



Reach Out

Meeting People
Where They Are

This is George...

- Hi George!

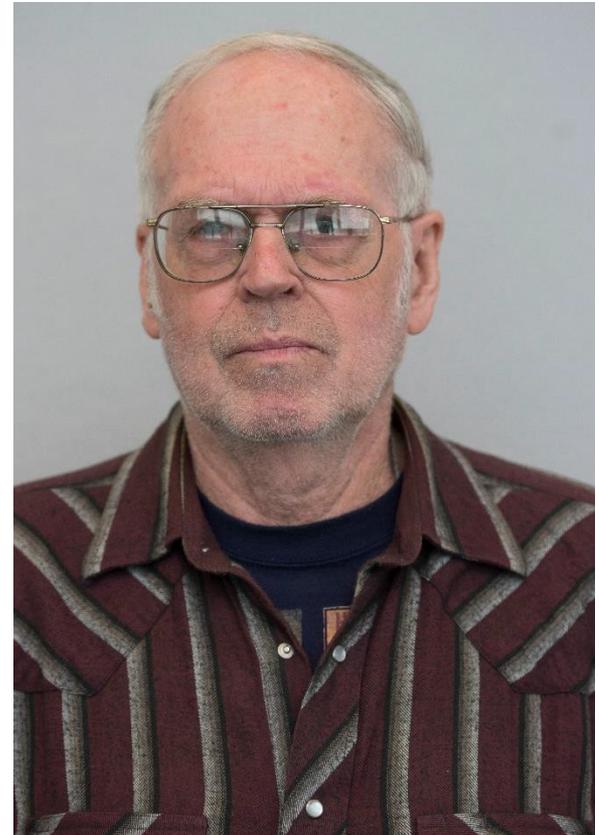


About George

- 78 Years Old
- Lost his wife 8 years ago to cancer
- Viet Nam Veteran (Never Sought Services)
- Farmer, recently had to pass along most daily duties to hands
- Manages his diabetes fairly well
- Broke his foot stepping off a tractor 1 year ago and walking has been difficult
- Referred by his PCP

George's Risk Factors

- Diabetes
- Limited Mobility
- Social Isolation
- Loss of purpose
- Rural
- Suicide Risk?
- Sees his PCP sporadically



Current Landscape in Jackson County

- 2 CCOs in Jackson County
- Both pulled funding from Jackson County Mental Health (CMHP) at the end of 2016
- Currently, Medicaid clients are broken into two agencies, Columbia Care and Options for Southern Oregon
- Both have limited ability to meet clients in-home

Landscape Continued

- 200,000 people, approximately 18% are over 65
- 65,000 eligible for Medicaid
- Who is taking Medicare?
- Primary care behavioral health

What is the Need?

- Outpatient mental health agencies have limited ability to provide services in-home
- Clinicians don't get paid for travel time to and from an in-home assessment, so the incentive is low.
- Tele-medicine is slow to catch on, there are also limits to technology and internet connection. Still have to come to clinic.

What is Reach Out?

- The “Reach Out” program was designed to engage collaboratively with people where they are, many of whom have been estranged from services or never sought them before.
- Once clients are identified, “REACH OUT” one of our clinicians go into the home and provide a thorough assessment utilizing screening tools, as well as brief therapeutic services.
- “REACH OUT” can assist individuals with overcoming obstacles so they can choose to take advantage of available resources needed to improve quality of life and well-being.

Who Qualifies for Reach Out?

- Any person age 60 or older, or younger and physically disabled
- A resident of Jackson County
- Any person in need of behavioral health assessment, or supportive services
- We are seeing a lot of people who have been able to avoid services being referred due to medical issues

The Process

All REACH OUT participants have consented to a visit when our clinicians go into the home. We provide a thorough and holistic assessment considering: physical, medical, emotional, mental, social, and spiritual health. Together with the client, clinicians will complete an assessment that conveys a description of strengths, values, needs and wishes each person shares.

The Process Continued

Once completed, each individual is provided with a written document they have reviewed. Individuals may then choose to offer the Assessment Summary and Care Plan to healthcare professionals. This assessment process may take 3 - 6 sessions.

