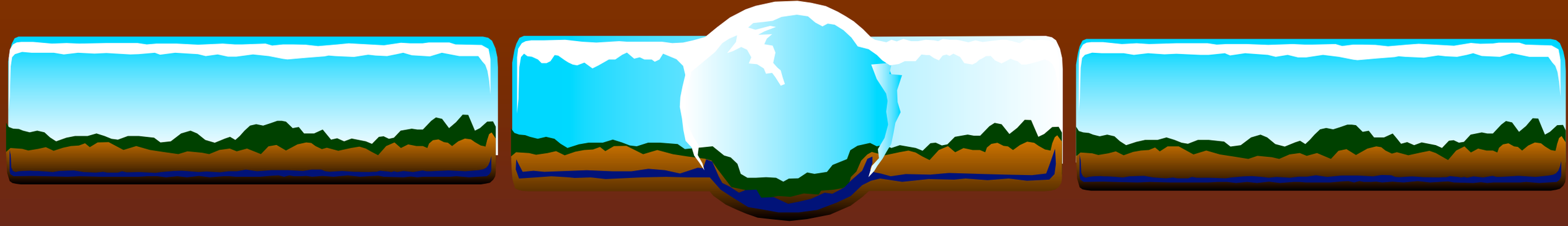

Breaking Down Silos: Holistic Health Care in the HCH Setting

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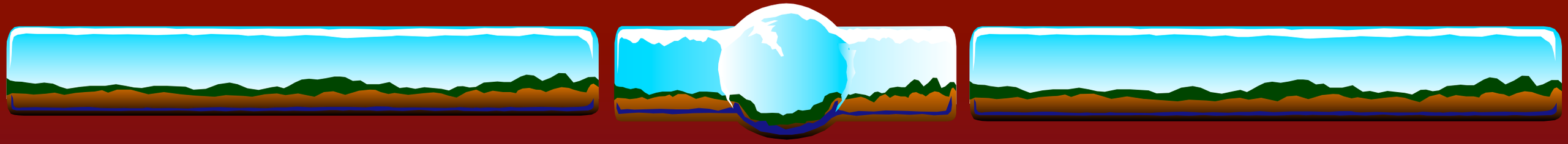
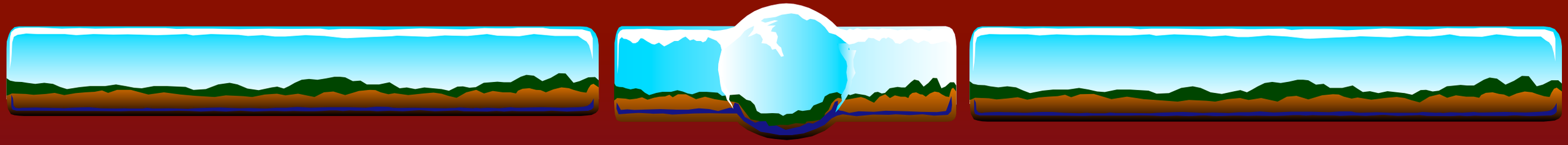


The Continuum of Integration

Model	Desirability	Attributes	Approach
Separate Space and Mission	—	Traditional BH Specialty Model	Multidisciplinary
1:1 Referral Relationship	+	Preferred Provider; Some information exchange	Multidisciplinary
Co-location	++	On-site BH unit; Still a separate team	Multidisciplinary
Collaborative Care	+++	On-site; Shared cases with BH specialist	Interdisciplinary
Integrated Care	++++	PC Team Member	Transdisciplinary

Adapted from Kirk Strosahl, PhD



History of Integration at AHCH

- AHCH started 1985
- 1998
  - ✓Services scattered across 6 fixed sites, 4 outreach sites
  - ✓Limited collaboration between programs
  - ✓CM in 4 separate programs
  - ✓Medical staff refers to MH Program staff as “the Mentals”
  - ✓Medical had 1 psychiatric volunteer session/week
  - ✓AHCH notified by City of ABQ have to move from Medical Clinic site

History of Integration at AHCH

- 1999
  - ✓New Medical Clinic constructed from scratch at 1217 1st St
  - ✓Moved in October 1999
  - ✓1217 campus had 2 other buildings to be renovated for rest of programs
- 2000
  - ✓As renovations progressed, began to think of campus integration
  - ✓Mainly focused on safety, crowding, referral processes

