

## Creating Academic Partnerships: Clinical and Workforce Benefits

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### **About the Speaker**



Alice Geis is the Director of Integrated Health at Trilogy Behavioral Health and is a faculty member at Rush University College of Nursing in the Department of Community, Systems, and Mental Health. In her faculty role, she teaches live, online, and clinical courses to psychiatric nurse practitioner, advanced public health, and pre-licensure nursing students. She founded and directed a hospital-based psychiatric home care program and has consulted in program development.

Center for Integrated Health Solutions

SAMHSA-HRSA

In addition to her administrative duties in the Integrated Health Program at Trilogy, she provides diagnostic evaluations, medication management, and group treatment as a psychiatric nurse practitioner, and oversees the wellness and health promotion services.

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## Agenda

- Who are we & why did we pursue an academic partnership?
- Current forces driving academic partnerships
- Elements of successful partnerships
- Benefits to stakeholders: what's in it for us?
- How did we establish the partnership?
- Experience to date: successes, setbacks, challenges
- Next steps & future directions
- Summing up: considerations if pursuing an academic partnership - Questions to consider, lessons learned, helpful tips for grantees
- Questions & Discussion

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### Learning Objectives

At the end of the presentation participants will be able to

- Identify characteristics of successful partnerships between integrated health programs and academic centers
- Discuss ideas for implementing new or expanded partnerships with academic programs in their centers
- Identify opportunities and barriers to implementing partnerships with colleges or universities

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# STrilogy Heartland

A partnership between Trilogy & Heartland International Health Center

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# What do we know about academic practice partnerships?

- Descriptions of programs in the literature
- Mostly anecdotal evidence for success
- Some organizations working on models

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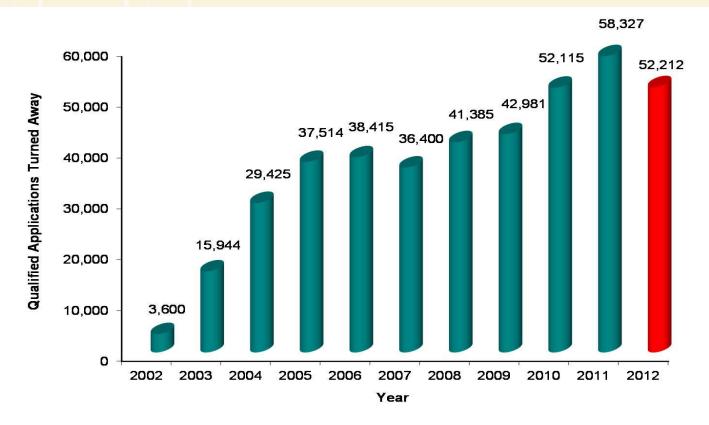


## Why Now?

- Cutbacks to mental health services in many states leading to lean staffing of agencies
- Affordable Care Act provisions favoring ramping up services in well-coordinated care systems
- Competition for clinical placements for students
- Workforce development needed in integrated health



### Qualified Applications Turned Away from Entry-Level Baccalaureate Nursing Programs:2002-12



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## Learning to work in Integrated Settings

Integrated care requires good interprofessional communication & collaboration skills (Curran, et. al, 2012) Our workers are educated in silos



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# What helps or hinders academic/practice partnerships?

- Barriers
  - Lack of time
  - Lack of resources
  - Lack of communication
- Facilitators
  - Shared vision with mutual goals and objectives
  - Clear communication
  - Regular contact and engagement

American Association of Colleges of Nursing. (2013).

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## **Benefits to the CMHC/Clients**

- Student projects are aligned with agency priorities and can build on one another
- Opportunity to educate professionals about SMI
- Can help to build your own workforce
- Support mutual learning & staff development
- Clients receive services they might not otherwise due to financial constraints
- Opportunities to work in areas where organizational missions align

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## **Benefits to the University/Students**

- Reliable and regular placements for students in cuttingedge areas of Integrated Health
- Build student confidence in working in interprofessional practice settings
- Helps keep participating faculty current in clinical skills and knowledge
- University gains access to experts in public psychiatry and community behavioral health



## **Elements of Our Academic Partnership**

- CMHC Director of Integrated Health is a faculty member at academic partner organization
- Developed with the academic practice program
- 250 nursing students so far
- Nursing students collaborate with staff and students of other disciplines in learning and bringing value to programs & client care



### **Partnering with Clients for Health**







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# An Example from a Partnership with a CON: Types of Students & Courses

- Pre-licensure or "GEM" nursing
- Advanced Public Health Nursing
- Psychiatric Nurse Practitioner
- Family Nurse Practitioner
- Specialty and Systems Leadership doctoral

