Health Integration
in southeastern Ohio

YEAR 3 FINAL REPORT
Strengthening Behavioral Health Service Delivery
OCTOBER 2018
About the Funding Partners

The Alcohol, Drug Addiction and Mental Health Services Board serving Athens, Hocking and Vinton Counties (317 Board) designs policies, evaluates programs, accesses funds and monitors alcohol, drug addiction and mental health services in Athens, Hocking and Vinton counties. The 317 Board receives primary funding from the Ohio Department of Mental Health and Addiction Services, and local tax levies. Currently, the 317 Board contracts with thirteen local agencies to provide a comprehensive offering of mental health, drug and alcohol addiction services throughout the three counties. For more information, visit www.317board.org.

The Osteopathic Heritage Foundation of Nelsonville (OHFN) advances programs and services designed to improve health and quality of life in southeastern Ohio. OHFN pursues partnerships and opportunities to advance innovative solutions that demonstrate long-term impact for vulnerable populations, measurable outcomes and sustainability. For more information, visit www.osteopathicheritage.org.

The 317 Board and the Osteopathic Heritage Foundation of Nelsonville would like to acknowledge and thank Ohio University’s Voinovich School for Leadership and Public Affairs and Dr. Lesli Johnson, Associate Professor, for their contributions to this report.
Investment Overview

The Osteopathic Heritage Foundation of Nelsonville (OHFN) and the Alcohol, Drug Addiction and Mental Health Services Board serving Athens, Hocking and Vinton Counties (317 Board) jointly invested nearly $600,000 from 2013 through 2017 in sustainable strategies to integrate healthcare in southeastern Ohio. With funding from OHFN, Woodlands Center and the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services joined as initiative partners. The initiative centered on strengthening the service delivery capacity of behavioral health providers to partner with primary care physicians. Funded projects demonstrated the value of an integrated approach to care in order to sustain behavioral health capacity, while also increasing access to primary care for individuals with serious behavioral health diagnoses.

Investment Impact

$599,720 INVESTED between September 2013 and June 2017 in Athens, Hocking and Vinton Counties by the partners.

An additional $167,500 INVESTED in Gallia, Jackson and Meigs Counties by OHFN.

7 organizations in 6 sites DEVELOPED NEW OR STRENGTHENED EXISTING INTEGRATED CARE partnerships.

3,000 PEOPLE received integrated behavioral health services.

80% of patients had not previously received behavioral health services.
“We expanded our work around integrated care and also created a single electronic integrated health record. This allowed us to share client information across sites with the ultimate goal of improving the health of the individual.”

*Hopewell Health Centers*
Our Investment

Implementation and full utilization of ELECTRONIC MEDICAL RECORDS at 6 behavioral health clinic sites.

Implementation of CHEROKEE BEHAVIORAL HEALTH CONSULTANT (BHC) MODEL at 3 primary care sites.

Use of BEHAVIORAL HEALTH CONSULTANTS to improve chronic disease outcomes.

15 CLINICIANS increased knowledge/skills for utilizing data to inform practice

Hocking Hypertension Project

GOAL
Increased use of the BHC for patients with hypertension to reduce blood pressure.

OUTCOME
• 306 patients worked with BHC.
• 53% showed improvement.

Vinton Asthma Project

GOAL
Increased use of the BHC for patients with asthma and increased compliance of asthma monitoring.

OUTCOME
• At baseline, 93% of patients were compliant with asthma regime.
• Increased compliance rate 96%.

Athens Obesity Project

GOAL
Increased use of the BHC for patients diagnosed as obese and reduced body mass.

OUTCOME
• 145 patients working with BHC.
• 27% showed improvement.

951 PATIENTS received BHC services at 6 clinics.

Hopewell has completely INTEGRATED ELECTRONIC RECORDS for all of their services.

Increased the ratio of behavioral health provider to patient, from traditional mental health sites of 1:70 TO 1:200 with an estimated savings of $435,000 annually.

Hopewell received a 4 year SAMHSA INTEGRATION GRANT to further integrate primary care into behavioral health services for 2 counties.

951 PATIENTS received BHC services at 6 clinics.
“Integrating behavioral health counseling into medical care created the opportunity to have the treatment of both physical and behavioral health disorders informed by both treatment providers, improving patient outcomes and quality of life.”

Health Recovery Services & OhioHealth O’Bleness Pain Management Clinic
Their Results

Implementation of CHEROKEE BEHAVIORAL HEALTH CONSULTANT model at one specialty care site.

183 PATIENTS referred and screened by the BHC with 44 receiving on-going services. 92% OF PATIENTS had no prior behavioral health treatment before referral.

Patients receiving BHC service experienced INCREASED ABILITY TO MANAGE PAIN, willingness to try alternatives to medication and increased social engagement.

Using the PAIN DISABILITY INDEX at intake and six month intervals, 100% of patients showed decreased scores.

Patients accepting initial referrals increased from 32% TO 44%.

Additional INTEGRATED CARE SITE OPENED at the OhioHealth Nelsonville Health Center.

Our Investment

Cherokee Behavioral Health Consultant (BHC) MODEL TRAINING.

Use of BEHAVIORAL HEALTH CONSULTANTS to improve chronic disease outcomes.

Health Recovery Services & OhioHealth O’Bleness Pain Management Clinic

Chronic Disease Project

GOAL

Increased use of the BHC for patients with chronic pain.

OUTCOME

• 25 participating clients.
• 36% experienced improvement of chronic disease management as evidenced by lower scores on the Pain Disability Index (PDI), Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder Scale (GAD-7).
“A behavioral health consultant offers education, resources and supports. Addressing behavioral health needs and making appropriate links and connections is essential to help our patients reach their optimal health.”

*Integrated Services for Behavioral Health*
Their Results

Integrated Services for Behavioral Health & University Medical Associates
Chronic Disease Project

GOAL
Increased use of the BHC for patients who have hypertension and smoke.

OUTCOME
- 47 patients with hypertension seen by the BHC.
- 26% experienced improvement.

200 PATIENTS received BHC services.

Productivity increased since onset of BHC services including 39% REDUCTION IN PATIENT WAIT TIMES and decreased appointment wait list.

HOME-BASED BHC services are also offered.

8 CLINICIANS increased knowledge/skills for utilizing data to inform practice.

BHC worked with patients to REDUCE BARRIERS AND INCREASE COMPLIANCE.

Implementation of CHEROKEE BEHAVIORAL HEALTH CONSULTANT model at one primary care site.

Use of BEHAVIORAL HEALTH CONSULTANTS to improve chronic disease outcomes.

Cherokee Behavioral Health Consultant (BHC) MODEL TRAINING.
“Support from this initiative has helped people who needed, but never would have otherwise received, integrated services. Many clients would not have come if they had not been referred.”

Woodland Centers
Cherokee Behavioral Health Consultant (BHC) **MODEL TRAINING.**

**Their Results**

**153 PATIENTS** received BHC services.

Implementation of **CHEROKEE BEHAVIORAL HEALTH CONSULTANT** model at one primary care site.

Use of **BEHAVIORAL HEALTH CONSULTANTS** to improve chronic disease outcomes.

**GOAL**

Increased use of the BHC for patients who have diabetes, hypertension or obesity.

**OUTCOMES**

- 27 patients participated in recommended intervention.
- 37% experienced improvement.

*In January 2018, Woodland Centers merged with Hopewell Health Centers.*

**Woodland Centers* & Holzer Health System Jackson**

*Chronic Disease Project*