History of Integration at AHCH

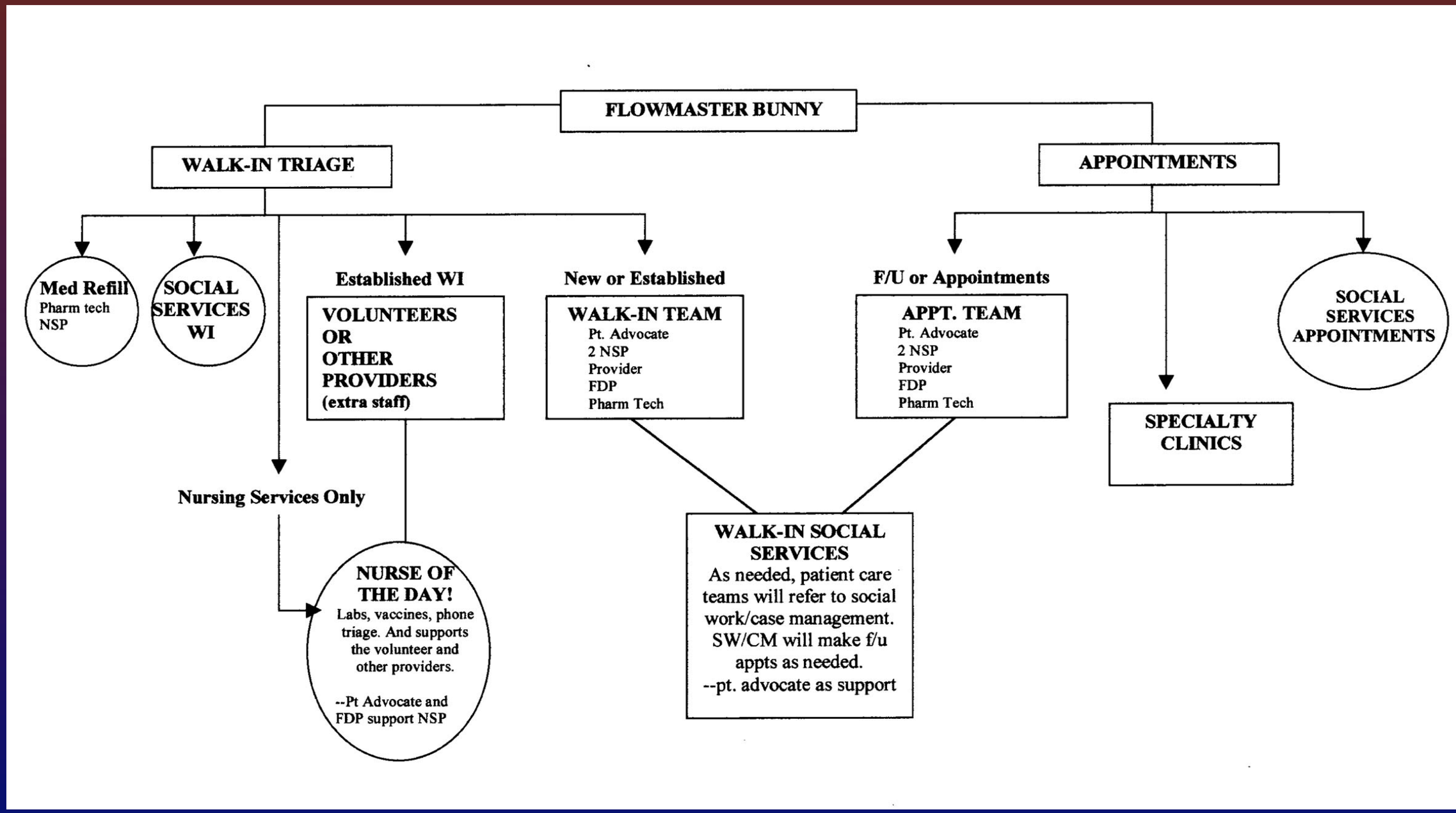
- 2001
  - ✓Dental and ArtStreet were next to move to 1217
  - ✓Medical Program underwent re-engineering process x 6 months leading to the creation of a much more efficient and service-rich patient care flow.

Performance Mandates

Improve the quality of patient care at AHCH by:

1. Decreasing patient cycle time.
2. Increasing the number of patients served.
3. Increasing access to AHCH social and mental health services at the time of the patient visit.

