# Community Healthlink Worcester, MA Cohort 3

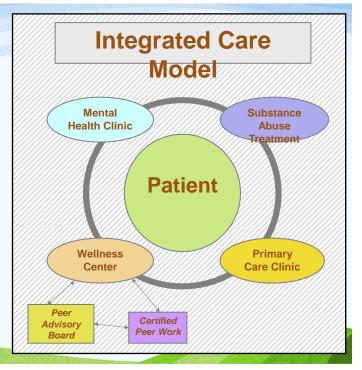
"If I Knew Then What I Know Now..."

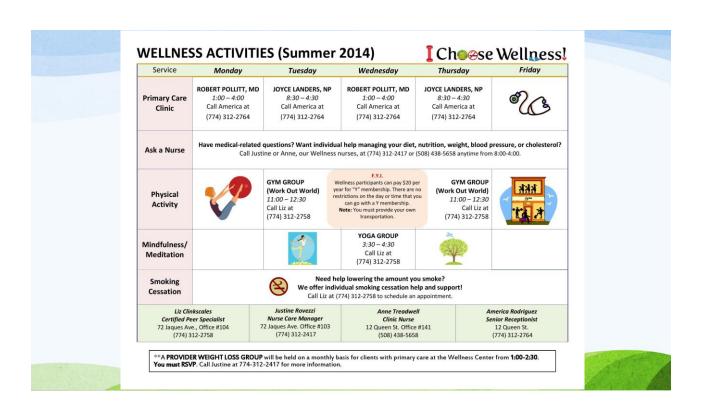
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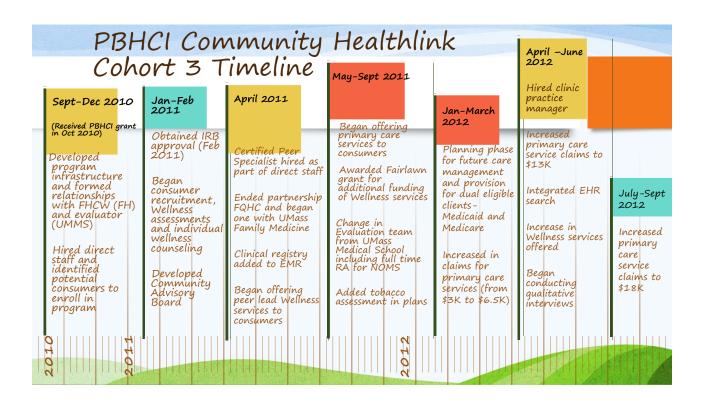
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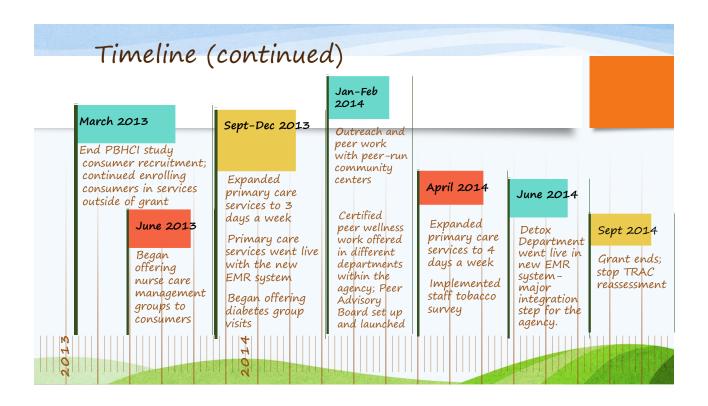
#### Overview

- Community Healthlink (CHL) is a multi-service Community Mental Health Center – the largest provider of mental health, substance abuse and homeless services in central Massachusetts – serving over 19,000 unique individuals annually.
- We utilized the health home model providing both behavioral and primary care services on site, ensuring comprehensive care management and implementing wellness support through individual and group activities. We adapted the whole health approach to treatment using the consumers' family and community supports, as well as building a culture of wellness within the agency.