-Short Term Intervention-

The Assessment

- Patient Stress Questionnaire
- Alcohol Frequency Questionnaire
- DAST-10 (**D**rug **A**buse **S**creening **T**est)
- Geriatric Depression Scale – Short Form
- Mental Status Exam
- Mini-Cog
- MOCA



Older Adult Behavioral Health Initiative

Assessment Overview

	Page #		Page #
1. Identifying Information a. Marital b. Veteran		10. Work History	
2. Living Situation		11. Mental Health	
Program Survey		12. Substance Use	
3. Physical Functioning Typical day Chores ADL Forgetful Falling		13. Financial Status	
4. Client's View of Presenting Situation		14. Spiritual Care/Religious Beliefs	
5. Family History		15. Advanced Care Directives	
6. Other Supports		16. Screenings Patient Stress Questionnaire or Geriatric Depression Drug Abuse-DAST 10 or Geriatric Substance Abuse Mini Cog MOCA C-SSRS Screener/Suicide SBERT?	
7. Medical History		17. Clinical Impressions & Sum. And Care Plan	
8. Insurance		18. ROI	
9. Hobbies, Interests, Social Activities		19. Evaluation	

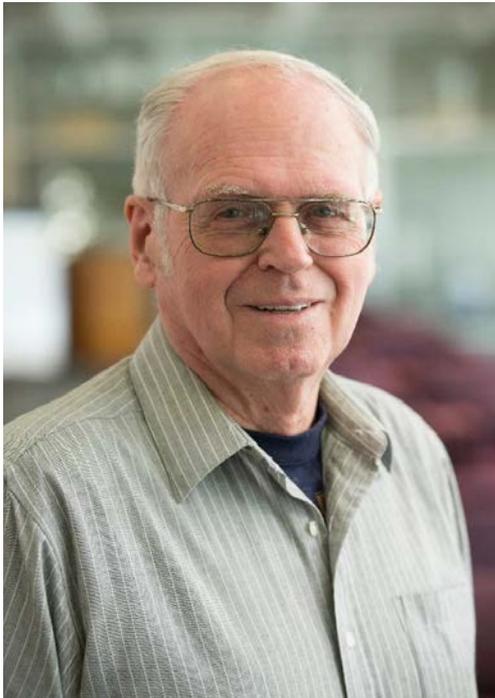
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How did Reach Out Help George?



- With his permission contacted members of his church to come visit him. Set up transport on Sundays.
- Helped walk him through VA process to access Home Based Primary Care.
- Through assessment process, discovered that George has struggled with untreated anxiety and depression for most adult life.
- Connected him with case management through local mental health provider for treatment

After the Assessment

- Clinicians develop an Assessment summary comprising results of all assessment tools and conversations had with the client.
- This summary is then reviewed with the client, if they are satisfied, they are given a copy that they can use when working with other healthcare professionals.

Whose Referring To Reach Out?

- Accent Care Home Health – late life depression program
- Primary care doctors/hospital discharge
- APD – Senior Services, Disability Services, APS
- Counselors, psychiatrists, psychologists
- Community mental health services – compass house, age wise age well, senior companions, PEARLS
- Local law enforcement

Efficacy

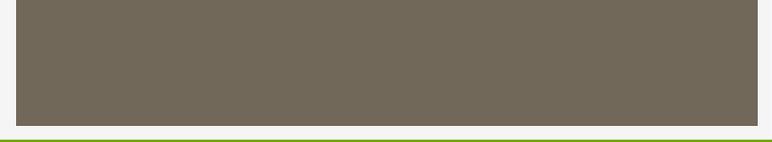
- Since March, clinicians have seen 62 people up to Jan 1.
- Estimated to have served 70-75 total by March 2018.
- Very positive feedback from clients. Only 4 refusals, and most everyone has completed all sessions.
- Pre and Post surveys are given to measure understanding of needs and resources.

Limitations

- Some cases are very complex and require more than 6-8 in person sessions
- Fielding lots of phone calls and emails
- Sometimes looks more like demi-case management
- Lately have been getting Hail Mary referrals

Sustainability

- Currently in pilot until March
- Limited to Jackson County due to OABHI funding. Once the pilot is over, could be expanded to Josephine County.
- Working with a grant writer to acquire funding.
- SDS Director is working with CCOs, Asante and Providence Medical Groups, and other local partners as well.



Questions?