AHCH Redesigned Model



Improving Quality and Access

- Social component added to each visit
- Increased appointment slots so more accessible and harder to forget (scheduled within 1 to 2 weeks)
- Increased efficiency allows more walk-ins to be seen and fewer people turned away
- Patients wait less – we value their time
- Improved staff satisfaction improves quality of care
- Increased capacity

History of Integration at AHCH

- 2002
  - ✓BH services (CM, MH) moves to new campus along with Administration
  - ✓Medical added contracted psychiatric services via UNM Dept of Psychiatry. 4 psychiatrists rotated through the Medical Clinic each week, from 7/2002 to 1/2004.
  - ✓Services on-site:

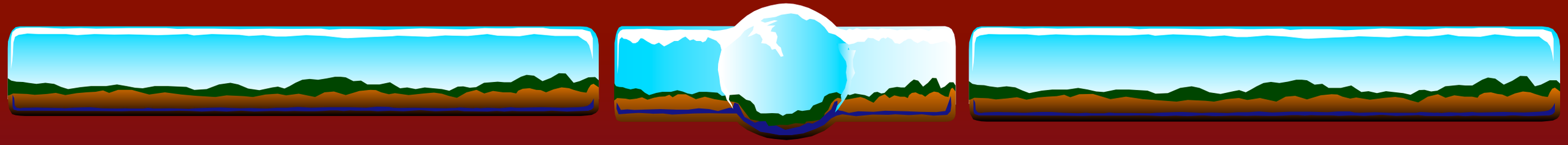
Medical	CHOUT	Dental
ArtStreet	La Puerta drop-in	Adminstration
Stepping Stones CM services		

History of Integration at AHCH

- 2002
  - ✓1217 Integration WG starts. Purpose is to identify and problem-solve colocation issues such as coordinated hours of services, create cross-program meetings, enhance communication between programs, institute uniform eligibility guidelines.
- 2003
  - ✓The 1217 Integration Workgroup morphs into MH Integration WG. The goal was “To create a logical continuum of AHCH MH services for homeless clients”

History of Integration at AHCH

- 2003
  - ✓Added therapy and counseling services at 1217: group and individual sessions
  - ✓Created Crisis Response Team at 1217, which became First Responders Team
  - ✓Started MH-Medical case conferencing in 2/2003
  - ✓CM was divided between 5 programs
  - ✓How to integrate and coordinate CM across programs



History of Integration at AHCH

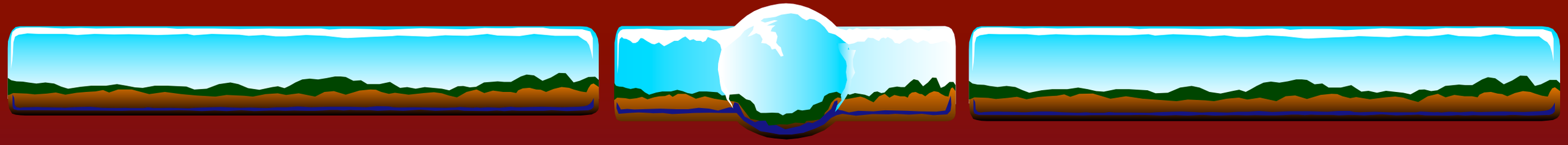
- 2004
  - ✓New "floating BH assessor" created to help with rapid assessment needs prn. These assessments were done in the BH building.
  - ✓Began discussions of plan to identify and implement an integrated PC/MH charting system. Goal was to create a comprehensive record of services a patient received at AHCH.
  - ✓BH Program did their own re-engineering that led to freeing up more staff time for counseling, therapy and social services.

History of Integration at AHCH

- 2004
  - ✓MH Integration added to AOP for 1st time as its own section in 5/2004
  - ✓BH assessments moved from BH building into Medical Clinic
  - ✓AHCH unable to renew contract with UNM psychiatrists. Instead, a psychiatric clinical nurse specialist was hired at 0.9 FTE

History of Integration at AHCH

- 2004
  - ✓AHCH underwent restructuring of programs:
    - All CM and CA services consolidated in new Social Services Team.
    - SS Team became a part of the new BH and SS Program, which included the C&T, team, the residential programs and ArtStreet.
- 2005
  - ✓MH Integration WG renamed PC-BH Integration WG.
  - ✓Creation of 6 Treatment teams in 1/2005: CM, C&T, VDP, CLA, TDS, CHOUT.
  - ✓HRO relocated to 1217. All non-residential services now at 1217 campus.



