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Testimony before: House Health Care Committee

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## **HEALTH/MENTAL HEALTH INTEGRATION**

Goal: To achieve integration across all ages with prevention, wellness, health access and improvement

- 1) Broaden our Wellness Programming with an eye on providing complimentary and non-traditional approaches to treatment.
- 2) Educate our primary care providers about these programs so that they will support and refer to:
  - Mindfulness yoga
  - Narrative Journaling
  - Mindful and Healthy Cooking
  - Chocolate for Change
  - Random Rescue
  - Cross Fit
  - Kettle Bells
  - Pre-Natal Yoga
  - Laughter Yoga
  - Open Art Studio
  - Equine Assisted Therapy
  - Fitness for Men Involved w/Corrections
- 3) Improve health outcomes while reducing redundancy and improving patient satisfaction
  - Pediatrics Pilot with Medical Practices and Health Center
    - o Identification of common clients
    - 2-way releases
    - Case management coordination

- Medication reconciliation
- After visit summary w/psychiatric consultation
- Next is "hunger" and "healthy food"; Family Approach and Integrated Family Services
- 4) Integration into Medical Practices Mental Health and Substance Abuse Counseling/Future Screening, Brief Intervention, Referral and Treatment (SBIRT) program following SIM grant ending
- 5) Doula Program to provide supports for women who have experienced traumatic events, are challenged with mental health issues, need additional supports, are single parents --- goal of a good birthing experience, healthy child, parent bonding, on-going support, reduction in c-sections
  - a. CVMC pays for doula; WCMHS provides mental health supports
- 6) Care coordination with FQHC remote access to medical record
- 7) Integrated Treatment Model on Small Pilot of 30 with and without extra supports
  - a. On-going work on coordination
  - b. Sharing intake and assessment forms
  - c. Referring to community services --- elder care, better breathing program
  - d. Health coaching (MI training) regionally
- 8) "Health Home" coming in April (not currently through Blueprint)
  - a. CVMC will supply doctor
  - b. Identification of high needs clients who need more time with doctor and have high utilization histories
  - c. CVMC supplies doctor
  - d. WCMH supplies office space, nurse, admin support, case management, transportation, psychiatry, home visit through technology
- 9) Susan G. Komen grant
  - a. Special supports for women who access pre-cancer screening 35-60% less than the general population

Challenges: regional coordination system development, time, human resources, technological interface, billing codes