- Psychiatric Nursing
- Public Health Nursing
- Advanced Public Health Courses
- Comprehensive clinical management
- Clinical immersion

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### **Box o' Projects**

- Projects selected through student key informant interviews with agency staff
- Always prepared with ideas for student work
- Continuity of projects which build on each other
- Topic areas: Nutrition & Exercise, Smoking Cessation, Sexual Health



## How to Address Sexual Health



A Guide for Staff Communication about Sexual Health

## Poster

Adapted from "Birth control." Planned Parenthood, 2012. Retrieved from http://www.plannedparenthood .org/health-topics/birth-control-4211.htm

## **Pregnancy Prevention**

Allows women to be in control

**Female Condom** 

### **Male Condom** Worn by the man

- Prevent pregnancy, HIV, and STDs Can be used for sex in the vagina, mouth, o Prevent pregnancy, HIV, and STDs Can be used for sex in the vagina or butt butt Can be used with oil-based and Cheap; No prescription needed water-based lubricants Can buy in grocery/drug store Cheap: No prescription needed Only use with water lubricants (such as · Can buy in grocery/drug store K-Y Jelly or AstroGlide) Not involve hormones Can be used with spermicide for greater pregnancy prevention (Do not use Success: spermicide alone) Not involve hormones 5% chance of getting pregnant if always used correctly Practice using on your own in order to use it correctly before being with a Success: 2% chance of getting pregnant if always used correctly Must be put in vagina or butt correctly Practice using on your own in order to use i correctly before being with a partner Reminder: Must be put on penis correctly · Put spermicide on the outside of the condom Only use one condom at a time have sex. If it has been put on the wrong way, do not
  - Put on a new condom every time you
- To remove, twist the top of the condom and pull from vagina, making sure not to have sperm leak into vagina use it. Throw it away and get a new condom Put on a new condom every time you have

### Patch: Ortho Evra Allows women to be in control

- · Woman wears a thin patch that sticks on
- her skin Woman puts on a new patch every week for three weeks; The fourth week you leave the patch off.
- Prevent pregnancy · Can make periods shorter and lighter Not have to stop sex

### Success:

· Less than 1% chance of getting pregnant if always used correctly

Allows women to be in control

Get shot every three months

· Less than 1% chance of getting

been tested for STDs

pregnant if always used correctly

Not all people can have this shot; Ask your doctor

Need to visit doctor every 3 months to

Does not keep you safe from STDs or HIV; You should also wear a condom if

you or your partner are having sex with

someone else or if your partner has not

Take Charge

Prevents pregnancy for 3 months

· Do not have to worry about not using

### Reminder: · Not all people can be on the patch; Ask

HIV: You should also wear a condom if you or your partner are having sex with your doctor someone else or if your partner has not Does not keep you safe from STDs or HIV: You should also wear a condom if

.

Certain medications cannot be taken Woman should not smoke

Not all people can take birth-control pills;

Does not keep you safe from STDs or

**Birth-Control Pills** 

Prevent pregnancy Woman takes everyday at same time

Allows women to be in control

Many different types available

· Less than 1% chance of getting

pregnant if used correctly

· Can make periods shorter and lighter

Not have to stop sex

Success:

Reminder:

Ask your doctor

been tested for STDs

you or your partner are having sex with someone else or if your partner has not been tested for STDs Certain medications cannot be taken Woman should not smoke

Not have to stop sex

product right

· Ask your doctor

Success:

Reminder:

get shot

Parenthood, (2012), Birth control, Retrieved from http://www.

### Shot: Depo-Provera IUD: Mirena and ParaGard

- Allows women to be in control Small T-shaped device
- · Doctor puts in woman's uterus
- · Not have to stop sex
- Mirena · Can prevent pregnancy up to 5 years
- · Can make periods shorter and lighter ParaGard:
- · Can prevent pregnancy up to 12 years · Does not change hormone levels
- Success: Less than 1% chance of getting pregnant if always used correctly

### Reminder:

Not all people can have these devices Ask your doctor Does not keep you safe from STDs or HIV; You should also wear a condom if you or your partner are having sex with someone else or if your partner has not been tested for STDs

been tested for STDs

### **Ring: Nuva Ring** Allows women to be in control

- Prevents pregnancy
  - Involves a small, flexible ring that woman puts in vagina
  - than take out for a week; Can remove for
  - Can make periods shorter and lighter