History of Integration at AHCH

- 2005
  - ✓New EHR put in place 7/2005. All medical, CM and BH services were accessible by all programs electronically for the first time. Immediately led to improved coordination of information and services between programs, with less duplication of efforts.
  - ✓Functional integration between BH and PC
  - ✓AHCH attended training by Dr. Kirk Strosahl on BHI

History of Integration at AHCH

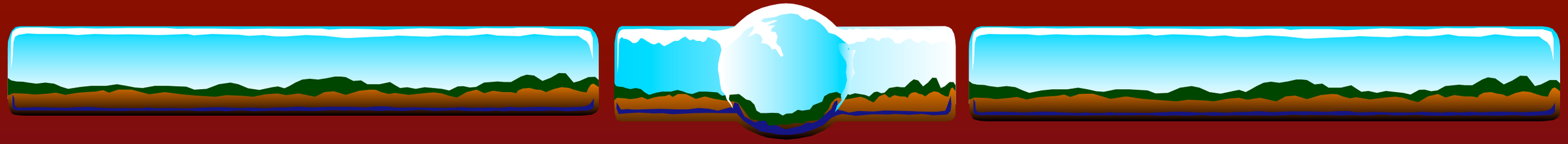
- 2006
  - ✓ Added BH assessments to each session in Medical, and BH staff triages the Medical triage line each session.
- 2008
  - ✓ Added Behaviorist to Medical Clinic services using Strosahl's BH Consultant model. This added another layer to BH and PC integration
- 2009
  - ✓ New AHCH 5 year Strategic Plan
  - ✓ Administration moves off-campus 1 mile away

History of Integration at AHCH

- 2010
  - ✓Residential programs all closed
  - ✓Dental charting module is purchased, CyDent, and incorporated into EHR
  - ✓CM and Client Advocate services available in Dental prn
- 2011
  - ✓Greenway EHR program chosen as new EHR and planning for transition begins in 9/2011. This promises to allow faster access, so can be used on OR at fixed sites and street ORs. Will also have better BH, Medical templates.

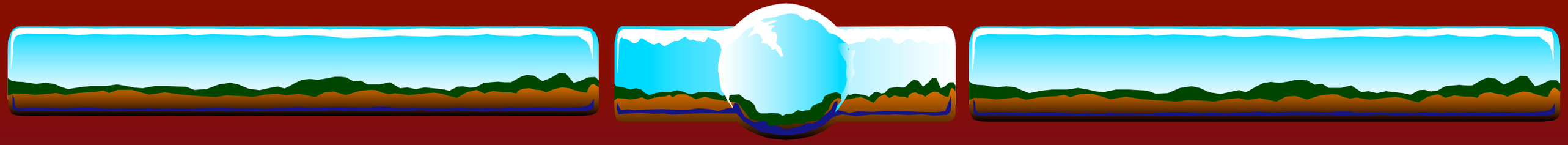
History of Integration at AHCH

- 2012
  - ✓Initial plan was to transition to Greenway in January, then moved to March and now scheduled for June 5th.
  - ✓Extensive Greenway templates are examined or created for Medical, Dental, BH and Psychiatry.
  - ✓Administration moving back to campus by September. This move will allow all the Counseling & Therapy staff to be located <u>in</u> the Medical Clinic.
  - ✓Final stage of full functional, physical and geographic integration between BH and PC



Keys to Integration

- Teamwork and persistence!
- Shared records: especially via EHR
- Treatment Teams
  - ✓Sharing common clients, treatment plan & goals across all programs
  - ✓Preferred provider arrangements
- Proximity of teams/programs:
  - ✓Good if close to each other
  - ✓Best if actual physical co-location



AHCH Organizational Dashboard

- # Encounters: Goal 28,000 (back to CY 2010 level)
- % Female users: Goal 41%
- % Children users: Goal >9.5%
- # Users: Goal >4200 (back to CY2010 level)
- # Turned away: Goal <420/quarter
- % No shows: Goal <47%
- % Capacity: Goal >95%

AHCH Organizational Dashboard

- Internal housing rate: Goal is no disparity
- Total housing rate: Goal >20%
- % Users seen on OR: Goal >10%
- % Encounters seen on OR: Goal >5%
- # OR contacts: Goal >710/quarter
- % Assessment across programs: Goal >30%
- # Client grievances: Goal <1/quarter
- NMPCA survey results: Goal “Great”