Health Care Partnerships and Integration

There are many different ways in which the VCP Network agencies (Designated and Specialized Service Agencies) work collaboratively with primary care and other health care providers. This document highlights the many working relationships aimed at integrating mental health, substance use, and development disability services with primary care. Varying levels of integration lead to better outcomes and bi-directional integration is essential to true person centered care. It is important to note that the VCP network agencies integrate their services into other community settings as well. Nine out of ten designated agencies have staff in 207 schools (68% of schools in their catchment area).

The importance of establishing partnerships and integrated services is highlighted in the improved health outcomes and holistic approach. In addition, VCP network collaborations enhance each community's ability to address the social determinants that impact health.

Vermont Care Partners

EXAMPLES OF HEALTH CARE PARTNERSHIPS THROUGHOUT THE VCP NETWORK

Clara Martin Center (CMC)

CMC is co-located with Gifford Medical Center (GMC) in Chelsea at the Chelsea Health Center and has collaborative relationships with their offices in Randolph, Bethel and Rochester. Other primary care offices in which there is a strong relationship include Little Rivers Health Center (FQHC), Upper Valley Pediatrics in Bradford, White River Family Practice in White River Junction, Dr. Melanie Lawrence in Bradford, and Ammonoosuc Health Center in Woodsville, New Hampshire.

One fifth of adults with mental illness have a serious mental illness.

People with SMI have higher rates of acute and chronic physical health conditions and a shortened life expectancy of 15-25 years.

For the past three years, CMC was involved with a HRSA grant in partnership with Little Rivers Health Care which included the provision of on-site primary care services at the agency. CMC also provides psychiatric crisis intervention to Little Rivers as well as psychiatric services and consultation. In addition, CMC provides liscensed alcohol and substance abuse counseling supervision to Little Rivers. CMC also provides care coordination services one day a week at the White River Family Practice.

In the Hub and Spoke Model, CMC works together with GMC medical providers, social workers and nurses to facilitate access to Alcohol and Other Drug Services (AOD) services.

1 in 5 adults with mental illness have a co-occurring substance use disorder.

Counseling Services of Addison County (CSAC)

Each of the two main pediatric offices in Addison County, Rainbow Pediatrics and Middlebury Pediatrics, have access to a CSAC clinician a day a week. The clinician's role is to provide brief interventions that include referral, case management and brief treatment.

The Blueprint for Health contracts with CSAC for Behavioral Health services in three local primary care practices. These clinician's roles are to provide referral, case management and brief treatment. Additionally, CSAC provides contracted clinical support for the Medication Assisted Treatment program in Addison County.

68% of adults with a mental illness have 1 or more chronic physical health conditions

Health Care and Rehabilitative Services (HCRS)

HCRS partners with the Brattleboro Retreat and Brattleboro Memorial Hospital in the "Collaborative Office Rounds" project which provides local primary care physicians and local mental health professionals, including their psychiatrists, a time and place to meet monthly to provide education,

consultation, and general de-identified discussion around complex cases. Their psychiatrists also provide phone consultation to primary care physicians around shared clients. The collaborations with Brattleboro Memorial Hospital also includes a health coach and behavioral health specialist who work with the Community Health Team.

All Designated Agencies provide 24/7 crisis

Strong partnerships with VCP network agencies increase the likelihood of addressing the social determinants that impact health.

HCRS also has a close collaborative relationship for many years with Mt Ascutney Hospital including behavioral health specialists and case management staff co-located at the hospital as part of their Community Health Team, working closely with primary care and community members and many community partnerships with Springfield Medical Care Systems.

HCRS's Developmental Services (DS) program partners with contracted psychiatrists on a regular basis to support their clients. The DS program also collaborates with VNA services to support individuals with complex medical needs. DS nurses interface with primary care physicians, specialty medical services, and hospital medical staff to help facilitate care.

