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Innovative Ways to Meet Behavioral Health Needs in a Rural Market

A Conversation With Dr. J.C. Carrica, CEO of Southeast Health Group

Serving the Underserved

The mental image you have of Colorado is probably one of mountains, of people out enjoying hiking, skiing and other outdoor activities. But what is life like in the eastern part of the state where the terrain is flatter and hunting and farming are far more likely to bring people outdoors than hiking and other outdoor activities?

SHG serves a rural area that has been experiencing economic hardships since 2000. Two large manufacturing plants have left the region, and agriculture has become vastly more automated, leaving far fewer employment opportunities in the area. Young people leave the region to attend school and don't return, having found employment elsewhere. Although the population is declining, homelessness is increasing. Housing is scarce and expensive. With U.S. Highway 50 running straight across the region, the transient population has grown, and with that comes increased drug use and abuse.

SHG is in a unique position to grow and expand its services; however, to best meet the communities' challenges and needs, it has had to get creative. Two innovative models have shown exceptional results.

About Southeast Health Group

Southeast Health Group (SHG) is a private, nonprofit corporation funded with a State Community Mental Health Center grant and billable clinic-based services and contributions. It provides mental health, substance use disorder, primary care and wellness services to over 46,700 people in six rural and frontier Colorado counties, which cover 9,600 square miles.

The Peer Program

"Our single most successful program that's helped with emergency room overutilization and easing the frustrations of hospitals is the peer program," SHG's CEO, Dr. J.C. Carrica, tells us. He cannot say enough good things about the program, and it's not hard to see why.

One major aspect of the peer program is the peer house located in La Junta, which SHG maintains to offer a place of security for anyone who needs it. Any resident can take advantage of the many services offered at the peer house (e.g., a place to shower and wash clothing, use a computer to search for a job and reach out to resources, connect with family or receive a crisis assessment). The peer program runs groups out of the house, including gardening and healthy eating classes. Bicycles are provided so residents can access local towns, and there's a music room to help residents relax and decompress.

The peer house sees approximately 140 residents each week, in part for the services it offers and because it is run by peers.

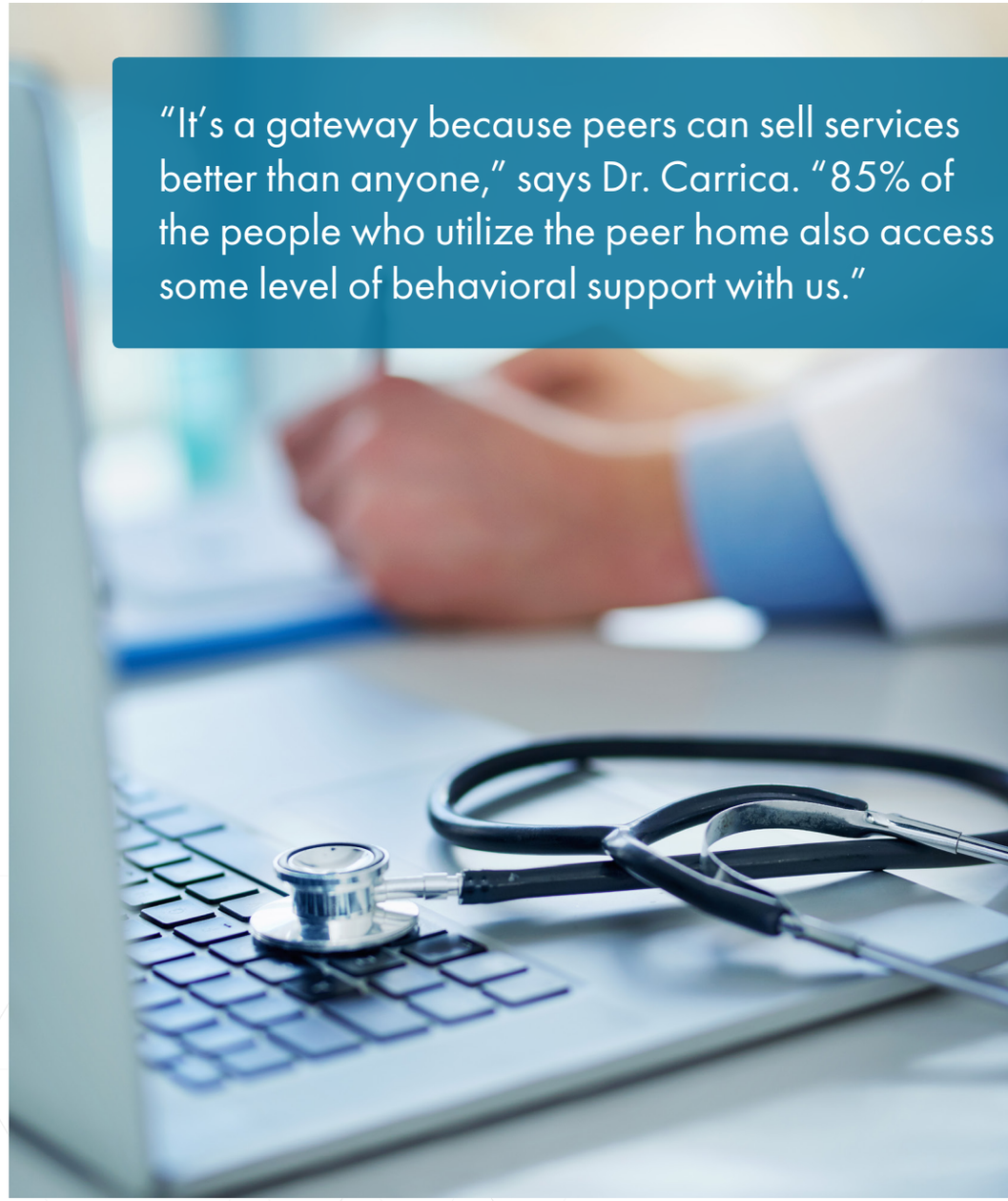
"It's a gateway because peers can sell services better than anyone," says Dr. Carrica. "85% of the people who utilize the peer home also access some level of behavioral support with us."

