NEW DIRECTIONS IN HEALTH PROMOTION AND WELLNESS FOR BEHAVIORAL HEALTHCARE ORGANIZATIONS
Strategies and Programs for Improving Health Status, Preventing Illness and Promoting Well Being

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Austin Travis County Integral Care
Behavioral Health & Developmental Disabilities Services
OVERVIEW

• Historical Overview
• Vision of a Mentally Healthy Community
• New Funding and Policy Directions
• Health Promotion and Wellness Programs
• Tobacco Cessation Initiatives
Early Vision of Community Mental Health

• JFK’s Vision: Reduce custodial care of mental health patients by 50% in 10-20 years

• Toward this end: Community Mental Health Centers Act -1963
Challenges to the Vision

• Only $260 million authorized for Community Mental Health Centers (1965-1969)
• Reduced to $50.3 (1970-1973)
• Despite reduced funding
  - 512,501 state and county mental hospital resident patients in 1950 decreased to 101,402 by 1989
  - 80% reduction in 40 years
Vision Expands & Contracts

• 1980 Mental Health Systems Act
  – Recommended by Carter’s MH Commission
  – Strengthened the connection between federal, state & local governments
  – Funded community mental health services

• 1981 Omnibus Budget Reconciliation Act
  – Effectively ended federal funding of community treatment for the mentally ill
  – Shifted burden entirely to individual state
In Summary

- JFK’s Vision of 50% reduction was realized
- Increased demands from deinstitutionalization
- Community MH Centers were very poorly resourced
- Requiring Community MH Centers to focus on only the most severely mentally ill
Opportunity for a new vision

• 2009 Federal Stimulus Package and Healthcare Reform Act
• Substantially increases funding for community mental health centers
• Supports integration of physical and mental health
• Focuses on prevention and wellness
Promoting a Mentally Healthy Travis County –

The Desired Continuum of Care

- Strategy 1
  - $ Strategy 1
  - Promote behavioral wellness and support recovery

- Strategy 2
  - $$ Strategy 2
  - Intervene early with effective treatment and supports

- Strategy 3
  - $$$ Strategy 3
  - Intervene intensively for persons with complex needs

- Strategy 4
  - $$$$ Strategy 4
  - Respond effectively to people in crisis

System Capabilities
- Maximized Use of Technology – Leveled Funding – Coordinated Care
- System Characteristics and Shared Values
  - Best Practices – Integrated Care – Consumer-orientation – Cultural and Linguistic Competence – Accountability – Multiple Access Points

Austin Travis County
Behavioral Health & Developmental Disabilities Services
What is Mental Health?
A mentally healthy individual?
A mentally healthy community?
Absence of DSM Dx?

- Is mental health the absence of a DSM Dx?
- Or the effective management of mental illness?

- In keeping with current definitions used by the World Health Organization (WHO), mental health is a state of social and emotional well-being, not merely the absence of disorder.
Mental Health & Mental Illness

• Are these two ends of the same continuum?

• Keyes, 2007 presents compelling findings supporting a two continua model of Mental Health and Mental Illness

Mental Health:
• emotional well-being
• psychological well-being
• social well-being

Mental Illness:
• # symptoms of Major Depressive Episode
• generalized anxiety disorder
• panic disorder
• and alcohol dependence
Relationship between MH & MI

- The evidence indicates:
  - the absence of mental illness does not imply the presence of mental health
  - and the absence of mental health does not imply the presence of mental illness

- Overall correlation = -.53
Mental Health Continuum

Flourishing:
• Exhibit high levels of well-being
• and high levels on at least six measures of positive functioning.

Languishing:
• low levels of well-being
• low levels on at least six measures of positive functioning
Mental Health and Physical Illness

• Adults who were completely mentally healthy had the lowest number of chronic physical conditions at all ages.

• The youngest adults who were languishing had the same number of chronic physical conditions as older flourishing adults.
Keyes Concludes:

The U.S. strategy for mental health must simultaneously:

• (a) continue to seek to prevent and treat cases of mental illness
• (b) seek to understand how to promote flourishing in individuals otherwise free of mental illness but not mentally healthy.
What Is A Mentally Healthy Community?