Howard Center (HC)

HC has one imbedded clinician at Milton Family Practice funded EPSDT Medicaid. They have also increased their collaboration with primary care and pediatrician offices significantly in recent years. Additionally HC does collaborative work with the FQHC and 5 other pediatric practices (Community Health Center of Burlington, University Pediatrics, Essex pediatrics, Timber Lane Pediatrics, Winooski Health Center and Hagan, Rhineheart and Connolly). The Chittenden Clinic, Howard Center's OTP (Hub) works with other physician practices to transfer patients to or from their clinic (the hub) to Spoke practices. A PCP from CHC-Burlington provides primary care at Howard Center.

A bi-directional approach to integration is person centered and addresses need no matter where the person seeks care.

Lamoille County Mental Health Services (LCMHS)

Children Youth and Family Services clinicians provide regular consultation with the oldest pediatric practice in the Lamoille Valley. This is primarily on as needed basis and can be at the office if requested.

Adult and emergency services all regularly refer to and receive services from the local FQHC, Community Health Services of Lamoille Valley (CHSLV). CHSLV has substance use and psychiatric outpatient services, which coordinate with the LCMHS services for many residents. Recently a CHSLV family nurse practitioner has begun a part time practice each morning at LCMHS main office for urgent care of any of our consumers—child or adult--who also are patients of the FQHC. In their DS programs the program nurse and service coordinator engage with health care providers both in consultation and at office visits to ensure best health care outcomes.

Disparate HIT systems, inadequate and siloed funding streams, confidentiality rules, recruitment and retention, inadequate training on integrated care, and competition are all barriers to truly integrated, person centered, team based care.

Northeast Kingdom Human Services (NKHS)

NKHS was one of the first agencies to take advantage of EPSDT Medicaid for children to create a social work position within Newport Pediatrics. This position is housed full-time at Newport Pediatrics and provides a wide variety of services including referral, case management and treatment. NKHS has a Psychiatrist that spends time in one hospital, another on the way to another hospital and they currently have a contractual relationship with the local FQHC to provide mental health services in their offices. The future plan is to expand into more of the FQHC's clinics and to include primary care into NKHS in the next year.

Northeastern Family Institute of Vermont (NFI)

NFI believes that prevention and early intervention of childhood trauma (ACES) are the most humanely and financially important issues for today's healthcare systems to effectively address. NFI has extensive expertise in the area of assessing and treating youth and adults who have experienced Complex Trauma. NFI currently presents about and provides consultation about Complex Trauma to primary care providers, school systems, judicial authorities, child welfare experts, and other service providing organizations across Vermont, the U.S., and British Columbia, Canada. We work with state

Health care costs for individuals with mental health conditions are typically 2-3 times higher.

agencies and organizations to increase adoption of trauma informed practices and policies. NFI hosts internationally renowned trauma researchers and thought leaders to present in Vermont. NFI recently facilitated conversations on trauma and health care between state policymakers (AHS & DCF leaders) and the international experts on developmental trauma, Allan Schore, Ph.D. and Bessel van der Kolk, M.D., while they were in Vermont doing workshops. NFI coordinates with PCP's, especially pediatric groups around individualized care for consumers.

Northwest Counseling and Support Services (NCSS)

At NCSS they have employed the social work component of the Blueprint team. Through this relationship they have developed a direct referral process with pediatricians. NCSS also regularly shares records with all PCP offices and provides mobile crisis support to PCP office if requested. As stated above Blueprint staff hired by NCSS act as the liaison for PCP and NCSS, as well as other community providers. NCSS has a bi-directional relationship with an embedded PCP at NCSS one day per week. The NOTCH (FQHC) contracts with NCSS for social workers at their 5 sites. Through this relationship they have developed a direct referral process with all PCP offices. NCSS also regularly shares records with all PCP offices and provides mobile crisis support to PCP office if requested. NCSS provides some one time consultations at the nursing home by their medical director. In addition NOTCH and NCSS focus on a bi-directional approach to integration with a NOTCH PCP providing team based person centered primary care services to CRT and Adult Outpatient clients at NCSS one day a week. They also use telemedicine services for medicine checks between the NOTCH and NCSS.

