Today’s Agenda

1. Updates, Reminders
2. Squirrel Hill Health Center
3. Resources & Next Steps
Welcome Nick Szubiak, Integrated Health Consultant
In June

- Andrea Auxier, PhD
Integrated Practice Assessment Tool
http://ipat.valueoptions.com/IPAT/

Deadline: Wed July 29
Poll Question

Has your organization submitted their online IPAT?

Yes
No
SQUIRREL HILL HEALTH CENTER

A Federally Qualified Health Center

COMMUNITY HEALTH CENTER
Meet Your Presenter:

- Dr. Kenneth Thompson, MD – Psychiatrist

BH team members that may be present:

- Heather L. Howard MSW, LSW - Behavioral Health Coordinator
- Elisa Lucke - Director of Operations
- Kathleen Fitzsimmons, MSW - Care Navigator
- Dr. Andrea Fox - Chief Medical Officer
- Sarah Guyer - Behavioral Health Receptionist
- Therapists - Julanne Bibro-Ruch MSW, LCSW
Overview:

• Founded in 2006.
• We are a Federally Qualified Healthcare Center (FQHC)
• Our Mission description.
• Our populations served
• How our BH integration came into fruition
• Behavioral health services initially vs. expansion
• Our grant for Behavioral Health integration
• Describing all pieces of the operations from day today: describing all BH staff and roles.
• How the BH and medical side integrate-how hand offs happen.
• Struggles, and goals for the future.
Our History and Mission

- The Squirrel Hill Health Center is a comprehensive primary healthcare center established in 2006. SHHC provides the highest quality care to everyone in our community, regardless of their income level or insurance status. We serve everyone seeking the best care available with a special concern for their religious beliefs, ethnic and cultural background, language spoken, age, sex, and disability status. Our multi-lingual staff provides primary and preventive medical care for patients of all ages, mental and behavioral health services, dental care, and case management. We also have on-site lab services and for uninsured patients provide access to low cost medications.

- We are a Federally Qualified Healthcare Center (FQHC).

We are a Federally Qualified Healthcare Center (FQHC).
Our Populations Served, and area Demographics

• Overview of who we serve:
  ▪ 60% of our patients speak a language other than English. Of that 60% the languages spoken are: 30% Nepali, 10% Spanish, 6% Arabic, and many others. Over 50 languages are spoken by our patients. Many nationalities, ethnicities, and refugee groups make up our patient base.

• Multi-lingual Staff: languages spoken, including signing. Access to language line.

• Description of the area we are located in and locale of our patients in relation.
Integrated Care:

- Medical
- Dental
- Behavioral and Mental Health
  - Peer Support Program
- OBGYN
- Vision Clinic & Dermatology
- Mobile Unit
  - Stops at Milestone – we have a relationship with
  - Power-D&A halfway house for Women
  - Prospect Park-houses many in refugee community
  - Other sites/Future sites
Our Behavioral Health Integration process

• Received SAHMSA Behavioral Health Integration Grant
• Existing services included 1 therapist and psychiatrist with limited hours
  • Per the grant our agency was able to hire an additional therapist, increase our psychiatrists hours. Hire a Behavioral Health Receptionist, and a Behavioral Health Coordinator full time.
Our Behavioral Health Integration process, Cont.

- Both our medical and behavioral health staff have access to and document in patient charts.
- We use the Electronic Health Record NextGen.
- Weekly Behavioral Health team meetings and monthly all staff mental health all staff meetings help congruity of care.
- Warm-handoffs are also utilized from BH to Medical and vice versa.
• Goals for the future
  • Building a peer support program
  • Opening additional sites
  • Expanding support groups offered-offsite as well.
• To create a whole person, whole life Primary Health Care Team as a fusion of primary Mental Healthcare & Primary Medical Care.
• To fulfill our social mission with innovation and clinical soul.
Thank you for your time!
From the SHHC.
Leading
Adaptive vs Technical Change

Ronald Heifetz, MD, Harvard Medical School
Founder, Center for Public Leadership
<table>
<thead>
<tr>
<th>Technical Change</th>
<th>Adaptive Change</th>
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</thead>
<tbody>
<tr>
<td>Problem is well defined</td>
<td>Challenge is complex</td>
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<tr>
<td>Answer can be found within present structure</td>
<td>Need to address deeply held beliefs &amp; values</td>
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<tr>
<td>Implementation is clear</td>
<td>Loss is inherent part of the process</td>
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<tr>
<td>Mechanic = Fix</td>
<td>Organic = Grow</td>
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The most common cause of leadership failure is treating an adaptive problem with a technical fix.

- **EHR, tools, staff memos, process & workflow**
- **Leadership support & clinical champions**
- **Staff engagement, values, beliefs**
- **Allowing staff to work up to training capabilities & testing expanded roles**
- **Shared vision & accountability**
Clinical Example

- Technical: Diabetes diagnosis, medication prescription
- Adaptive: Identifying as someone with diabetes, loss of “the way things were before”, how to fit medication into daily routine.
Process Example

- **Technical:**
  New screening tool, workflow algorithm

- **Adaptive:**
  Values and beliefs about screening for X, being the new member of the team, loss of independence
Theory U

Otto Sharmer, PhD, MIT, 2007

Problem

Focus

Deepening

Solution

Creativity, New structures

Creativity, New processes

Creativity, new thinking

Broadening
Questions?
Promoting Physical and Behavioral Health Integration: Considerations for Aligning Federal and State Policy
Issue Brief

Staking a Claim in State Planning
Interview with John Kern, MD Regional Mental Health Center

Improving Health Through Trauma-Informed Care
Webinar July 28 2-3:30pm est
https://goto.webcasts.com/starthere.jsp?ei=1069399
Next Steps

By July 29
Online IPAT: http://ipat.valueoptions.com/IPAT/

Aug 18, 3-4pm EDT
Final webinar

IPAT results & summary learnings
Slides for today’s webinar are available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Communities