

COMMUNITY INSPIRED INNOVATIONS IN MENTAL HEALTH

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LEARNING OBJECTIVES

- Describe the positive impact of **5 synergistic elements for successful cross-sector collaborations** for improved community mental health.
- Explain the advantages of an interdisciplinary approach in **healthcare innovation**.
- Describe the collaborative process put in place to acquire **funding to test innovative approaches** to deliver mental health care services.





COMMUNITY COLLABORATION: 5 SYNERGISTIC ELEMENTS



Data Driven
Efforts



Community
Champions
Demand
Organized Action



Technology
Innovation



Funding



Relationships



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graph LR; A((Invested $130K in Mental and Behavioral Health Needs Assessment)) --> B((Received RWJF grant for $325K))
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Invested \$130K
in Mental and
Behavioral
Health Needs
Assessment

Received
RWJF grant for
\$325K

DATA DRIVEN EFFORTS

The Lutheran Foundation's
Mental and Behavioral
Health Needs Assessment
provided data for an
application to RWJF in 2015

A LEGACY OF CARING

The sale of the hospital in 1995 generated **\$137 million**, forming the Foundation as we know it today.

Since then, we have invested over **\$169 million** in regional organizations, churches, and schools.

THE **Lutheran**
Foundation



COMMUNITY NEEDS ASSESSMENT

“We envision spiritual, mental, and physical well-being for all people.”

- Focus on mental and behavioral health and wellness
- Becoming an intentional and impactful investor
- The findings from the study drive The Lutheran Foundation strategically





POLLING QUESTION

What do you think is the highest need in your community around mental health and addiction?

- Access to treatment (psychiatrist, hospitalization, therapist, etc.)
- Opioid crisis
- Youth resilience
- Suicidal ideation/completions
- Alcohol or other drug addictions
- Understanding how to access mental health services

FINDINGS: COMMUNITY NEEDS ASSESSMENT

Gaps in Service

- Medically Underserved
 - Rural areas
 - Low income
- Mental Health Professionals
 - Shortage
 - Concentration in one county

Barriers to Service

- Stigma
- Income/ cost of care
- Distance to providers
- Entryways/Doors
- Off-roading (Do not collect \$200!)

- **Policy and structural issues** in mental and behavioral health
 - Expand protective factors, especially in non-urban counties
- **Combat the stigmatization** of mental and behavioral health
- Keep mental and behavioral health issues in the **forefront** of public, community, and corporate policy development



POLICY AND
PERCEPTION

ADDRESS ISSUES OF ACCESS

- Improving **resource and referral networks**
- **Sustaining care** until positive therapeutic outcomes can be realized
- Balancing personal cost and investment with **realities**
- **Expanded and accessible services** beyond case management and intake assessments in non-urban counties
- Address needs of **families** with mental illness amongst family members
- Seeding a **systemic approach**
- Supporting **schools** to become reliable referral resources
- Addressing **stigmatization**

HEALING OUR COMMUNITY WITH

HOPE

Mental and behavioral health issues can be a silent struggle. But there's always hope on the horizon. Whether you want to raise awareness, reduce stigma, find help or help others – it's time to Look Up. Then look here for resources, information and providers.

LEARN MORE

GET IMMEDIATE HELP

CONFIDENTIAL & AVAILABLE 24/7



CALL **800-284-8439**
OR TEXT LOOKUP TO 494949

OR



START A CHAT

COMMUNITY CHAMPIONS
DEMAND ORGANIZED ACTION



ORGANIZED
ACTION
GROUPS

- Regional Mental Health Coalition
- **F**ort Wayne **A**llen County **T**ask Force for **O**pioid **S**trategic Planning (FATOS)
- Common Messaging Group
- Children's Health Collaborative

SOURCES OF STRENGTH

- Connects teens to trusted adults
- Breaking codes of silence
- Increase protective factors
- 19 schools in NE Indiana



Question. Persuade. Refer.