Integrated care, health promotion, wellness activities, and early intervention, produce better overall health outcomes.

Rutland Mental Health Services (RMHS)

RMHS too focuses on bi-directional care by having a Primary Care Physician from the CHCRR (FQHC) who provides a six hour clinic bi-weekly for individuals served in CRT at RMHS' primary CRT outpatient facility. Additionally they have a half-time RN Nurse Manager/Educator that attends CRT Team meetings to identify physical health problems and potential patients to be followed in the project; develops physical health treatment plans for those individuals and assist CRT Case Managers with compliance strategies; provides education to CRT staff in the identification and management of physical health problems; and develop protocols to improve access to primary care for individuals with severe mental illness. A physician from Rutland Regional Medical Center provides PCP services.

Local partnerships are working toward enhanced access, prevention, care coordination and individual and population health outcomes.

United Counseling Service of Bennington County (UCS)

UCS has clinical staff in ten primary care offices as part of the Blueprint and Hub and Spoke initiatives. Included in those numbers are staff in two pediatric offices. Three of those primary care settings are receiving support as Spokes.

UCS and Southwestern Vermont Health Care have recently collaborated to open the "Intensive Medication Assisted Treatment" (IMAT) program which provides treatment including observed daily dosing at the UCS main office for addicted individuals in Bennington County. UCS also employs a Wellness Nurse who provides Wellness care and health screenings for staff and occasionally for clients at UCS facilities.

Washington County Mental Health Services (WCMHS)

WCMHS has therapists in five doctor's offices through CVMC Community Health Teams for adults and has created a trauma screening for all patients. They provide clinical supervision for SBIRT clinicians working in the CVMC Emergency Room. With the local FQHC, WCMHS has identified common clients and are coordinating care through case management. With two pediatrics offices, WCMHS has initiated a pediatric information exchange project to systemize a process for information exchange to improve health and mental health for children and families. This includes: identification of common clients; 2-way releases; completion of an "after-visit summary" and "case manager update", both of which are then transferred to the medical practice, while the medical practice sends a reciprocal note to the Agency. All pediatrics offices now want to join the project.

Integrated health and mental health services allow for children and families to receive a higher quality of care.

The WCMHS Wellness Collaborative offers complementary approaches to traditional psychotherapy through mindfulness-focused groups, with improved outcomes on

Through coordination, providers gain invaluable information that allows for more informed, targeted, and holistic treatment to occur.

decreasing stress and increasing coping strategies. Medical practices refer patients to these programs. WellSpace is a physical space specifically created for focus on alternatives to traditional treatment to broaden options for individuals who would not otherwise access such programs due to income, transportation, or social barriers. Programs are trauma-informed and include: open art studio, life skills programming, Jobs for transitional youth, Wellness Collaborative programming and other groups, kettle bells, cross fit, boot camp (for staff and clients); and a Doula program in collaboration with Central Vermont Medical Center, specifically for women who have experienced Adverse Childhood Events.

WCMHS also has a contract with CVMC for crisis response to the Emergency Room and the Psychiatric Unit.
Common practice across divisions is to collaborate with medical providers ranging from providing assistance to clients to attend appointments to being present at appointments, attending team meetings, etc.

Champlain Community Services, Upper Valley Services, Families First in Southern Vermont, Green Mountain Support Services and Lincoln Street are all developmental disability agencies. Each agency coordinates with primary care and other medical teams. Developmental disability agencies take a person centered, team based approach in supporting individuals with developmental and intellectual disabilities to lead satisfying lives. This includes coordinated supported employment, home and shared living, school to career transition and community supports. In addition, the developmental disability agencies provide mental health and other clinical services as well as specialized medical care services for those who need such supports.

Fragmented care increases health disparities.