SHG has embedded peers in every organizational committee, ranging from med-assisted therapy and advocacy to the four seasons committee that focuses on SHG's internal climate. "What we learned was that we weren't doing self-directed care like we thought we were," says Dr. Carrica. "Peers taught us how to meet patients where they are and take them where they want to be — and not any further."

The organization had to change its mindset regarding what's important to people in crisis. The truth is, getting sober is not step one. Step one is finding a meal and a place to sleep. The peers helped SHG pause and realize that it was necessary to make the right decisions to meet challenges effectively and in the right order.

With peers running the peer house, patients can stay as connected as they want, building relationships and support. And word is spreading.

Dr. Carrica tells us, "There's this underground network that's popped up where even the transient population that's coming through our region is communicating with each other and making the peer house a stop on their way through." Police and sheriff departments help spread the word. Even Amtrak is letting the transient population know the peer house is there for them. The peer program has changed SHG's mindset and approach, and it's working.



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EMPOWERING SELF-DIRECTED CARE WITH PEERS

The Challenge:

56% of patients scheduled for intake were not keeping their appointments; consequently, clinicians were unable to meet production requirements.

The Solution:

To resolve this challenge, SHG introduced peer pre-assessments. Instead of scheduling one 2-hour appointment, SHG began scheduling one 20-minute peer appointment and one 90-minute clinical appointment. The peer would share their story with the patient, give them a tour of the facility and answer questions so the patient seeking treatment would feel more comfortable in the peer home environment.

The Results:

The no-show rate has decreased from 56% to 22%. Patients come to the peer home more often because the house peers can explain the benefits provided on a first-hand basis. The patients come back from their peer appointment and go on to finish a treatment plan with their clinician. It has become a personal experience for the patient – no more sterile meetings with busy staff. Instead, it's all about the human factor and helping patients feel empowered to direct their own care.

The Risk Stratification Model

Another success for SHG is its risk stratification model, which went live July 2018. SHG's goal was to better treat a patient's whole health, but it was difficult to do so when patients were receiving both primary care treatment and behavioral health treatment with no collaboration between the two sides to create a comprehensive treatment plan for each patient.

With the risk stratification model, every patient is assigned a risk level from 1 to 6 at intake, and suggested services are built around that number, with minimum touch requirements. For example, if a patient is evaluated on the behavioral health side and assigned a level 3 but is diagnosed with a chronic illness and assigned a level 5 on the primary side, the patient would move to a level 5 on the behavioral side so SHG can treat the whole health. The behavioral clinician is made aware of the level change and will then contact the primary care physician to collaborate on how to best help the patient.

With this collaboration in place, providers are now introducing ideal patients who are not being treated on both sides to that other side, further building out health teams and enhancing transparency, treatment and effectiveness.

"We don't believe in patient empanelment," says Dr. Carrica. "If everyone on the team has an equal voice, they're more likely to speak up and hold others accountable. We want to remove the language of 'my patient' because it turns off others who want to help and puts too much pressure on that clinician if they fail. This is a team. It's our patient, our opportunity, our risk, our failure, our success."

With more complex level 5 patients who fail to keep their appointments and are at risk of hospitalization, SHG holds Assertive Community Treatment meetings to strategize as a group on how to re-engage them. These meetings result in developing action plans, assignments and accountability.

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Seeing Success by Doing the Right Thing

SHG didn't set out to build a model that's financially sustainable, but that's what it got.

Dr. Carrica says, "It's taken me years to develop the servant leadership mentality throughout the organization, but now employees have input into program design and feel safe coming forward with concerns and trusting they'll get an answer back."

To help develop its risk stratification model and further build its servant leadership, SHG increased the quality standards its staff needed to meet in order to become eligible for bonuses. This resulted in increased production without a loss in the quality of care being provided. And no one is set up to fail. An influx of referrals means hiring another clinician, not asking current staff to do more with less time and fewer resources.

"You have to invest in good work. Otherwise, you're inviting a battle with recruitment," says Dr. Carrica, who recognizes recruitment is hard enough for organizations that are not nonprofits in rural regions. "But the good news is, our clinician supervisors were the ones who built the risk stratification model, not administration, and they ended up building a model that was sustainable."

Combined with the peer program, this model has made a huge difference to SHG. A decade ago, it had 65 staff members. It now has 150. It's one of the fastest-growing health care organizations in the region – all because its staff addresses gaps, treats their patients' whole health and empowers those who need help to seek it.

Making a Difference

Thank you to Dr. J.C. Carrica, CEO of Southeast Health Group, for sharing how his organization is innovating its programming – to great success – and making a difference in the communities his staff lives and works in.

Wipfli strives to make a difference to health care organizations across the country, positioning them for success no matter their challenges.

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