### Success: Less than 1% chance of getting pregnant if always used correctly

- Reminder:
- Not all people can have this device: Ask your doctor Does not keep you safe from STDs or HIV; You should also wear a condom if
- you or your partner are having sex with someone else or if your partner has not been tested for STDs Certain medications cannot be taken

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www.integration.samhsa.gov

Leave in vagina for three weeks and up to three hours for sex-optional Not have to stop sex Ask your doctor

**Diaphragm and Spermicide** 

· Allows women to be in control

use spermicide alone)

2 years
 Not involve hormones

· 6% chance of getting

sperm

Success:

Reminder:

Prevent pregnancyWoman puts in vagina and it blocks

Must be used with spermicide (Do not

Can be carried in a purse or pocket

pregnant if always used correctly
Must be put in vagina correctly

spermicide on diaphragm again

Allows women to be in control

Less than 1% chance of getting

pregnant if always used correctly

Size of a match

arm

Success:

Reminder:

Must not remove for 6 hours after sex
If over 6 hours and have sex again, put

Does not keep you safe from STDs or

HIV; You should also wear a condom if

you or your partner are having sex with

someone else or if your partner has not been tested for STDs

**Implant: Implanon** 

Doctor puts under woman's skin in upper

Can prevent pregnancy up to 3 years Not have to stop sex

Not all people can have this implant; Ask

your doctor Does not keep you safe from STDs or HIV; You should also wear a condom if

you or your partner are having sex with

someone else or if your partner has not

Certain medications cannot be taken

· Do not have to buy another diaphragm for

### **Healthy Snacks**

Aldi Prices Yogurt \$0.39 Greek yogurt \$0.89 Baby carrots \$ 1.29 Celery \$1.49 Mini whole wheat bagels \$1.99 Bananas \$0.39 per lb Dried cranberries \$1.19

### SAMHSA-HRSA Center for Integrated Health Solutions







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### **Policy Level Benefits of Collaboration**



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### **Student Participation in Congresswoman's**

Visit



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## **Successes - Workforce Development**

- Students learn about working outside of traditional disciplinary and mental health/general health silos
- Students who have had one clinical course have asked for placement in a subsequent one, or volunteered after graduation
- Former students have joined the agency as employees
- Students comment on positive element of interprofessional work environment

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# Unexpected Benefits: Partnership in the GNE Demonstration Grant

- A 4 year grant mandated by Affordable Care Act
- Funded at \$200 million from Center for Medicare & Medicaid Services
- Goal to increase the supply of advanced practice registered nurses (APRNs) to improve access to services for people with Medicare and Medicaid
- Defrays cost to agencies and hospitals of training APNs (e.g. 1 day of training per term = \$3,375)

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# Other Collaboration Projects & Potential Future Directions

- The Center for Integrated Health Education
- Collaboration with the Office of Professional Education and Community Outreach
- Graduate Nurse Demonstration Project Grant
- Liaison with other departments in medical center
- Research projects

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## **Tips for Participants**

- Do joint planning
- Communicate, early & often
- Dedicate resources
- Orient faculty & students to your framework of care
- Consider a faculty practice arrangement
- Consider any impact on staff productivity
- Reinforce culture of teaching & learning



### References

- American Association of Colleges of Nursing. (2013). Academic-practice partnerships. Retrieved from http://www.aacn.nche.edu/leading-initiatives/academic-practicepartnerships
- Choucair, B. (May 3, 2012). Healthy Chicago Public Health Agenda, presentation to the UIC Healthy City Collaborative.
- Colleran, Mary (2011). Health Care Innovation Challenge grant proposal, submitted to the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation, funding opportunity number CMS-1C1-12-001.
- Collins, C. Hewson, D. L., Munger, R., & Wade, T. (2010). Evolving models of behavioral health integration in primary care. Milbank Memorial fund. Retrieved from http://www.milbank.org/
- Curran, V., Heath, O., Adey, T., Callahan, T., Craig, D., Hearn, T., & ... Hollett, A. (2012). An approach to integrating interprofessional education in collaborative mental health care. Academic Psychiatry, 36(2), 91-95. doi:10.1176/appi.ap.10030045
- Dreher, M. (April 18-19, 2013). Implementing Successful Academic-Practice Partnerships. At AACN/AONE conference: Implementing Successful Academic-Practice Partnerships. Chicago, IL
- Geis, A. & Delaney, K. (2010). Integrated health care: strengthening nursing' voice. *Archives of Psychiatric Nursing*, 24:6.435-437
- Teel, C, MacIntyre, R, Murray, T, and Rock, K. (2011). Common themes in clinical education partnerships. Journal of nursing education, 50(7), 365-372.

