



CHAMPS Substance Use Disorder Best Practices Podcast Series
Episode 5: Interview with Jill-Marie Steeley from PureView Health Center
and Trista Besich from Alluvion Health
Interview Date: April 26, 2019

Rachel Steinberg: Welcome to the fifth and final episode of Season One of the Substance Use Disorder Best Practices Podcast Series, produced by [Community Health Association of Mountain/Plains States](#), or CHAMPS. I'm your host, Rachel Steinberg, the CHAMPS Substance Use Disorder Program Specialist. In this series we're highlighting interesting and innovative ways that health centers in Region VIII have been addressing substance use disorders in their communities. We think the best way to share these ideas is to speak with the health center staff providing these services and running these programs.

In the first four episodes of the series we spoke with medical and behavioral health providers about a variety of topics, from implementing Medication Assisted Treatment [MAT] and addressing stigma, to building collaborative partnerships with organizations like universities and local jails. Today we'll be switching gears to speak with the CEOs of two health centers in Montana who have, in some ways, encountered the same challenge and responded in opposite ways. I'm thrilled to welcome both Jill-Marie Steeley of [PureView Health Center](#) and Trista Besich of [Alluvion Health](#) to our program.

Jill-Marie Steeley: Hi Rachel, thank you for having me.

Trista Besich: Hi, thanks for inviting me.

Rachel Steinberg: So Jill, can you talk a little about PureView and the communities you serve?

Jill-Marie Steeley: Hi, yes, I'd love to. So my name is Jill Steeley. I'm the CEO of PureView Health Center. We have three sites right now: two in Helena, Montana, including a [Healthcare for the Homeless](#) site, and one in Lincoln, Montana, which is a rural site 60 miles from here. And we are getting ready to open our fourth site, a [School-Based Health Center](#) in East Helena, Montana, coming up really soon. We serve about 7,000 patients a year. We do medical, dental, behavioral health, pharmacy, case management, and insurance and enrollment services at all of our sites.

We started partnering with our Chemical Dependency Center [[Boyd Andrew Community Services](#)] in Helena about a year and a half ago. I approached them and asked them if they wanted to provide us with a Licensed Addiction Counselor to be on-site at PureView full time seeing our patients. And so that's been our arrangement ever since, and it's worked out really, really well.

Rachel Steinberg: Thank you. And Trista, can you tell me about Alluvion and the communities you serve?

Trista Besich: Sure. My name's Trista Besich. I'm the CEO for Alluvion Health and we're located in Great Falls, Montana. We currently have 11 locations. Three of those are medical clinics. We've got five school-based mental health locations, we've got a dental site, and then we've also got a co-located clinic with [Gateway Recovery Center](#). We do medical, dental, behavioral health, psych, MAT, and then quite a bit of school-based. We typically see about 5,000 unique patients annually; this year we anticipate that'll be about 7,500. And we're excited to have expanded this year that SUD program in partnership with Gateway.

Rachel Steinberg: So for both of you, I'm curious how the issue of substance use disorders came to your attention, and then what made you decide that the solution – or part of the solution – was not just to partner with local addiction services centers but to co-locate with them? So Trista, we'll start with you.

Trista Besich: Thanks. So, we had actually worked on a SAMHSA [Substance Abuse and Mental Health Services Administration] grant with the [Center for Mental Health Care in Great Falls](#), as well as Gateway. That was a two-year grant that we did. And though we enjoyed doing the grant and had some success, what we discovered is that we were limited because of the scope of the grant. So that grant was really focused on youth and young adults. And what we discovered with Gateway, which has a primarily adult population, was that our program was really fantastic but we weren't as effective as we had hoped to be. So shortly after that grant wrapped up the state changed the reimbursement model for mental health and substance use disorder services, and we saw a significant decrease in reimbursement. We recognized that access to those services was at risk, and that we desperately needed them for our patients – we needed them to remain in our community, and we actually needed increased access. We were seeing an uptick in referrals and wanting to be able to create better programs around it.

Because of our partnership with Gateway in the grant, we started having some conversations about what that could look like. What we eventually determined was that we could contract with Gateway to provide substance use counseling services under our scope, and then considered putting a medical clinic in their building. So we initially started in July of last year. We put a care coordinator in the building. We contracted with them to provide the outpatient substance use counseling services in scope while we started the remodel of the clinic. And in October, I believe mid-October, we opened the medical clinic.

One of the really exciting things about that was the provider that went in over there is also a MAT provider, so we were able to expand MAT services locally. She actually took her patient panel with her, which was also a really great benefit. So we were seeing increased access at that location already. She is now in there full time with a full panel, and they are seeing a tremendous uptick in access to primary care. Prior to this implementation Gateway's patient base, about 60 percent of them had not sought primary care in the two years previous, and we felt like the ability to impact outcomes and the success of their service line was also by creating additional access to primary care. So we've had this really great success model where a lot of their patients have established primary care, which is not something that they had seen previously.

