

### **Recommendation #3b**

Hospital leaders should create a formal plan that clearly defines its role and its established relationships for behavioral health with other providers, practitioners, and governmental and community agencies.

#### **Collaboration is Key for Improving Appropriateness, Timeliness, and Quality of Care**

##### **Munson Medical Center, Traverse City, MI**

###### **Summary**

Munson Healthcare Behavioral Health Services developed a Centralized Access Center to support the concept of a single point of entry into behavioral health. Through this and other initiatives, Munson has leveraged collaboration with other hospitals, agencies, and community organizations to ensure that all available community resources are utilized to achieve better access to care.

###### **Community and Hospital**

Traverse City, MI, often called the cherry capital of the world, has a booming tourist industry. Traverse City's population, according to the 2000 census, was 14,532, with a median income of \$37,330 per household. Approximately 8.4 percent of the population lives below Federal Poverty Levels.

Munson Medical Center is a regional referral center, serving patients from 32 counties. With 391 inpatient beds, Munson Healthcare is the largest hospital system in northern Michigan, with Munson Medical Center as its flagship hospital. Located in Traverse City, Munson Medical Center reaches beyond the city by providing local specialty clinics in many communities throughout the region.

###### **Program Overview**

Munson Healthcare Behavioral Health Services provides the most comprehensive mental health and addiction services in northern Michigan. Over the last several years, the goal has been to enhance the appropriateness, timeliness, and quality of care throughout the community. In doing so, behavioral health leaders discovered that collaboration is the key to success.

The first step was to develop a Centralized Access Center (CAC) to support the concept of a single point of entry into behavioral health. One phone call to the CAC begins the assessment and referral process. The CAC's trained professionals, who assist in determining the need and level of care, staff the program 24 hours a day, seven days a week. Approximately 5,000 phone contacts come into the CAC each year, with about 1,500 contacts coming through the Munson Medical Center emergency department (ED) and just over 2,000 walk-ins, inpatient consults, and other various contacts annually. The CAC's toll-free number is widely publicized and utilized by the public, as well as by agencies and other area hospitals.

Other hospitals and organizations with no emergency component refer individuals with mental health or substance abuse issues to Munson. The program has contracts with Community Mental Health Boards serving 21 counties. In the 21-county area, there are only three inpatient psychiatric units, each with 14 beds. When Munson is full, CAC is able to arrange for a smooth transfer to one of the other units, as a result of the collaborative relationships established with those hospitals. When a psychiatric case presents at one of the smaller emergency departments, they call Centralized Access and usually send the patient in an ambulance to the facility in Traverse City.

Before the CAC program was established, patients with psychiatric issues who presented in Munson's emergency department faced an inefficient and generally unhelpful environment. They often waited too long for unsuitable care delivered in an inappropriate setting. Now psychiatric professionals complete CAC evaluations in the emergency department and the medical-surgical units. These CAC clinicians evaluate patients, look for the most appropriate level of care, and then facilitate the connection to that care. They also obtain authorizations for care from insurance companies for insured patients and from the community mental health services for Medicaid and uninsured patients from their respective counties.

The emergency department has grown accustomed to relying on Centralized Access. Without the CAC, psychiatric patients would take up space in the ED and medical-surgical units and staff would be responsible for dispositions that are difficult to make with little knowledge of community resources. Centralized Access clinicians serve as an information and referral service for mental health and substance abuse issues. Because of this internal collaboration, medical staff, psychiatrists, and administration view the CAC as providing "value-added services" to the emergency department and medical-surgical units.

When the volume of patients at Munson required a renovated emergency department, Munson's administrative leadership included a dedicated behavioral health area to increase patient and staff safety. In the new ED, patients in emotional crisis are safely kept and monitored in rooms designed and equipped for behavioral health safety. ED staff have been trained in suicide and violence risk assessment. Additionally, security staff and local law enforcement personnel have been trained to recognize and appropriately deal with signs and symptoms.