*Three steps anyone can learn
to help prevent suicide.*



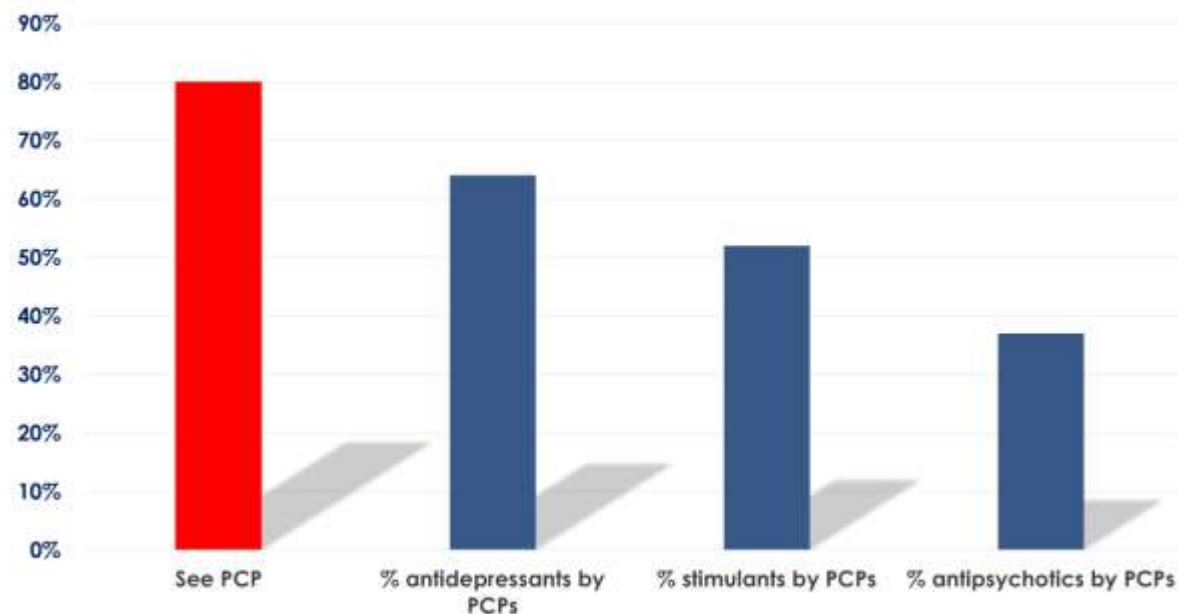
QPR

- Question. Persuade. Refer.
 - CPR for the brain
- 40+ instructors
- 5,000 people
- Goal
 - One in Four People
 - One in Every Family
 - Super QPR Saturday