- Low levels of depression, suicidal thoughts, substance abuse, violence, discrimination and stress
- High levels of quality of life, work satisfaction, economic security, social support, self-esteem and well-being.
- People’s interdependence and mutuality is recognized, protected and valued

Penelope Hawe, PhD, Population Health Intervention Research Centre
University of Calgary
Assumptions Regarding a Mentally Healthy Community

• Functions in ways that include addressing the needs of individuals, subgroups and the community at large
• Through collaborative planning fosters a sense of interconnectedness and well-being
• High percentage of flourishing individuals
• Manifests a high degree of cultural competence
Vision of Our Community as Mentally Healthy

• Continue to focus our strategic planning on projected needs of our community
• Develop a vision of our community as mentally healthy to inform our planning and help us aspire to something which could be even more than just effective management or elimination of problems
A new $15 billion Prevention and Public Health Fund invests in proven prevention and public health programs that can help keep Americans healthy – from smoking cessation to combating obesity.
The Affordable Care Act
Focus and Funds Available

Of particular importance to the consumers we serve, funding to:

– reduce tobacco use
– fight health disparities
– improve access to behavioral health services
– help control the obesity epidemic
– prevent the spread of HIV/AIDS
Affordable Care Act; The Necessary Shift in Focus

- Integrated care
- Recovery oriented care models
- Focus on the whole person (All life domains)
- Addressing risk factors for chronic disease
- Shifting from mental “illness” to mental “health”
- Prevention of illness
- Promoting healthy lifestyles
Are not dying from mental illness but from unaddressed risk factors such as smoking, obesity, inactivity, diet, diabetes and high cholesterol. The are also dying from lack of connection in the community, exacerbating factors in treatment.
Texas 1115 Medicaid Waiver

Focus and Funding

DSRIP Menu Project Area Number 3; Develop Innovations in Health Promotion/ Disease Prevention

A. Formalize relationships and referrals to community partners that have capacity to promote wellness and healthy behaviors.

B. Utilize community health workers (CHW) to expand access to health promotion and disease prevention behavior.
C. Establish self-management education programs in community settings including self-enrollment in the program and appropriate follow-up with a health care professional.

D. Engage in population-based campaigns or programs to promote healthy lifestyles using new media such as social media and text messaging in an identified targeted population.

G. Implement evidenced-based strategies to reduce tobacco use.
The Larger Picture and Our Future

• Evidence-based programming
• Collaboration with other provider entities
• Focus on Mental Health/Wellness/Health Promotion
• More focus on populations-at-risk
• Shared funding
Prevention and Wellness Programs

• Mental Health First Aid
• Suicide Prevention
• Disaster Behavioral Health
• Indicator Improvement Project
• In Shape
• LEAP
• Health Navigator
• Tobacco Cessation
GOAL: to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with severe mental illnesses.

Self Health Action Plan for Empowerment (SHAPE) includes physical activity, healthy eating goals, and attention to medical needs.
TOBACCO AND MENTAL HEALTH

• For patients in treatment for alcohol and drug dependence, more than half die from tobacco-caused illnesses¹

• Among treated narcotic addicts, smokers’ death rates are 4 times that of nonsmokers²

• 200,000 of the 435,000 annual deaths are people with mental illness and substance use disorders

¹Hurt et al., 1996 ²Hser et al., 1994; Lynch & Bonnie, 1994
TOBACCO AND MENTAL HEALTH

• About 41% of people with mental illness & substance use disorders smoke.²

• Rates of smoking are 2-4 times higher than among the general population.¹

• 60% of current smokers report having had a mental health or substance use diagnosis sometime in their lifetime.¹

• This population consumes 45% of cigarettes smoked.³

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Programs & Types
46 facilities spread over 16 campuses.

Consumers Impact
Total number of consumers utilizing services by Austin Travis County Integral Care is approx 25,000. Excluding family support.

Staff Impact
More than 650 employees are providing care to consumers.
>3000 contractors are associated with ATCIC

Community Impact
As a local mental health authority, Integral Care provides community awareness about mental health to local communities and decision makers.
Primary Goal

Austin Travis County Integral Care – A Tobacco Free Workplace

In the End
System Change and Sustainability

In Process
Assist consumers and staff to kick the habit

We Can Quit!
An initiative by Austin Travis County Integral Care
Staff Resistance

ARE YOU FOR REAL? Smoking is one of the ways we bond with our consumers and it helps them to calm down!

COME ON NOW! What, are we the Tobacco Police? Do you think we don’t have enough work to do?

MY CONSUMERS CAN’T QUIT PERIOD. They are in crisis, I work in psychiatric emergency center! Give me a break!

