

How to make Mental Health Systems Co-Occurring Capable (Co-occurrence of SMI and Chronic Health Conditions)



*Quality Improvement
Services*

*An Office of the
Department of Health and Human Services*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Bring Health Care back into Mental Health Care

Collect the data:

- ❖ Ongoing tracking of medical diagnosis and health risk factors in initial assessment and ISP development
- ❖ Ongoing monitoring of BMI, blood pressure, glucose, lipids
- ❖ Integrated analysis of health and mental health service utilization and cost

Bring Health Care back Mental Health Care

Use the Data to inform practice

- ❖ Medications to reduce plaque formation (aspirin, lipid lowering drugs)
- ❖ Switching to low weight gain medications
- ❖ Smoking cessation, physical activity, nutrition programs integrated into mental health programs

Support for Self Management: Education

- ❖ Education for consumers and mental health providers re nutrition, exercise, smoking cessation etc
- ❖ Education on health literacy – standards of care, best practices, self advocacy and shared decision making
- ❖ Specific education on disease self management

Support for Self management: Program Development

- ❖ Borrow from Workforce Programs: health risk assessment, personal health goals, mentor/coaching, peer support, volunteers, natural helpers
- ❖ Adaptation of existing diabetes education programs, Stanford Chronic Disease Self Management program

Integration with Physical Health

- ❖ Effective linkage to a welcoming medical home
- ❖ Free flow of information between health care and mental health
- ❖ Infrastructure to guarantee support from mental health team for optimal interaction between patient and health care team (more than transportation)
- ❖ Care management protocols directed at integrated support for both mental illness, diabetes and metabolic syndrome by mental health case managers

Don't forget...

- ❖ Linkage between SMHA and State Medicaid authority
- ❖ Linkage to public health programs in diabetes prevention and control, cardiovascular disease, healthy weight, nutrition, smoking cessation
- ❖ Linkage to community programs (YMCA: Ten Ways to add 2000 Steps)
- ❖ Environmental policies (e.g. vending machines, adoption of nutrition guidelines in group settings, smoke free campuses)



Department of Health and Human Services

*Maine People Living
Safe, Healthy and Productive Lives*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Non-Discrimination Notice

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to the DHHS ADA Compliance/EEO Coordinators, #11 State House Station, Augusta, Maine 04333, 207-287-4289 (V), or 287-3488 (V) 1-888-577-6690 (TTY). Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to one of the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.

Caring..Responsive..We Are DHHS