Primary Care- Mental Health Integration

Why Primary and Behavioral Care Integration is Needed

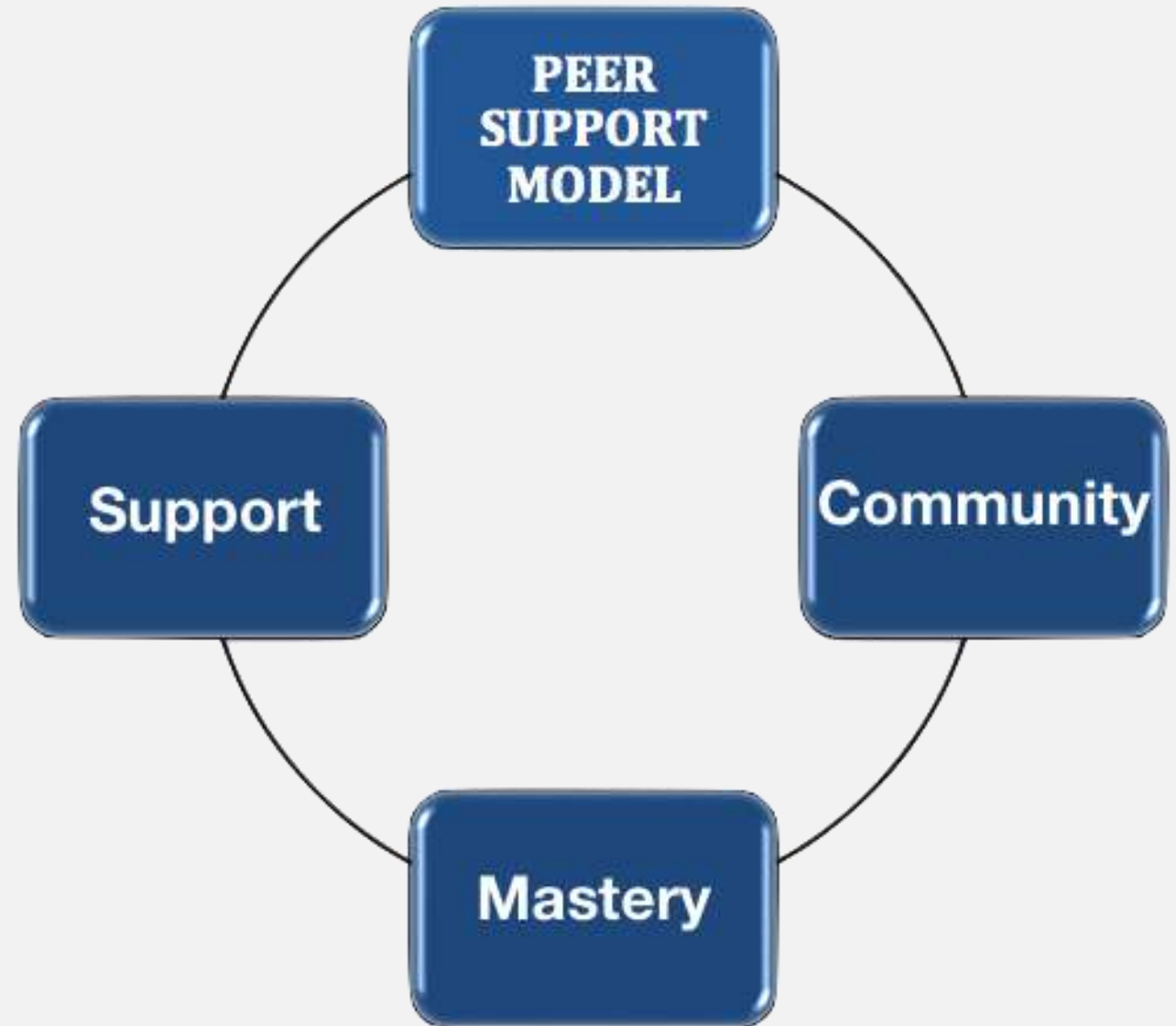


HOUSING



PEER ADDICTION RECOVERY COACH

- Passionate about recovery
 - may have “lived” experience
- 52 hours of training
 - Certification exam
 - 25 hours of supervision
 - 40 hours continuing education
 - *6 hours in ethics*



FACTS ABOUT PEER RECOVERY SPECIALISTS

They Do

- Provide support along the recovery process
- Support individuals plan for recovery
- Assist with overcoming barriers to recovery and harm reduction

They are NOT

- Sponsors
- Therapists
- Treatment providers

OUTCOMES TO DATE

- **July 18 through today**
- **5 Coaches-14 Coaches**
 - 1000 plus enrolled
 - 800 plus engaged in treatment
- **Pregnant Women**
 - 173 clients
 - 31 active clients
 - No Universal Screening to date

PEER RECOVERY COACHES:
BUILDING CONNECTIONS,
TRUST



- Peers in emergency departments, overdose response with police department, homeless shelter, syringe services program, Huntington Superior Court, Fulton County J
- Walk alongside individuals in recovery
- Harm reduction
- Connect to recovery services
- Connect to social service agencies

EXPANSION OF MAT

- Park Center Affiliation-CMHC
 - Opens up a full continuum of care
 - SAMHSA grant to expand MAT services
 - Hub and Spoke Model
 - Access 7 days a week for treatment
- Integration Within the Health System
 - Goal is to align physical and mental health
 - Walk in Clinic



WHY MAT?

The ultimate goal of MAT is
FULL RECOVERY from a medical disease,
including the ability to live a **SELF-DIRECTED LIFE**.

MEDICATION-ASSISTED TREATMENT (MAT)

Combines *behavioral therapy and medications* to treat substance use disorder

MAT Medications

- normalize brain chemistry and body functions

- block the euphoric effects of the substance

- relieve physiological cravings

- approved by the FDA

- currently only exist for alcohol, opioids, and tobacco

MAT IN ED: PRESCRIBING BUPRENORPHINE



- Ability to prescribe Suboxone (buprenorphine and naloxone) in emergency department as part of treatment for overdose
- Connect to additional clinical services via peer recovery coach
- Provide additional access point to MAT services



MOBILE
INTEGRATED
RESPONSE
SYSTEM:
\$1.35 MILLION
FSSA GRANT

TRAUMA-INFORMED RECOVERY-ORIENTED SYSTEM OF CARE



- Interdisciplinary effort
- Recognize trauma in the lives of the people we serve
- Actively resist re-traumatization
- Minimize trauma within the system
- Holistic approach
- Person-centered: Many paths to recovery
- Self-directed: Responsible for own recovery
- Participation of family, caregivers, significant others, friends, community
- Collaborative decision making: Voice and choice

