

The Whole Health Initiative



A COMMUNITY COLLABORATION

OCTOBER 12TH, 2010

History



- **The “Gap” Group:**
- NAMI Utah , Salt Lake County, Valley Mental Health, Jewish Family Services, Cornerstone Counseling Center, Family Counseling Center, Salt Lake City Police – CIT, Salt Lake County Criminal Justice Services, Mental Health Court , ARC of Utah, Legislative Coalition for People With Disabilities, University of Utah - Dept. of Psychology, and Disability Law Center, Division of Substance Abuse and Mental Health
- Intermountain Healthcare

Whole Health Project Community Partners



- **National Alliance on Mental Illness (NAMI Utah)**
- **Salt Lake County**
- **Intermountain Healthcare**
- **Utah State Division of Substance Abuse and Mental Health**
- **Valley Mental Health**
- **Utah State Health Department**
- **University of Utah**
- **Health Clinics of Utah**
- **Midvale Family Clinic**
- **University of Utah Women and Children's Health Consortium**

Common Goals...



- To address the needs of people who fall through the cracks of the system
- To address the needs of the uninsured and the underinsured
- To address the mental health and health needs of patients in an integrated manner in a single site
- To deliver behavioral healthcare services in an innovative, cost-effective manner

...and Individual Interests



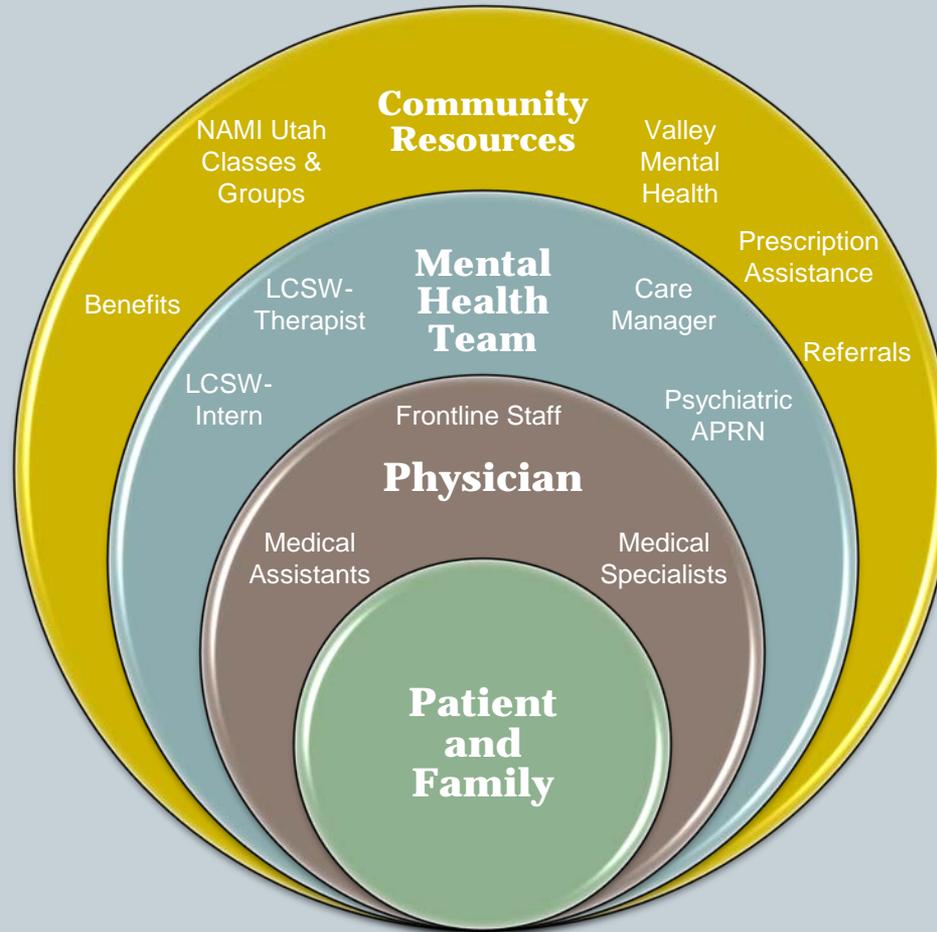
- **Uninsured/underinsured**
- **Jail population**
- **Reducing emergency room usage**
- **Providing tools and support for overburdened primary care**

Project Objectives



- Increase the detection of mental illness in the healthcare population;
- Increase the detection of substance abuse in the healthcare population;
- Increase referrals for mental health and substance use/abuse treatment;
- Decrease the severity of patient's mental health and/or substance use/abuse condition; and
- Increase patient's social support.

Whole Health Integration model



Whole Health Project Basics



- **Universal Screening form**
- **Eligibility for Insurance determined**
- **Review by Doctor in triage**
- **Doctor makes referral to Mental Health team and gives packet**
- **APRN provides med management support**
- **LCSW provides therapy on-site and crisis intervention**
- **Care Manager coordinates and provides follow-up to patients; refers to community resources**

Mental Health Team Members



- **LCSW- Provides short-term, solution-focused therapy; employed by Valley Mental Health**
- **APRN- Provides consultation on medication management to physicians and patients; employed by Valley Mental Health**
- **NAMI Mentor/Care Manager-Provides referrals to community resources; support to patient and family; and support to mental health team**

Cooperative Process



- Patients referred from Valley Mental Health receive health care
- Patients referred to Valley Mental Health receive mental health services
- All patients from unfunded clinic screened for insurance eligibility
- Those referred from unfunded clinic without insurance eligibility assisted pro bono arranged by Care Manager

Three Locations



Working together in a collaboration:

**Health Clinics of Utah
3195 South Main St. Suite 200
Salt Lake City, Utah**

(801) 468-0354

**Midvale Family Clinic
7852 S Pioneer St.
Midvale, Utah**

(801) 561-2211

**Women's and Children's Health Consortium,
University of Utah (Teen Mom program)
3690 South Main St.
Salt Lake City, Utah**

(801) 468-3690

Initial Results



- Total number of individuals screened for mental health issues: 2415
- Total number of encounters with mental health specialist: 2247
- July 2009 through June 2010: 1167 encounters with 488 unduplicated patients
- Of those receiving mental health services in the clinic, 33% uninsured and 67% underinsured
- 43% of patients seen by PCP are seen for mental health issue not referred to specialist

Assessment Tools



- Over average 6 month period, patients given PHQ-9 baseline and follow-up assessments.
- On average, symptom level of patients participating in project decreased by 3.5 points; severity decreased 7.75 points
- Patient—46 y/o, male, 100 % poverty level, initial PHQ-9 had a symptom level of 8, severity level 20
At 6 month assessment, his PHQ-9 symptom level was a 1 and severity was a 5

Cost Effectiveness



- **All treatment received under one roof**
- **More cost effective for individual**
- **Pro-active universal screening rather than waiting for crisis, ER and Criminal Justice intervention**

Using Strengths for Quality Services



- **Focus on quality**
- **Determination of the partners to make it work – following a model and a vision**
- **Expertise in service delivery**
- **Stakeholder Committee with one group taking the lead**

A Collaborative Project



- **Built by community partners**
- **Responds to the needs of the community**
- **Focuses on the strengths of each partner**
- **Fits the interests of the different community partners**

Contact Information



Sherrri Wittwer

Executive Director, NAMI Utah

801-323-9900

www.namiut.org