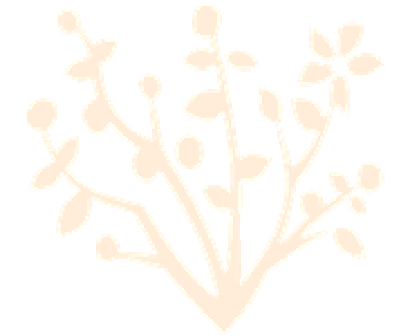




Gila River
HEALTH CARE



Gila River Behavioral Health Services

Program Transformation Through
Systems Integration



2005 A Fragmented System



Program Authority and Responsibility

- Outpatient substance abuse program-Managed by Tribe.
- Residential treatment program-Managed by Tribe.
- Behavioral Health Clinic-Managed by GRHC, separate administrator.
- Tribal Regional Behavioral Health Authority-Managed by GRHC, separate administrator.



Challenges of Fragmentation



Continuity and Efficacy Problems

- Each program had its own intake process.
- Program capability was sometimes not clearly understood, resulting in referrals that were not justified.
- Substance abuse program did not treat co-occurring disorders. Referrals for mental health care made the process less efficacious.
- Management of the case was not always clear when 2 separate agencies were involved.
- System did not have uniform standards of care.





System Integration Begins in 2005

- GRHC Board approves integration of BHC and TRBHA; programs become one department.
- Organization chart updated.
- BHC and TRBHA renamed as Gila River Behavioral Health Services
- Program creates centralized intake, clients are triaged to appropriate services.
- Program combines and shares resources.
- Program transitions to one on call system.



Post 2005 System



- BHC has opportunities to participate in bifurcated Medicaid billing.
- Administration focuses on developing unified standards of care.
- Physician staff (Psychiatrist) is managed by one Medical Director.
- Coordination of care became easier between program sections.
- Monthly department staff meetings promoted better understanding of various programs and their capabilities.





2009 More Mergers Under Consideration



GRIC Requests Program Evaluation

- Fall of 2009 GRIC Lt. Governor request Gila River Behavioral Health Services evaluate the RTC.
- Summer of 2010 GRIC passes resolution to transfer the management of the Tribe's substance abuse services to GRHC, BHS.
- December 2010, GRHC begins the management of the RTC.
- July 2011, GRHC begins the management of the Tribe's outpatient substance abuse services program.





2009 More Mergers Under Consideration



- February 29, 2012, the substance abuse components are officially transitioned to Gila River BHS.
- Gila River Health Care Corporation consists of 1100 employees, mergers make Gila River BHS the largest department of GRHC with 170 employees.





Gila River
HEALTH CARE

What Gila River BHS Looks Like Today



Community Based Services

- Two 638 outpatient behavioral health clinics located in Sacaton and Laveen. Clinics are B/C B/S approved and serve all beneficiaries, regardless of a persons heritage.
- Tribal Regional Behavioral Health Authority. Locations in Sacaton and Laveen.
- Substance abuse residential treatment program for adults. Program has a core 90 days curriculum consisting of 18 male and 18 female treatment beds. Program has 8 male and 8 female transitional living unit beds, and can accommodate up to 28 non-treatment bed for children.
- Three outpatient substance abuse clinics located in Sacaton, Bapchule and Laveen.





One Vision, One Mission, One Team, and Many Benefits



System Integration Benefits

- Coordination of care.
- Continuity of care
- Efficacy of care.
- Uniform standards of care.
- No wrong door into our behavioral health system.
- Better understanding of all of our program services leads to more accurate referrals to care.





One Vision, One Mission, One Team, and Many Benefits



- Program integration has unified our prevention services. We plan on conducting a community wide prevention survey needs in the fall of 2012.
- Treatment planning tends to have broader considerations now that we manage a more comprehensive system.
- MOA's are eliminated between programs, eliminates related restrictions.
- In house program referrals have increased from the TRBHA to our substance abuse continuum.
- Substance Abuse program enhancements.



BHS Program Enhancements



Substance Abuse Outpatient Services

- Developing Domestic Violence program.
- Reviewing a variety of youth substance abuse prevention curriculums for eventual implementation
- Evaluating need for internal medicine physician.
- Adding pain management program for prescription drug users.