FORT WAYNE POLICE: CAN'T
ARREST OUR WAY OUT OF
THIS PROBLEM



- Officers as part of Overdose Response Team
- Work directly with PRCs
- Visit sites, people who recently experienced overdose
- Assist in getting people to enter treatment, recovery
- Unmarked vehicles
- Plain-clothed officers
- Not an investigatory visit

LUTHERAN SOCIAL SERVICES: WRAP-AROUND SERVICES



- Offered while in or after completion of clinical services
- Modeled on SAMHSA wrap services
- Intensive case management services via care coordination, support services, therapeutic services,
- LSSI Works (Lasting Stability and Success for Individuals) job training program
 - Personal and professional skill development
 - Long term, sustainable employment
 - Job retention support through case management services

LUTHERAN SOCIAL SERVICES: FAMILY SUPPORT SERVICES



- Need for therapeutic family services
 - Regardless of whether person who experienced/at risk of overdose receiving services
- Cohort model: six weeks, 1.5 hour sessions
- Topics:
 - Impact of SUD on family system
 - Trauma/ACES
 - Self-care and family recovery
 - Moving from codependency to empowerment
 - Family vitality

TECHNOLOGY INNOVATION



MIRRO CENTER FOR RESEARCH & INNOVATION

Improve the Health of our Community through
Research and Innovation

ADDICTION RECOVERY SUPPORT ON-DEMAND

**American Hospital Association
Innovation Competition Winner, 2018**

POLLING QUESTION

Do you think that technology has a role in connecting people to resources?

Or how important do you think technology in connecting people to resources?

Would you use technology as a means to get mental health care?





ENHANCING THE HUMAN CONNECTION

- Help in your pocket
- Support at point of decision making
 - Right Person
 - Right Message
 - Right Time



PROPOSED INTERVENTION

- Peer Coach
- Mobile App
 - Just-in-time support

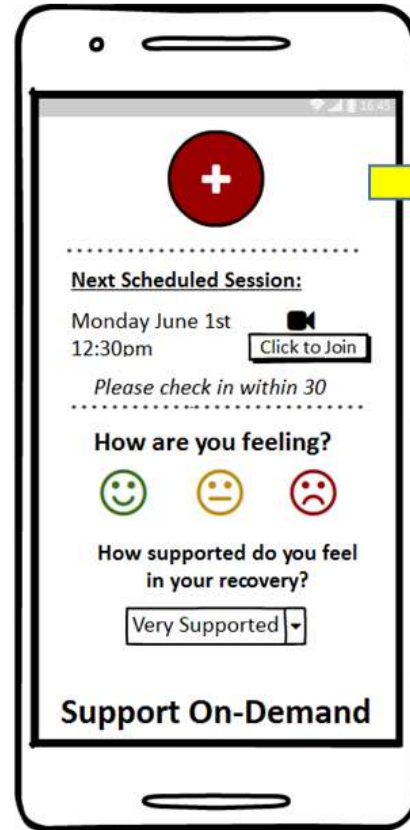


Urgent
Distress

Scheduled
Contact

Outreach
and Check-in

TECHNOLOGY ENHANCED SUPPORT FOR ADDICTION RECOVERY



Recoveree

Urgent Distress

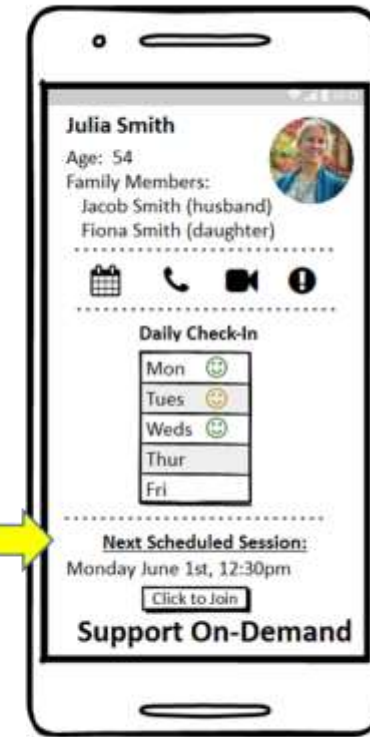
- Connect with Peer Coach
- Text interaction is initiated
- Option to move to voice or video call
- Option to initiate 3-way call with Emergency hotline



