A SUCCESSFUL COLLABORATION SERVING CHILDREN & YOUTH WITH HIGH BEHAVIORAL HEALTH NEEDS IN RURAL SOUTH-EASTERN OHIO

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• This presentation is based on a grant funded by the Health Resources and Services Administration’s (HRSA) Behavioral Health Workforce Education and Training (BHWET) Program

• Through this grant, students enrolled in the master’s in clinical mental health counseling at Ohio University were funded with a fellowship of $10,000 each during their internship of 600 hours. Internship placements were at clinical sites at Hopewell Health Centers, Inc., (HHC) in southeast Ohio
LEARNING OBJECTIVES

1. Participants will gain information about the specifics of the collaboration between HHC and the Ohio University Counselor Education program. Information will include the provision of integrated care services by counseling interns in school-based and clinic-based services.

2. Participants will learn about the training provided to interns via this grant, including case-based learning.

3. Participants will gain information on quantitative and qualitative methods used to evaluate the project. Gains experienced thus far will be presented, along with lessons learned, sustainability plans, and future directions.
• Rural Appalachia
• High Poverty
• Rates of Mental Illness ranges from 24%-41%
• All Counties are Mental Health Professional Shortage Area
HOPEWELL HEALTH CENTERS, INC.

• Sixteen sites across eight counties in Southeast Ohio

• All counties are rural, and all are located in Appalachia

• One hundred and forty primary care and behavioral health providers; 4,000 behavioral health clients; and 25,000 primary care patients.

• Commission on Accreditation of Rehabilitation Facilities (CARF) accredited community mental health center and a Joint Commission accredited federally qualified health center

• Formed through the recent business merger of Tri-County Mental Health and Counseling Services, Inc., and Family Healthcare, Inc.
• Master’s program specialization in Clinical Mental Health Counseling (CMH) and School Counseling accredited by the Council for Accreditation of Counseling and Related Programs (CACREP)

• Master’s program in Clinical Rehabilitation Counseling (CLRC) accredited by Council on Rehabilitative Education (CORE) and CACREP

• Doctoral Program in Counselor Education and Supervision

• CMH and CLRC master’s students placed at HHC for practicum and internship
TRAIN, GAIN, AND RETAIN: COUNSELORS SERVING CHILDREN, ADOLESCENTS AND TRANSITIONAL-AGE YOUTH IN RURAL APPALACHIA

• Three year grant funded by HRSA BHWET Program
• Funding amount = $563,116
• Currently in Year Three of the grant
• Partnership between Ohio University Counselor Education program and HHC
PURPOSE OF PROJECT

• Expand and strengthen the regional behavioral health workforce serving children, adolescents, and transitional-age youth, within a geographical area characterized by high poverty and higher than average behavioral health diagnoses.

• Increase the number of paid clinical internships for master’s counselors-in-training in the Counselor Education programs at Ohio University in Athens and Chillicothe from zero to thirty six over a three-year period.

• Strengthen an existing relationship between the Ohio University Counselor Education program and HHC.

• Develop a cadre of skilled counselors who can effectively serve children, youth, and their families in the region in interprofessional and integrated teams.

• Recruit counseling students who are motivated to serve this region, provide them with paid internships, and facilitate their employment and retention within the region.
COMMUNITY-UNIVERSITY PARTNERSHIP DEVELOPMENT

• Grant writing process—Shared decision-making and co-authorship
• Co-Investigators in the IRB/Research component
• Jointly conduct student learning sessions during field placement
• Co-Presenters at Conferences
• Shared Vision: Train counseling students to work as part of integrated care teams
Integrated care is the **systematic coordination of general and behavioral healthcare**. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.

68% of adults with a mental illness have one or more chronic physical conditions.

more than 1 in 5 adults with mental illness have a co-occurring substance use disorder.