In 2008, a coalition of community organizations, agencies, and providers created the Northwest Michigan Behavioral Health Network with the help of a Rural Health Network Development Planning Grant. Partner organizations include: Northern Lakes Community Mental Health, the Traverse Health Clinic and Coalition, Catholic Human Services, Inc., Child and Family Services, Inc., and Munson Medical Center. The grant will help these organizations evaluate, assess, and plan together how mental health services are delivered most effectively in a three-county area.

In order to ensure that Munson's emergency department does not become the default point of care for all persons with behavioral health disorders, the network plans to

integrate behavioral health services in primary care settings. The network will embed behavioral health professionals from the partner organizations within the local community outpatient health clinics. This allows patients to be screened in the clinics so that only those patients who are medically compromised or totally out of control are sent to the ED.

Additional collaboration in the community has followed. Through a grant, community providers, the community mental health service, law enforcement, and court system staff teamed together to establish a mental health court. A specialized docket provides the option of mental health treatment with court supervision instead of jail for persons with mental illnesses who enter the criminal justice system.

Munson behavioral health leaders know that in order to meet the needs of small, rural communities, there has to be a viable continuum of care, where the best efforts of each component sustain progress toward a common goal. Their goal is to ensure that all available community resources are utilized to achieve better access to care. They have worked with local transit companies to coordinate bus schedules and with a volunteer service that provides transportation to appointments. With local churches, they helped establish a safe harbor program that provides shelter and food at night in the winter months.

### **Program Impact**

Community collaboration and shared goals have proven to be the key to better utilization of available resources in these difficult economic times. Duplicative efforts have been minimized and more patients with mental health issues have been served. Streamlined processes have been agreed to and patients are served in a more timely and efficient manner.

### **Program Funding**

The source of funding for behavioral health services at Munson Healthcare is a combination of public and private payers. Grants have helped to initiate or develop specific initiatives; however, grant funding is not viewed as a sustainable model. Behavioral health leaders have found that the key to sustainability is more effective coordination, communication, and connections among community providers so that limited financial resources are appropriately utilized, services are not duplicated, and the needs of the community are met.

### **Obstacles or Challenges**

Funding has been the major barrier encountered with the CAC program. The center provides 24/7 service with 4 FTEs. The staff includes one person with a master's degree in counseling, one nurse practitioner, and some emergency room nurses. For times when patient volume is the highest, a pool of nursing and social work staff has been developed to provide back-up.

### **Success Factors**

With regard to the Central Access Center, success factors include:

- Collaboration with the emergency department and other hospital units. Trust has been built between ED staff and CAC clinicians, who have been able to educate ED staff on mental health and substance abuse issues.
- Personalities. The people who staff the CAC program need to enjoy a fast pace, think on their feet, and like excitement.
- Good planning. Benefits for the ED and the organization need to be communicated. It is important to know the costs of the program and savings it can offer.
- Relationships. Collaborative relationships established with area hospitals, community mental health authorities, and other community partners have been a key factor in ensuring that behavioral health care for area residents is provided in a timely way and in the most appropriate setting.

In terms of other initiatives, collaboration has been the key factor to success. Collaboration allows the strength of each organization to be utilized in order to provide a full continuum of care in the community.

### **Lessons Learned and Advice to Others**

For others interested in these initiatives, the Munson Medical Center experience provides some helpful advice:

- In setting up a Central Access Center, evaluate the level of support available from administration. Try to convince them of the benefits of the program. Keep in mind that administrations change. What was a priority then may not be a priority now, so you may have to keep on convincing them. Strong leadership is necessary for the success of this type of project. With a weak leader, the program will be marginalized. Establish strong relationships with partners and engage all ED staff, not just physicians.
- In collaborating with other organizations, be willing to take a hard look at your services and recognize your strengths and weaknesses. Coordinate your services with others in the community to eliminate duplication. Keep communicating the goal of a seamless continuum of care.

### **Contact**

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