Rachel Steinberg: And Jill, how did the story go differently at PureView?

Jill-Marie Steeley: Well, we started our behavioral health – our integrated behavioral health services – in 2015 with a very small team. We had a Psychiatric Nurse Practitioner and an LCSW [Licensed Clinical Social Worker] who saw our adult patients, and a case manager. We quickly realized that our services were much more needed in the community – our local mental health centers were overwhelmed and had wait times, pretty significant wait times. And so at the same time I was participating in the county's community health assessment, and saw over and over again that behavioral health, substance use disorders were rising to the top as priority areas that needed to be addressed in our county. So I approached our team of primary care providers and our behavioral health team to ask them what they thought about providing substance use disorder services, and everybody was nervous about it. Our primary care providers said, you know, I don't think our patients have a problem with substance use disorders. And our behavioral health team said, we don't really know – we're not addiction counselors, and that is not our area of expertise, so we're not really sure how we would handle that, or supervise someone who is an addiction counselor.

So I had established a relationship with the CEO of our Chemical Dependency Center here in the county. And so I approached her and said that we wanted to start screening our primary care patients and behavioral health patients to start for substance use disorders, but that we needed someone on our team who could then get the referral to them and do a warm handoff with them so that we weren't screening them and then leaving it on the patient to figure out what to do from there. So we developed a contract in which she provides me with a full-time Licensed Addiction Counselor. That person is embedded at PureView full time, so patients don't know that she is an employee of the Chemical Dependency Center. She wears the PureView logo, she works as part of our Behavioral Health Team, and everybody really, really, really appreciates having her as a resource in the building, because we are now screening everyone 12 and older for substance use disorders. And to be able to have someone on site that they can refer to is really helpful to them.

And then, the contract just states that the Chemical Dependency Center does her clinical supervision and PureView does her programmatic supervision. So we bill for all of her services, and they bill – they charge us for her time and effort and fringe and some supervision. And like I said, they do her clinical supervision and we do her programmatic supervision.

Rachel Steinberg: So what barriers have you each encountered as you planned and implemented these collaborative relationships? Jill, I know you mentioned having to convince your providers to expand into that addiction world – what did that look like for you?

Jill-Marie Steeleley: Well so, as I said, in 2015 is when we started our integrated behavioral health. And the way that I did that was – because I'll tell you, our primary care providers were already feeling overwhelmed, feeling like they are asking a lot of questions in the exam room, spending so much time in the exam room, and feeling pretty strapped for time and not sure that they wanted to go into another set of questions and identifying potentially another set of problems for the patient that they might not have the resources to help the patient with, such as depression, anxiety, and other behavioral health disorders. So I, at our monthly staff meetings I would talk to them about – I would show them statistics related to people who have chronic diseases, physical chronic diseases, almost always – I think it's about 80 percent – usually have a mental health disorder that goes along with that. So what I wanted them to see was that, you know, your patients that you're seeing, they are dealing with a mental health disorder most of the time, and it is probably affecting their ability to get healthier. And it's also probably affecting the provider's ability to manage their physical health. And so, if we could get to the root of that problem and ask those questions and identify the problems, then we could provide members on our team who could then be the resource to provide those people to. Because I think that was their concern, that we don't want to identify a problem and then not be able to do anything about it. So by hiring a behavioral health team that they could refer to and do a warm handoff to made them, at first, nervous – they weren't sure it would work out. And then over the last couple of years we've really nailed it down to a smooth process, and everybody really loves having the integrated care right there in the same building.

Rachel Steinberg: And Trista, did you have any of the same challenges, or were they different at Alluvion?

Trista Besich: I think to some degree we probably experienced some similar challenges, but with my providers it actually kind of went the opposite direction. So the grant that we had worked through in conjunction with the center for mental health and Gateway had really given us a little bit of a soft launch for the program. So they were bought into the need for SUD services in our community, and recognized that we had a tremendous number of patients that needed that care, but weren't necessarily entirely sure how to effectively refer to the program or kind of how to get more access. Our biggest challenge for buy-in was actually the idea of embedding

a medical clinic inside of Gateway. They just really weren't sure that we could keep a provider busy, that it would make sense, that there was going to be utilization, or even that the patients would seek care. So for us it was really kind of getting that level of buy-in, especially on a full-time basis. We had anticipated going in maybe two or three days a week, so it was a little bit of a challenge as we built that program that we might only be there two or three days a week, but we were going to have a care coordinator in the building full-time, how would we make that process work, and really, what was the right provider for that location?

