Making Healthy Choices POSTGRADUATE CENTER FOR MENTAL HEALTH

344 West 36th Street * New York, NY 10018

Cohort 3

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

Overview

- Project Goal: to help PCMH consumers live healthier, more productive lives through Wellness programming that includes screening, linkage, group education, and goaldirected activities.
- Model: integration of behavioral care with primary care in collaboration with an FQHC, the Ryan-Chelsea Clinton Community Health Center.
- Staffing: Program Director, Project Evaluator, CASAC, Peer Health Educator, and Administrative Assistant.
- Programming & Services: calendar of daily activities, including groups in smoking cessation, weight management, and nutrition; daily exercise activities; healthy meal preparation workshops; one-on-one counseling; linkage; screening/primary prevention assessments; and advocacy.

Accomplishments & Successes

- Partnerships: MHC has successfully maintained a variety of strategic partnerships aimed at extending services, promoting variety, and capitalizing on the expertise of outside providers. These partnerships include Dhara Yoga, Weight Watchers, and Eryc Taylor Dance.
- Outcomes: our consumers have evidenced improvement in seven of nine physical indices, with statistically significant improvements in both systolic and diastolic blood pressure, weight and BMI. We also show improvement in all behavioral health variables evaluated through NOMS and the MMM III, with five of the seven being statistically significant.

Accomplishments & Successes

- Health Information Technology (HIT): the generous award of HIT supplemental grant funds in FFY2 afforded MHC an opportunity to modernize our infrastructure, promote productivity, and improve consumer services.
 One highlight of HIT implementation includes setting up the hardware infrastructure to internally host (eCW), the EMR shared between MHC and our FQHC. Additionally, we were able to introduce networked AWARDSequipped computers to our entire full-time clinic staff.
- Agency Buy In and Expansion: PCMH senior management has made a commitment to Wellness agency-wide, throughout 17 sites and 22 distinct programs. MHC program components will be seeded throughout our Health Home (e.g., integrated care management); residential re-engineering efforts (e.g., residential wellness groups and linkage services); and PROS, where they can be used as enrichment.

Challenges & Outcomes

• Sustainability: MHC capital investment outlay was limited by our original long-term sustainability strategy. We reevaluated our plan to operate an onsite clinic based on deepening knowledge of license availability, personnel requirements, operational costs, and the physical/code requirements of operating such a clinic. Inasmuch as the emerging portrait of our final program was beginning to emerge as fundamentally different from that first conceived, we chose to redirect these funds to embed our program with PCMH's current Health Home and residential re-engineering efforts.

• FQHC Integration: not having a co-located clinic has made it more challenging to effectively integrate with our FQHC. Communication is streamlined when it is direct, and practices such as warm hand-off are also easier to facilitate when the collaborating clinic is closer.



- Program Recruitment: meeting our admissions targets has been a significant challenge throughout the duration of the MHC project. As the project progressed, we have had to recruit new admissions from populations located at increasingly greater distances from our clinical hub on 36th Street. We have implemented a number of strategies to address this challenge, and we have altered our workflow to accommodate these goal-directed changes.
- Motivation and Incentivization: MI techniques coupled with PBHCI technical assistance—have helped us to motivate consumers to some degree. However, inspiring consumers to participate in program has been challenging, particularly when they have been housed in other boroughs.

Moving Forward

 Strategy: our current strategy involves embedding Wellness programing where there are supportive resources. We are already implementing Wellness at multiple residential and clinical sites throughout
Manhattan, Brooklyn, and the Bronx patterned after MHC. Additionally, MHC staff is working with program directors and Health Home care coordinators to complete a needs assessment for all program locations to determine how we might best support their varied needs. For consumers in these locations, we continue to provide screening, advocacy, and primary care linkage services, as well as host episodic workshops to educate our consumers about how to avert (or better manage) common illnesses, such as hypertension, asthma, dyslipidemia, and diabetes.

Words of Wisdom: Don't Do What We Did/or What I Wish We'd Done Differently

- In retrospect, a few strategies may have been beneficial for the original implementation of MHC:
- 1. Embedding staff within our FQHC
- 2. Selecting an EMR that accommodates more of a narrative format. The SOAP structure of eCW is more optimal for a primary care environment than a Wellness program.
- 3. Providing MHC orientation materials to all staff and new clinic/PROS admissions at the Westside Rehabilitation Center...from program outset.

Words of Wisdom: Don't Do What We Did/or What I Wish We'd Done Differently

4. Secure executive buy-in with residential, such that from the very start MHC had a strategy for supporting PCMH consumers at more distant locations. Conformity to a more ambitious and expansive intake and engagement strategy may have served us better.

5. Push for interdepartmental meetings to facilitate integration.

Words of Wisdom: Tips for Success

- 1. Don't be afraid to ask for help.
- 2. Prioritize project goals, and be honest with yourself about what you can and cannot achieve.
- 3. Attend all grantee meetings and learn from your peers.
- 4. Assess...identify problems/goals...plan...implement...evaluate.