ALRIGHT, MAYBE YOU ARE RIGHT! But we have more important addictions to take care off! They need to hold on to their cigarettes.
FOUR PILLARS
STRATEGY

1. Collect Information
2. Communication
3. Training & Integration
4. Resources
Consumers
Individuals with mental illness who use tobacco have a decreased life expectancy of about 25 years

Staff
28% of ATCIC staff use tobacco, which is 8% more than the national average and 11% more than the Travis County Average

Finance
Smoke Breaks Cost $749
Absences Cost $413
Health Care Increase $ 2,325
Annual ADDITIONAL cost per smoker $ 3, 487

Organizational Goal
Tie it up with organizational mission, vision and values.

DATA COLLECTION
(FOCUSED AREA)
FOUR PILLARS STRATEGY

Communication
Internal – We Can Quit, Initiative – Committee, intranet webpage, memorandums, email, success stories, flyers, signage, brochures, scripts, FAQ’s, etc.
• External - Organizational newsletter & reports, memos to contractors & leased properties, internet webpage, media launch event, etc.

Training & Integration
• All staff (including non clinical )- Scripts for engaging consumers & co-workers, FAQ’s
• Counselors & Physicians - Tobacco screen tool (EHR), Motivational Interviewing, Nicotine Replacement Therapy (NRT), toolkits

Make Resources Available
• For Consumers
• For Staff.
We Can Quit!
An initiative by Austin Travis County Integral Care

RESOURCES

CONSUMERS
- Organization
  - Free NRT to consumers, if possible
  - Peer support
  - Tobacco education
- TOBACCO QUITLINE
  1-800-QUIT-NOW
  Telephone counseling
- COMMUNITY
  - Make partners
  - Nicotine Anonymous
  - Lung Associations

STAFF
- Organization
  - Free NRT if possible
  - Reimbursement
  - Employee assistance program (EAP)
- TOBACCO QUITLINE
  - 1-800-QUIT-NOW
  - Telephone counseling
- COMMUNITY
  - Make partners
  - Nicotine Anonymous
  - Lung Associations

Austin Travis County Integral Care
Behavioral Health & Developmental Disabilities Services
WE CAN QUIT!
SAMPLE TIMELINE (Generally 6-12 months)

- Talk with upper management/proposal
- Form committee
- Draft policy
- Policy approved by board
- Memorandum
- Communication, internal & external
- Committee communication
- Post flyers, production of signage, Availability of tool kit in programs
- Staff training, EHR, & Education
- Event launch, media, availability of NRT
- Sustainability Plan
- Reimbursement
- Adapting treatment plan

May
- Data collection
- Draft staff survey report
- Focus group meetings

Jun
- Release staff survey report
- Draft procedure
- Draft tobacco EHR

Jul
- Approved signage, flyer, other informational tool kits, procedure, EHR

Aug
- Release rules of engaging clients, FAQ, memo to contractors
- Post signage

Sep
- Tobacco free workplace policy goes LIVE
- N.E.O
- Troubleshooting

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

Jun
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**Medicare Tobacco Reimbursement**

Reimbursement of TWO quit attempts per year

One quit attempt has maximum of FOUR counseling sessions

Effective from 1/1/2011

--- TrailBlazerHealth.Com

**Potential earning per year through sustainability plan**

$XX,XXX

*Organization Budget, Trailblazer, Organization Annual Report*
WE CAN QUIT!

OUTCOMES

BEFORE
• ~28% tobacco use prevalence among ATCIC staff
  • ZERO consumers assessed for tobacco use.
  • Zero staff trained in tobacco cessation counseling

AFTER
• ~12% tobacco use prevalence among ATCIC staff
  • >9,000 consumers assessed for Tobacco use in 8 months. Followed tobacco education.
  • >400 Counselors and physician trained in assisting to quit tobacco addiction
  • Sustainable System Change
KEY FOR SUCCESS
LONG-TERM BENEFITS OUTLAST SHORT-TERM RESISTANCE...

SUCCESS STORIES
• Consumer success stories
• Employee success stories
• Community success stories

FINANCIAL GAIN
• Reimbursement makes the program sustainable.
• State Medicaid reimbursement might differ

ADAPTING CULTURE
• Adding tobacco use in EHR, in consumer diagnosis and in treatment plan
• Training at NEO

Be positive, be relentless and more importantly
HAVE A THICK SKIN!