It turned out we got very lucky – we had one provider that was really passionate about the MAT program and really felt like she could be the right person for that location. So the care coordinator that is in that building works in conjunction with all of the substance use Licensed Addiction Counselors over there. And she does an intake in conjunction with the patient's intake with the mental health provider. So at that point we're identifying whether they have a primary care provider, and she's then facilitating getting them in with our medical provider. One of the things that has been really beneficial is that as those patients have had that warm handoff to the medical provider through the care coordinator, they get that opportunity for education of the value of primary care while they're seeking substance use treatment. When they get a cold, or when they decide that they might have strep, or when they're not feeling well, they have started to seek primary care services at that location. So she truly has built a panel with those patients and established a really great relationship.

One of the benefits that has come out of this and was one of the challenges that we struggled with initially is that we had dental providers that were identifying a need for substance use services but couldn't figure out how to do the referral, and vice versa. Gateway was experiencing a lot of patients who they knew needed dental services but they weren't really sure how to get them into a dentist, or really even how to get them into primary care at that point in time. So the one thing that we've seen is a significant number – a significant increase in number of referrals from our substance use providers directly to dental, and from dental directly to substance use. So one of our – kind of one of the benefits of this relationship has been that much more integrated and collaborative care model.

Rachel Steinberg: So in past episodes of this series we've exclusively heard about the provider perspective on addressing substance use disorders. So I'd really like to shift our discussion and talk about your roles as CEOs and how your view of addiction treatment and service integration looks different. Trista, what factors have shaped your leadership decisions around substance use disorder issues?

Trista Besich: So I've now been with my health center for four years, and prior to taking on the CEO position last January I was the CFO [Chief Financial Officer] for this organization. So I certainly have a little bit of a focus on financial modeling and forecasting and does it make sense for us, as we recognized that substance use [services] could be lost in our community, we had to figure out a way to stabilize the services, but we also knew that we needed to grow them. This partnership ended up being a really great option for both agencies. So we were able to keep Gateway in the community, create additional access to substance use [services], create a really integrated and collaborative model of care that for us didn't exist. But one of the things that was challenging about that was really figuring out the financial modeling and how – what could that look like going forward. So the ability to invest in something that would stabilize services long-term was exciting and engaging but also kind of a sell – we had to get people bought into that idea. I think having the background as a CFO and being able to speak to long-term business forecasting certainly helps, and it changes the way that we can present that conversation. Providers are always really passionate about patient care, so if you can – for us, if we could show the impact increasing access, creating additional access to primary care, the outcome-based model of care was

really beneficial for us. And I think it is a slightly different perspective when you can show how you can stabilize a service and grow it financially in support of the providers' wants and needs to provide access to care.

Rachel Steinberg: And Jill, what about you?

Jill-Marie Steele: I think as our role as CEOs – our role is really to be in the community and establishing important partnerships, and not reinventing the wheel. And this partnership allowed me to not hire addiction counselors and try to figure out how to do their clinical supervision and have the clinical expertise on staff to help them with their services that they're providing to patients. And so, you know, it has expanded outside of this partnership – we also have this same kind of arrangement with the mental health center in town that works with pediatric patients. And so we have a LCSW now on staff who sees our pediatric patients, and she's an employee of theirs. And I think that has just given PureView the ability to expand services without hiring more people and adding more cost to how we do that. It makes us more efficient, it allows us to add expertise to our staff without needing to, you know, find supervisors who could supervise both Psychiatric Nurse Practitioners, Licensed Clinical Social Workers, and then also Licensed Addiction Counselors, because we did not have that on staff at the time. So I think that being in the community, establishing those key partnerships, is really my role as the CEO, as well as identifying priorities that need to be addressed in the community – and substance use disorders are certainly not limited to just my community, but it was very apparent that it was a very big need in our community and the services were not readily available. And so this was just my way of trying to integrate all of that into the services that we provide at PureView and trying to be as comprehensive as possible in those services.

Trista Besich: Rachel, I think Jill brings up a really good point. We definitely have a lot of focus as health centers on community impact and what long-term impacts can be for the programs that we run. And she spoke really well to one of the other things that we look at on a regular basis, and that's who's the right person to provide those services, or the right agency to provide those services. I think health centers traditionally have this – we're really strong and really good at primary care, and we're also really good at doing that kind of "in the gaps," where some of our patients don't get served or where kind of they're not get access. And so we have this really great ability to find those gaps and respond to it. These kinds of models are really great about identifying those gaps and creating those relationships, and then leveraging the strengths of the entities that are involved to develop these really strong collaborative models that have the ability to build long-term relationships at a community level and that expand so far beyond what our normal kind of limits or lines are.

Rachel Steinberg: Absolutely. Thank you for adding that. And I'm curious, what question do each of you get asked the most about this unique co-location strategy you've developed to deal with substance use disorders? Jill, we can start with you.