Recoveree

Scheduled Contact

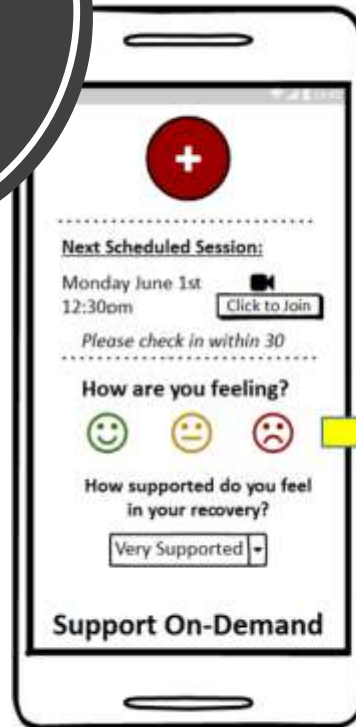
- Reminder of upcoming appointments
- One click voice / video call
- Option to include family members or others to the call



Peer Coach

TECHNOLOGY ENHANCED SUPPORT
FOR ADDICTION RECOVERY

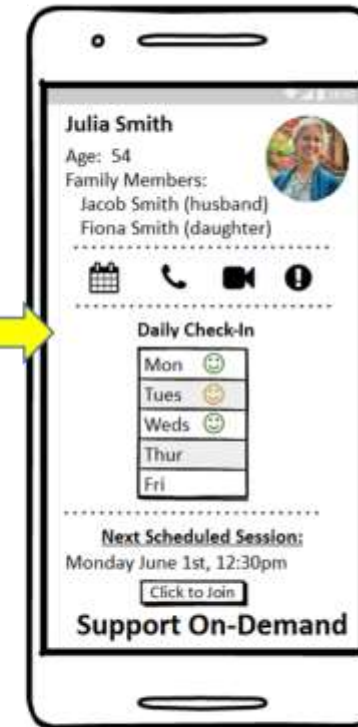
TECHNOLOGY
ENHANCED
SUPPORT FOR
ADDICTION
RECOVERY



Recoveree

Outreach and Check-in

- The recoveree updates how they are feeling using icons and surveys
- Safety net feature to notify peer coach if recoveree does not check-in
- Optionally, a peer coach could reach out to a family member to initiate emergency protocol for recoveree



Peer Coach



PLAN FOR RESEARCH – DESIGN

1. Identify **design requirements** for app
 - Co-design sessions with end users
2. Build a prototype app & test **usability**
 - Usability sessions in the lab
3. **Pilot** test in “*in the wild*”
 - High fidelity prototype
4. **Iterate** on design to refine app
 - Based on user feedback from pilot
5. Formal **trial** of intervention

PLAN FOR
RESEARCH –
OUTCOMES

- Patient engagement in recovery
- Track cost avoidance
 - Wound Infection Prevention
 - Hepatitis C
 - Endocarditis
 - Overdose without Admission
 - Overdose with Admit
 - Neonatal Abstinence

BUILDING OUT A SUPPORTING RESEARCH TEAM



CYBERBULLYING



EATING DISORDER/
SOCIAL MEDIA



GENETICS
INFORMED
PRESCRIBING



PROGRAM
EVALUATIONS



GRANT WRITING



MANUSCRIPTS

FUNDING

Funding Agency	Amount of Funding	Use of Funding
Robert Wood Johnson Foundation	\$325K	Telemental Health
Indiana DMHA	\$591K	Sources of Strength
Indiana DMHA	\$500K	Peer Recovery Coaches in emergency departments
Indiana DMHA	\$1.3 Million	Mobile integrated response grant
SAMHSA	\$1.5 Million	Expansion of MAT services
American Hospital Association	\$100K	Develop mobile app to support Recovery Coach – Recoveree communication
The Lutheran Foundation	\$186K	Optimizing Health & Wellness through Behavioral Health Integration into Primary Care

Funding Agency	Amount of Funding	Use of Funding
HRSA	\$ 725	MAT expansion
The Lutheran Foundation	\$500K	Integrated Care Clinic start-up support
Allen County Commissioners, The Lutheran Foundation, Community Partners, and the State of Indiana	\$3 Million	Increase in recovery residences (including inpatient care) resulting in 71 new beds
The Lutheran Foundation	\$14 Million	Grants for mental and behavioral health and wellness

RELATIONSHIPS

PARKVIEW BEHAVIORAL HEALTH SERVICES & THE LUTHERAN FOUNDATION- CONNECTING THE COMMUNITY



WHY ARE WE TAKING THIS APPROACH?

Feeling so much better today! #positivevibes



Two beautiful women,
five precious children whose
lives are forever changed





THANK
YOU!

Questions?

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