BHS Program Enhancements



Residential Substance Abuse program

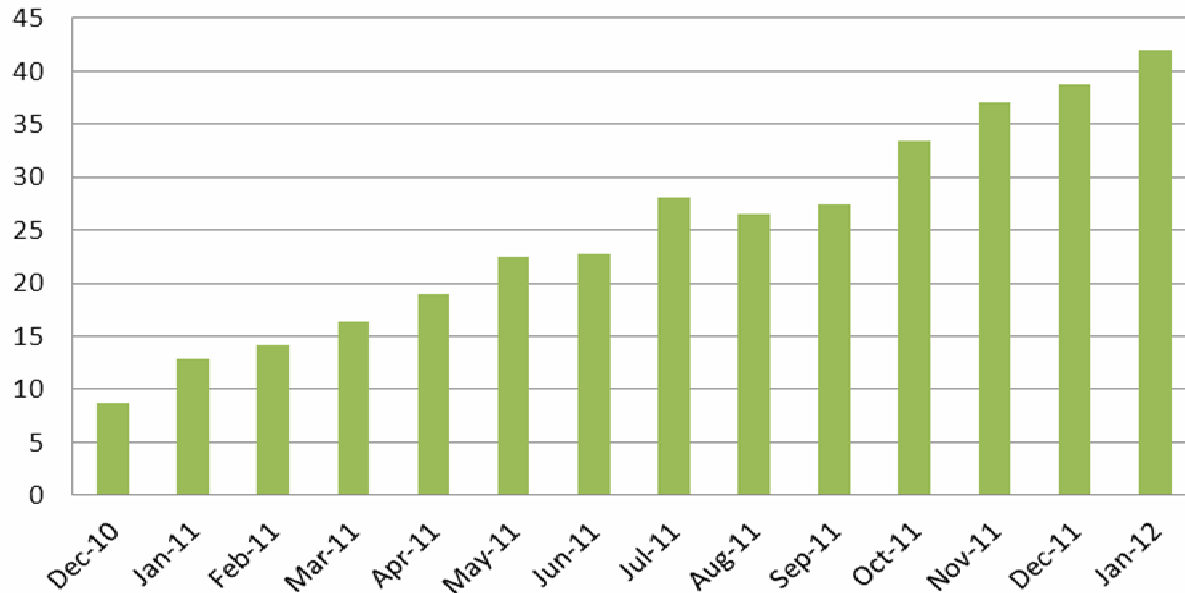
- Added psychiatric services in February 2012.
- Added case manager to Transitional Living Center.
- Added Baby Smarts program.
- Program was underutilized, recruitment of clients.



Average Daily Census FY 2011- FY 2012 YTD



RTC Average Daily Census FY 2011 - FY 2012 YTD



	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
■ Average Daily Census	8.7	12.9	14.2	16.3	18.9	22.5	22.8	28.09	26.5	27.4	33.38	37.1	38.8	42



THE OUTCOME OF Integration Community Based Services



New Beginnings Building (Sacaton)

Outpatient Services:

- Individual, Family and Group Therapy
- Home Based Therapy; Adult Detention Therapist
- Intake and Triage Services
- Psychological Testing
- Psychiatric Evaluation and Medication Monitoring
- Traditional Counseling
- Art Therapy
- Medical Social Work
- Mental Health Observations for all children enrolled in Gila River Head Start.





THE OUTCOME OF Integration Community Based Services



New Beginnings Building (Sacaton)

RBHA:

- Regular Case Management
- Intensive Case Management
- Prevention
- Youth Services
- Training
- Enrollment
- Billing





THE OUTCOME OF Integration Community Based Services



OASIS (Outpatient Addictive Substance Abuse Services)

Locations in Sacaton, Casa Blanca, and at the Shegoi Clinic near Laveen.

- Individual and Group Counseling
- Matrix Intensive Outpatient Program with Peer Mentors
- Aftercare Group
- Traditional Counseling
- Domestic Violence Programming
- Prevention Services





THE OUTCOME OF Integration Community Based Services



Shegoi Clinic (Laveen)

- Individual, Family, and Group Therapy for mental health and substance abuse
- Regular and Intensive Case Management
- Matrix Intensive Outpatient Program
- Psychiatric Evaluation and Medication Monitoring; Psychological testing
- Intake and Triage
- Art Therapy
- Traditional Counseling
- Prevention Services
- Network
- Quality Improvement





THE OUTCOME OF Integration Community Based Services



Thwajik Ke Residential Treatment Center

- 90 day program utilizing the “Living in Balance” curriculum
- Individual, Family, and Group treatment
- Total of 36 beds for clients in treatment
- Total of 16 beds in Transitional Living Center
- Family units allow for up to 28 beds for children of clients
- AA meetings on site; off site NA meetings
- Baby Smarts parenting programming
- Cultural Education (2 cultural educators on staff)
- Psychiatric, Internal Medicine and Nursing services on-site
- Dietary Consultations available
- Church services available on or off site at client request
- Comprehensive medical services available through GRHC providers



Final Thoughts and Looking Forward



- System integration and quality is an on-going process.
- Coordination and communication across the system is critical
- Common clinical documentation methods improve client care across the GRHC system.
- Opportunities for additional service expansion include the addition of 'The Caring House'; GRIC nursing home.
- BHS is involved in more community initiatives and collaboration than ever before.





Questions?

Thank you!

