



New Horizons CSB
Columbus, Georgia

Andrea Brinson Winston, LPC



Population(s) of Focus

BetterLife's population of focus is adults with mental health or substance use disorders that have or are at risk for one or more chronic conditions like hypertension or diabetes or have one serious and persistent mental health condition like bi-polar disorder or depression. The adult population mix includes 45.6% who have a severe mental illness; 28% who have are affected by substance use; and 26.4% who are dually diagnosed. There is a slight disparity among the African-American population. For example, while African-Americans represent 45.5% of the county population, more than half (53%) the consumers served by New Horizons are African-American; a large percentage of MH/SU individuals are uninsured or underinsured which may prevent them from accessing care services sooner rather than later. Only 5% of the individuals we serve have insurance and the primary payer source for 78% of the population was from grants-in-aid and Medicaid/Medicare.





Implementation Practices

New Horizons CSB is the only publicly-funded Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) for our health district, we do have several existing key partnerships with primary care agencies, Optometrist agency services as well as an active consumer-driven advisory board in place to strengthen our capacity to implement the program. For example, we have partnered with MercyMed of Columbus to integrate primary care services within our behavioral health organization. We also work with St. Francis Hospital in partnership to have them provide specialty care services. Both primary care providers participate in the team approach care management of our consumers. We have also partnered with Precision Optical Eye care Clinic to take care of the Vision Care and Eye Care within our behavioral health organization. One of the gaps we face for Muscogee County (West Central Health District) is that the percent of adults in need receiving services is less than the state average at 23%. For example, although there are slightly over 13,200 adults with a SMI in the county, just over 3,000 are actually receiving services. According to the GaMHGA, Georgia's overall prevalence rate of individuals with mental illness within the total population is 6.7%. Furthermore, within Georgia's Public Mental Health System, an average 35.5% of adults who have SMI were served. Compounding these issues, Georgia's overall expenditures on MHDDAD community services are lower than in other states. In fact, Georgia is ranked 43rd nationally in mental health expenditures per capita.



Challenges and Barriers

- Lack of technology to share information across providers.
- Discharge from institutions without proper supports.
- Transportation is a primary barrier to accessing care services for individuals with SMI.
- High medication costs.
- Insufficient community support services to assist individuals with MH/SU conditions, especially those with chronic health disorders.





Data & Collection Measures

BetterLife collects data at baseline (i.e., the consumer's entry into a project) with follow-up at 3-month intervals until the consumer no longer receives services. After establishing a baseline measurement using this set of outcome data, we measure and report on change in medical and other test/assessment values to assess program compliance, impact, and consumer outcomes. In addition to collecting, tracking and reporting on these measures, the local evaluation plan incorporates, consumer feedback surveys, staff interviews, observations and site visits to obtain information on program satisfaction, program effectiveness and program fidelity. We ensure that internal policies and procedures comply with both Federal and State confidentiality and reporting regulations. A process of quality assurance monitoring is in place to routinely review a sample of all program records.

Specific descriptive information and indicators includes:

- Personal/family history of diabetes, hypertension, cardiovascular disease
- Personal/family history of substance use
- Personal/family history of tobacco use
- Medication history/current medication list with dosages
- Social supports
- Health outcome indicators by individual:
 - o Weight/height/body mass index (quarterly assessment)
 - o Blood pressure (quarterly assessment)
 - o Blood glucose or HbA1C (annual assessment)
 - o Lipid profile (annual assessment)
- Services outcome indicator:
 - o Number of consumers receiving primary care services
 - o Number of consumers screened for hypertension
 - o Number of consumers screened for obesity
 - o Number of consumers screened for diabetes
 - o Number of consumers screened for co-occurring substance use disorders
 - o Number of consumers screened for tobacco product use



Successes to Date

BetterLife is working with Mercy Med, our primary care provider to provide coordinated integrated primary care and behavioral healthcare services including affordable quality primary healthcare for the physical, emotional, and spiritual needs of the underserved in our behavioral health organization. MercyMed is our on-site primary care provider for developing individual and person-centered care plans for each client, coordinating care across the continuum of health and behavioral health care; providing Referral Services; offering transitional care services; providing chronic disease management to individuals and families that have been historically without primary health care. This co-located partnership model has improved the physical health status of adults with serious mental illnesses (SMI) who have or are at risk for co-occurring primary care conditions and chronic diseases. Also, BetterLife partnered with Precision Optical Eye care Clinic to take care of the Vision Care and Eye Care within our behavioral health organization. Precision optical provides onsite lab with comprehensive Eye Exams and screenings.





Looking Ahead

MercyMed, our Primary care provider is only providing primary care once a week for four hours for our behavioral health organization. Due to high volume and demand we are looking to expand hours for primary care to be provided 40 hours a week with a 24/7 on call service.