Jill-Marie Steele: Thank you. So I think the question that I get asked the most is, how does it work? Does it work out well? What is the biggest challenge that you have with the arrangement? And I'll tell you that the biggest challenge is just the communication. It's not typical to have a clinical supervisor who is also not managing the program, but that is the situation that we have for our substance use disorder clinician, and that can be complicated sometimes. I think we've worked through it quite a bit. I think it has required a lot of communication and collaboration between the two supervisors at both organizations, as well as the clinician. But it's really not a challenge from my level, it's a challenge at the programmatic level. But they've worked through it really well, and I think it's a smooth process at this point. They have weekly meetings just to make sure that both organizations, both supervisors, and the clinician are all on the same page, and that, you know,

she's meeting PureView's needs as well as her organization's needs at the same time. So I feel like we've overcome that challenge for the most part, but again it's constant communication and probably always will be.

Rachel Steinberg: And Trista, what's the most-asked question for you?

Trista Besich: Well I think Jill's completely right – I think communication is probably definitely number one on the list. The other question that we get almost all the time is about quality. So, especially being that it's a separate location from our main site, we only have one provider in the building, how does that impact kind of the outcomes on the end, especially for health centers as it relates to [UDS \[Uniform Data System\]](#), and long-term kind of that data collection component. So what we discovered was that by utilizing the care coordinator as a primary kind of introduction to the health center over there, or at least as an introduction to medical services, she was able to help facilitate a lot of the – I'm going to call it data collection. So, getting the medical records, closing referrals, kind of helping the patient get to other specialists and that kind of stuff. And so by being able to really set that expectation from the beginning what we actually found was that our quality numbers improved. So we were seeing better care coordination between services, we were seeing kind of better referral closures. And we noticed that this ability to transition patients from outpatient – or, well really even from inpatient to outpatient-level substance use treatment services, and then get them directly tied into mental health services from there and primary care and possibly create access to dental if that was needed as well, that we saw better quality outcomes on our UDS and other metrics that we were measuring.

Rachel Steinberg: So to wrap things up, what advice do each of you have for other health centers that are dealing with substance use disorders in their communities, particularly those that may be interested in partnering with a local mental health or addiction treatment organization but don't know where to start? Trista, what do you think?

Trista Besich: I would suggest starting with what relationships currently exist, and if you don't have any get really creative about that. We did some soft introductions to Gateway prior to the grant that we partnered with them on, and then at the point that we started looking at what could be maybe a different model or knowing that we wanted to create a better partnership, we went into it with this idea that we wanted to identify what needs they have. So what were they struggling with in terms of success for their patients? What were they struggling with in terms of success for their providers? And what we discovered was 60 percent of their population hadn't sought primary care. And so if we could impact them being able to get access to primary care, they were absolutely certain that we could impact the success rate of their patient population for treatment. And so this idea that we met them more where their needs were and maybe a little bit less where our needs were I think was tremendously beneficial to establishing that relationship. And then I would just always recommend to be creative. I think you have to think outside the box in these kinds of relationships and partnerships, and if you're comfortable kind of getting creative about what they can look like you can kind of try just about anything. So that would be my advice.

Rachel Steinberg: And Jill, what advice would you give?

Jill-Marie Steeley: You know, I couldn't agree more with Trista. I think that if you don't have a partnership already or a relationship already, it is never too late to reach out to somebody. We're always trying to think creatively about, where's our next site going to be, where are people underserved, where is there a limited access to services? And that brings up all kinds of ideas of who you might be able to partner with. As you know Trista has done, she's put a primary care provider in a substance use disorder treatment center. We're looking at doing something similar at our mental health center here in town. That is both beneficial to PureView as well as

the mental health center. It allows us to add a site without having a lot of overhead, without having to buy a building or lease a building, and it adds services for our patients, and it adds services for their patients. So if you've never spoken with the leader of another organization that is similar to yours or that is providing services in the community, reach out to them. They probably don't even know that you – that your organization provides all of the services that you do, and they probably don't even know the opportunities exist. So I have found that there have been very, very few leaders of other organizations who are not interested in some sort of partnership. It benefits both agencies, and it's a really good way to offer efficient and comprehensive services.

Rachel Steinberg: Well thank you both so much, Trista and Jill, for sharing that advice with our Region VIII health centers. And thank you for joining us today for our fifth episode of this Substance Use Disorder Best Practices Podcast Series.

Trista Besich: Thanks for having me, Rachel.

Jill-Marie Steeley: Yeah, thank you, it's been fun.

Rachel Steinberg: This and other episodes in our series are available for free download at www.champsonline.org on our Events & Trainings webpage in the CHAMPS Clinical Podcasts section. Typed transcriptions of each episode are also available. This episode will be our last episode in Season One of this series. Season Two will begin later in 2019. In the meantime, if you are interested in recording an interview for our series, please let us know by sending an email to helen@champsonline.org. As always, thank you for listening!