Source: SAMHSA-HRSA: Center for Integrated Health Solutions - www.integration.samhsa.gov
The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services. Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

Community-based addiction treatment can lead to:
- 35% reduction in inpatient costs
- 39% reduction in Emergency Room costs
- 26% in total medical costs

WORKFORCE SHORTAGES FOR BEHAVIORAL HEALTH CLINICIANS

- HRSA’s website lists Mental Health, Health Professional Shortage Areas (MPSAs) for the majority of Ohio Counties

- Remaining counties have Medically Underserved Areas
INTEGRATED CARE: CHALLENGES FOR PRACTITIONERS

• Clinical and operational challenges.
• Cultural differences in integrated care: space and time, scope of practice, language differences, privacy, and confidentiality (Edwards & Patterson, 2006; Hunter et al., 2009; Vogel et al., 2012)
• Team approach may also influence professional identity (Garcia-Shelton & Vogel, 2002; Gersh, 2008)
• Lack of training about integrated care systems (Gersh, 2008; Glueck, 2015)
• Have led to calls for workforce development in integrated care (Blount, & Miller, 2009; Edwards, & Patterson, 2006; Johnson & Freeman, 2014)
• Interprofessional education

• Students in health professions often have stereotypical assumptions about other health professions (Ateah, et al., 2011; Hean, Macleod-Clark, Adams, & Humphris, 2006)

• Include integrated care as a didactic course and or as part of field experience for professionals (Johnson & Freeman, 2014; McDaniel, Belar, Schroeder, Hargrove, & Freeman, 2002)
SAMHSA’S CORE COMPETENCIES FOR INTEGRATED CARE

• Interpersonal Communication
• Collaboration & Teamwork
• Screening & Assessment
• Care Planning & Care Coordination
• Intervention
• Cultural Competence & Adaptation
• Systems Oriented Practice
• Practice-Based Learning & Quality Improvement
• Informatics
INTEGRATED CARE: SPECIFIC COUNSELOR ROLES

• Assessors
  • Screen for treatment or referral
• Interventionist – behavioral health consultant
• Brief psychotherapy
  • Cognitive Behavioral Therapy
  • Solution focused
  • Motivational Interviewing
• Liaisons and consultants
TRAIN, GAIN, RETAIN PROJECT
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Goals:

• Help Counselors in Training learn skills needed to fulfill these new roles so they are equipped to serve in integrated settings

• Increase competencies of students based on SAMHSA’s Core Competencies
Framework:

• Field placements at HHC sites to participate in integrated clinical care
• Monthly meetings discuss integrated care models/components and how this fits with student experiences at field placement sites
• Case-based learning discussions
• Readings and textbook information
Topics:
Continuum of Integration Models
Core Competencies
4-Quadrant Model
Integrating Behavioral Health for Youth
Successful Transitions Models for Youth
Specific strategies for integrated settings by condition
Student Case Presentations
EVALUATION OF GRANT OUTCOMES

• Completed two cohorts
• Twenty-four graduates
• Seventy-five percent retained at Hopewell/Southeast Ohio
• Third cohort is in process
EVALUATION OF GRANT OUTCOMES (CON’T)

• QUANTITATIVE – surveys administered at the start and end of internship for Train, Gain, Retain interns
  • Integrated Core Competency Self-Rating Scale - based on SAMHSA’s Core Competencies for Integrated Behavioral Health and Primary Care developed by team member in Year 1 of the grant
  • Newer instrument developed by Bridget Asempapa for her dissertation research – plan to utilize this instrument in the future
  • The Counselor Activity Self-Efficacy Scale (Lent, Hill, & Hoffman, 2003)

• QUALITATIVE
  • Focus Groups with graduates
CORE COMPETENCIES FOR INTEGRATED CARE:
AREAS FOR DEVELOPMENT

• Interpersonal Communication
• Collaboration and Teamwork
• Screening and Assessment
• Care Planning and Care Coordination
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• Cultural Competence & Adaptation
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EXPERIENCES OF PARTICIPANTS
WHERE DO YOU BEGIN?
• AAP Addressing Mental Concerns in Primary Care: A Clinician’s Toolkit
  • Mental Health Toolkit - AAP.org

• Evolving Models of Behavioral Health Integration in Primary Care

• Primary Care-Mental Health Integration Co-Located, Collaborative Care: An Operations Manual
ADDITIONAL RESOURCES (CON’T)

• Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies

• Cherokee Health Systems
  • www.cherokeehealth.com

• University of Massachusetts Medical School, Center for Integrated Care
  • http://www.umassmed.edu/cipc
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