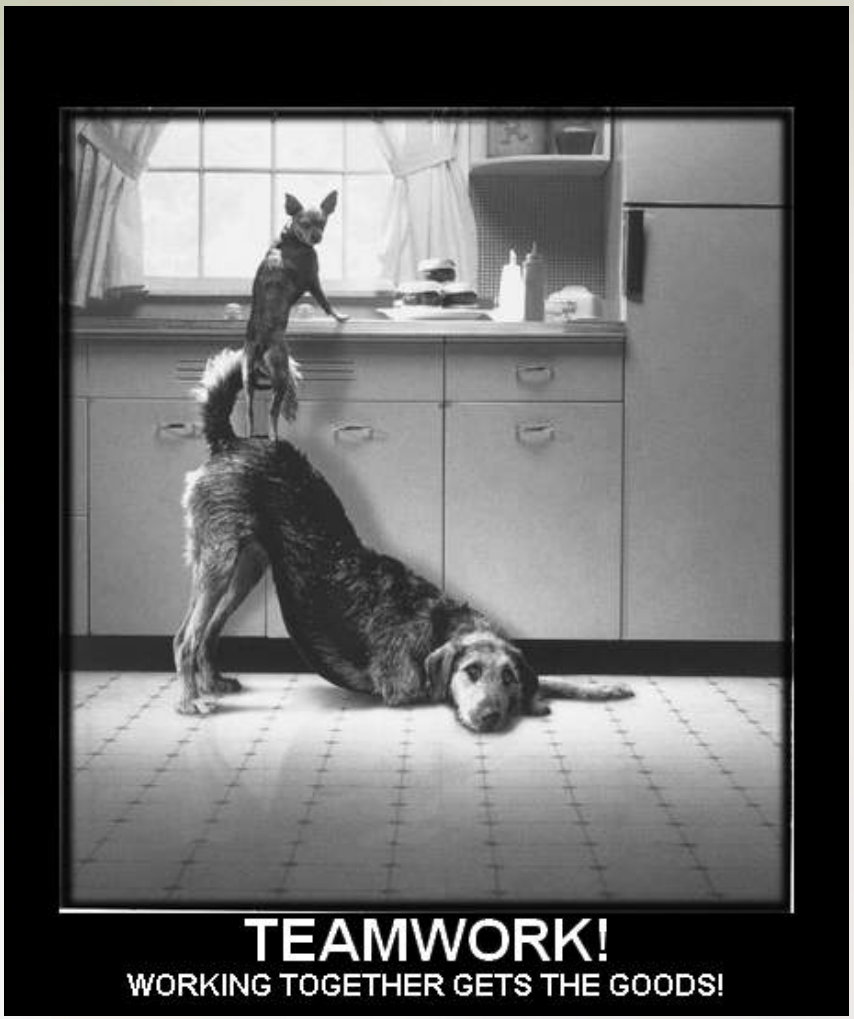

Planning Phase

- Formation of Governance Committee

  Comprised of Senior Leadership from CommuniCare agencies, Cornell-Scott Hill Health Center, PBHCI Project Coordinator and consumers, this group oversees the development, implementation and sustainability of the project.
- Role of CEO's

  The direction they charted with respect to this initiative was very supportive and proactive. Most importantly, they shared a deep understanding about the impact of chronic neglect of the basic health care needs of persons with serious mental illness.
- Hiring of Staff
- Construction of PC Exam Rooms at each site
- Behavioral Health Staff Training and Education
- 'Meet and Greets'

Barriers and Challenges

- IT-Creation and consolidation of an electronic depository for the required data elements for 3 BH sites
- Differences in organizational cultures and the impact on program development/implementation
- Recruitment and retention
- Maintaining Consistency across three sites
- Development of an Integrated Team Model
- Facilities Issues/Space Limitations
- Licensing

HMSR Group Curriculum

- This curriculum incorporates three evidence-based models and practices – and has adapted them for use in this 10 session program. The EBP's are blended with health and wellness principles. Family and/or significant others are invited to attend the Wellness Plan components. Both medical and psychiatric illness are addressed. All sessions involve co-facilitation by a medical AND mental health provider. Educational materials are provided for each session, as there is a strong emphasis on empowerment through knowledge.
- Illness Management Recovery (IMR)

  Individual components of the IMR model are supported by research that has shown: an increase in knowledge about mental illness; improvements in taking medications as prescribed; and that relapse prevention education reduces hospitalizations.
- Wellness Recovery Action Plan

  WRAP studies have shown that self-management programs: facilitate recovery; increase the use of natural supports; increase knowledge of early warning signs of psychosis.
- Psycheducational Multifamily Group Therapy – (PFMG)

  A model that has been implemented and replicated nationally and internationally and has been adapted for use with various populations, studies have shown better employment outcomes for clients who have been involved in this therapeutic modality when compared to those receiving other forms of treatment.

HMSR Group Curriculum (continued)

Group Session Schedule

1. Understanding Your Illness From Head to Toe
2. Defining Health and Healthy Living
3. Preventing and Managing Health Problems
4. Choosing Support Systems to Promote Success
5. Understanding and Using Medications Effectively
6. Nutrition and Diet for the Mind and Body
7. Nutrition, Diet and…… What About Exercise?
8. Being Well and Well-Being
9. Wellness Plan
10. Celebrating a Commitment to Health and Recovery

Health Education Series (HES)

- Includes six key health and wellness lectures annually which are open to the community. Educational forums are facilitated by an ‘expert’ in her or his field from various professions, including pharmacy, medicine, psychiatry and nursing. Topics are chosen to meet the needs of consumers, families and health professionals; however have specific relevance to the SMI population

Enrollment and Activity Data

Target	Year One-Ending Sept. 30, 2010	Year Two-Ending Sept. 30, 2011
Total health screenings	250	567 (cumulatively) 317 new screenings
Total enrolled in primary care	129	336 207 new patients
Total enrolled in wellness activities (peer health mentoring, 10-week wellness curriculum and/or health education)	66	282 216 new wellness participants
Total service linkages (specialty care referrals, weight loss, smoking cessation)	245	405 160 new service linkages

Preliminary Results & Outcomes

Co-Morbidity Data

- A sample of 175 enrollees with baseline and follow-up primary care visits were assessed for changes in Body Mass Index. A total of 44 (25%) either maintained (in the normal BMI category) or improved their BMI status.
- A sample of 213 primary care enrollees were assessed on changes in blood pressure. Out of the 35 in the stage I hypertensive group (diastolic blood pressure > 90 & <100, systolic blood pressure (>140 & <160), 7 (or 20%) converted to normal blood pressure status. Seventeen (48.5%) converted to prehypertensive status (<140/90). All 9 enrollees diagnosed with stage II hypertension (>160/100) converted to either the prehypertensive (4) or hypertensive stage I (5).
- There is still not enough data to assess changes in cholesterol or glucose levels.