# Accomplishments & Successes

- Increased access and utilization of primary care and wellness
  - We have re-started the Peer Advisory Board group. Most participants are excited and are benefiting from the group.
  - · We recently signed a contract with our EMR for a centralized call center.
- Increased provider collaboration and care plans
  - We are making progress on integrating and expanding our electronic medical record system and services
    (e.g., Detox went live in July 2014; We are now able to consult reports from UMass electronically; and we
    are able to order labs using the electronic system).
- A model of increased integration and collaboration across Community Healthlink programs and locations
  - We had a recent HRSA site visit in June 2014 and were sited out of 19 measures for 4 of the best
    practices to be taken back to the rest of the organization: (1) Team model, (2) Cab, or the Consumer
    Advisory Board, (3) Housing model, and (4) Strong community connections with UMass and others.

#### Barriers & Challenges

- Provider/client buy-in and communication initially posed a challenge, but we are lucky to have a CEO who fully supports and understands the benefits of these changes—she clearly sees this as the mission of the agency going forward.
- We have had initial difficulties with FQHW partnership. However, we established our own primary care services which improves integration and financial sustainability in the long run.
- Our new EMR has been a continuous challenge, but we are slowly integrating the whole agency into using the new electronic system.
- Adjusting to new insurance and payment methods related to the Affordable Healthcare Act have been difficult (e.g., MassHealth changes, and OneCare), but we have expanded our insurance options and are now accepting Fallon, Network Health, and CCA.
- Care management has been a at challenge at times, and we continue to look for opportunities to improve.
- We have had difficulties in client engagement regarding reassessments and groups, but continue to be creative in outreach and often are able to re-engage.

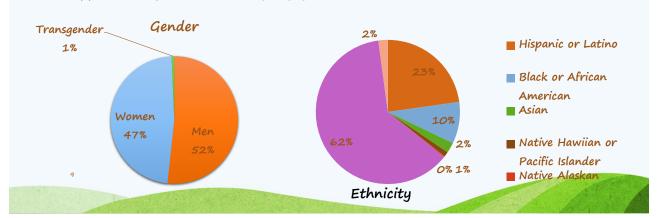
### PBHCI Program Participant Data

National Outcomes Measures (NOMS): semi-structured interview querying about psychosocial functioning and perceptions of care (every 6 months)
Physical health indicators: BP, Weight, BMI, Waist Circumference, CO level, Blood Glucose, HgbA1c, Lipids, Triglycerides (every 3 to 12 months)
CHL chart data: demographic and diagnostic characteristics (every quarter or as needed)
Clinical registry: primary care, wellness, and mental health services received (every quarter)
Qualitative interviews: perceptions of the program (every year with sub-groups of interest)
Data extracted for specific purposes (e.g., PBHCI patients prescribed Suboxone)

### PBHCI Program Participants

507 participants were enrolled since the start of the program in February 2010 to July 2014 (333 consumers are still active participants)

- · Approximately 75% are enrolled with our on-site primary care clinic
- · Approximately 66% are actively engaged in Wellness services



# Moving Forward

- After establishing primary care services at our agency, we have recently expanded primary care clinic hours. A new primary care physician joined our Wellness Clinic in April. We hope to further expand primary care services to 5 days per week with an additional NP, who has started working in our homeless services.
- We are hiring a bilingual Spanish speaking medical assistant with FQHC and mental health assistant experience for the outpatient psychiatry department. This would further help integrate a team model on the psychiatric department and aid as a cross over between teams.
- We are now focusing on integrating and sustaining Wellness throughout the agency including applying for several grants such as the Workforce Development grant to train the entire 1,200 staff members in integrated care (letter of attempt accepted).
- We are applying to expand Wellness and primary care services in other sites in Massachusetts (e.g., Leominster, MA).

# Words of Wisdom: Tips for Success

- Establish provider/client buy-in from the start—but especially with the agency's CEO.
- 2. Challenging, but there many advantages to building your own primary care department (or mental health department) within your agency!
- 3. Form a universal electronic medical record system within the agency as soon as you can.
- 4. Continuously provide staff training on integrative care, smoking cessation, trauma-informed care, etc.
- 5. Keep staff and consumers engaged with quarterly update letters/calendars of activities, or groups.



"To keep the body in good health is a duty—otherwise we shall not be able to keep our mind."

-Buddha

The Wellness Center Team

Community Healthlink

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