The Vermont Care Partners Network works collaboratively with Blueprint, Community Care Collaboratives, Unified Care Collaboratives, SASH, nursing homes, residential programs, schools, and within a variety of other health care or educational settings. The Network is currently working to update the current authorizations for consent and release of information to more clearly include these provider and will educate the individuals served about how sharing of information and collaborating can improve care coordination with primary care and collaborative teams thus resulting in improved outcomes.

FROM THE SAMHSA – SAMHSA CENTER FOR INTEGRATED HEALTH SOULTIONS

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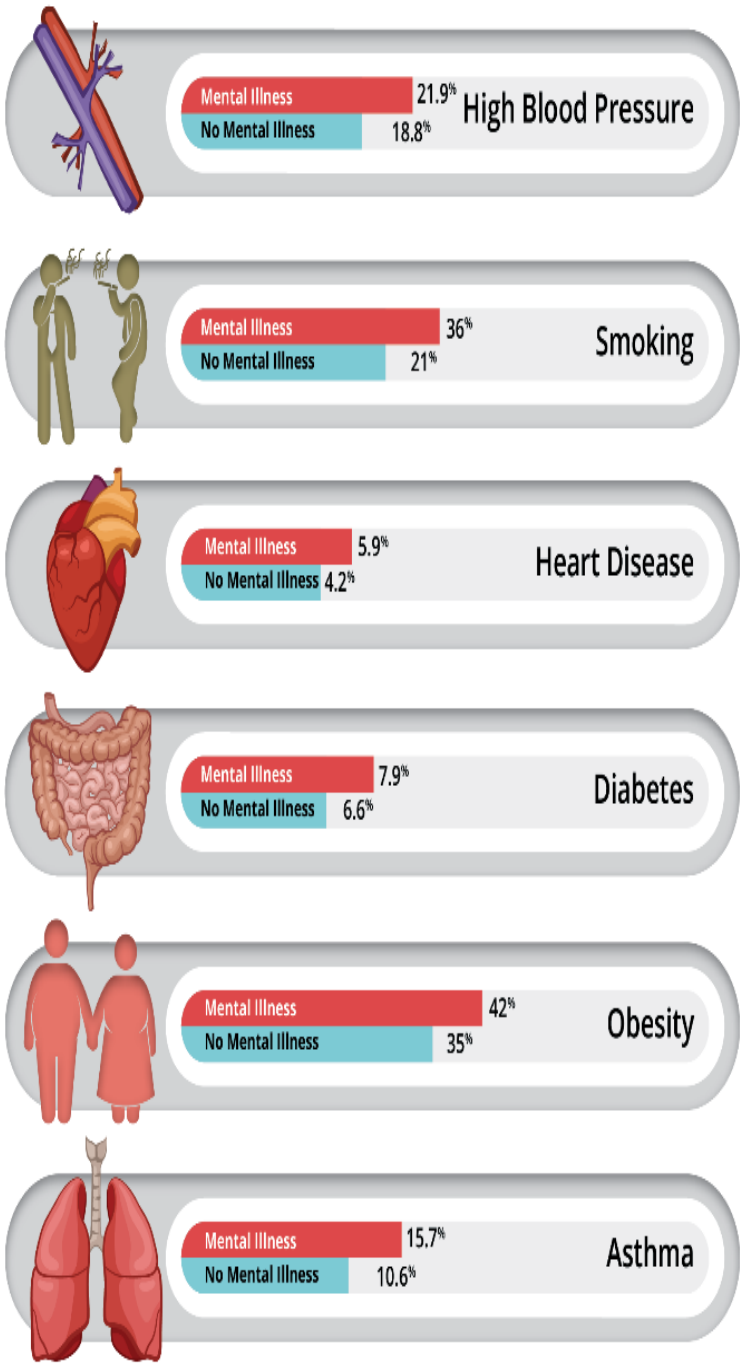
Co-occurrence between mental illness and other chronic health conditions:



http://www.integration.samhsa.gov/integrated-care-models/primary-care-in-behavioral-health