Vail Place

MISSION: Cultivating hope and inspiring change to promote mental health recovery.

Person–centered, recovery–oriented, community based mental health services to adults with mental illness who reside in Hennepin County.
Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. In any given year, an estimated 18.1% (43.6 million) of U.S. adults ages 18 years or older suffered from any mental illness and 4.2% (9.8 million) suffered from a seriously debilitating mental illness.

Center for Behavioral Health Statistics and Quality.
Vail Place serves individuals with SPMI
Chronic illnesses – severe enough to pose a disability
SPMI diagnoses include: Schizophrenia, Bipolar Disorder, Major Depressive Disorder and Borderline Personality Disorder
Usually individuals face many disparities in addition to their mental illnesses
Layering on disparities

- Limited support from family & friends, social isolation, lack of access to information about health and wellness, limited transportation, etc.
- Poverty, homelessness, limited access to health care, fewer healthy choices for food & activities, etc.
- Mental Health Symptoms
Vail Place Primary Services

- Clubhouse Model Program
- Targeted Case Management
- Care Navigation
- Behavioral Health Home
Vail Place: Addressing Social Determinants of Health

Case Management
+ Care Navigation
+ Clubhouse Community Supports
+ Housing
+ Employment
+ Social connectedness
+ Health and wellness activities
= Whole Person Health
Clubhouse – improves health disparities

- Mental health stabilization
- Social connections/decreased isolation
- Employment opportunities
- Housing assistance
- Self-Advocacy
- Peer support
- Day-to-day problem solving
- Community involvement
- Relationships developed thru work
- Improved quality of life
- Wellness initiatives
  - Diabetes Prevention Program
  - Living Well with Chronic Conditions

"Sea Salt was a great place for hands-on learning. My co-workers were patient with me, and there was always someone to answer my questions. I would like to work there again!" – Marcia
State Innovation Grant: Total Care Collaborative

Developed Accountable Community of Health

- North Memorial Health
- Vail Place
- University of MN Clinic

Created models to address inequities:

- Rapid Access to Case Management Team
- Cross-sector, Interdisciplinary Care Team
- Care Navigation and Behavioral Health Home
Behavioral Health Case Management

- Vail North Team: Same day/next day intakes
  - Warm hand-off from hospital staff to case manager
  - Faster engagement with service
  - Improved transitions of care
  - Collaboration with hospital social workers
  - Coordination with providers
  - Better outcomes!
Impact: Rapid Access to CM

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<th># of Emergency Department Visits</th>
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Target population: Individuals with Serious Mental Illness with Diabetes or Metabolic Syndrome

- Large Waistline
- High Fasting Blood Glucose
- High Blood Pressure
- High Triglycerides
- Low HDL Cholesterol
In a member’s voice:

- Quote from 2015 Satisfaction Survey
  - “Being able to have a legitimate connection, to be able to trust the person that’s providing me with the services I need. ...having the person listen to my daily issues, problems and struggles with my mental illness in order to accomplish goals and being able to live a better life. Even be more independent. Getting out more, exercising, eating healthy and everything...”
Opportunities to Learn More About Vail Place

- Day in the Life Tours
  - For community members to learn about Vail Place and our impact in the community

- Learn more at [www.vailplace.org](http://www.vailplace.org) | Like us on Facebook/vailplace

Thank you!
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