A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

SAMHSA-Sponsored Fall Webinar Series

Health Reform 101 - Learn the Basics of Health Care Reform

Primary and Behavioral Health Care Integration

October 21, 2010

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Why is integration important?

- Morbidity/Mortality Disparities
  - People *with* serious mental illness (SMI) die on average at the age of 53 years old
- Possible causes
  - Barriers to appropriate care, stigma and lack of cross-discipline training
  - Lack of access to primary care services
- People with SMI have elevated rates of
  - Hypertension, diabetes, obesity and cardiovascular disease
  - These conditions are exacerbated by unhealthy practices including: inadequate physical activity, poor nutrition, smoking, substance abuse, and side effects of psychotropic medication, including weight gain

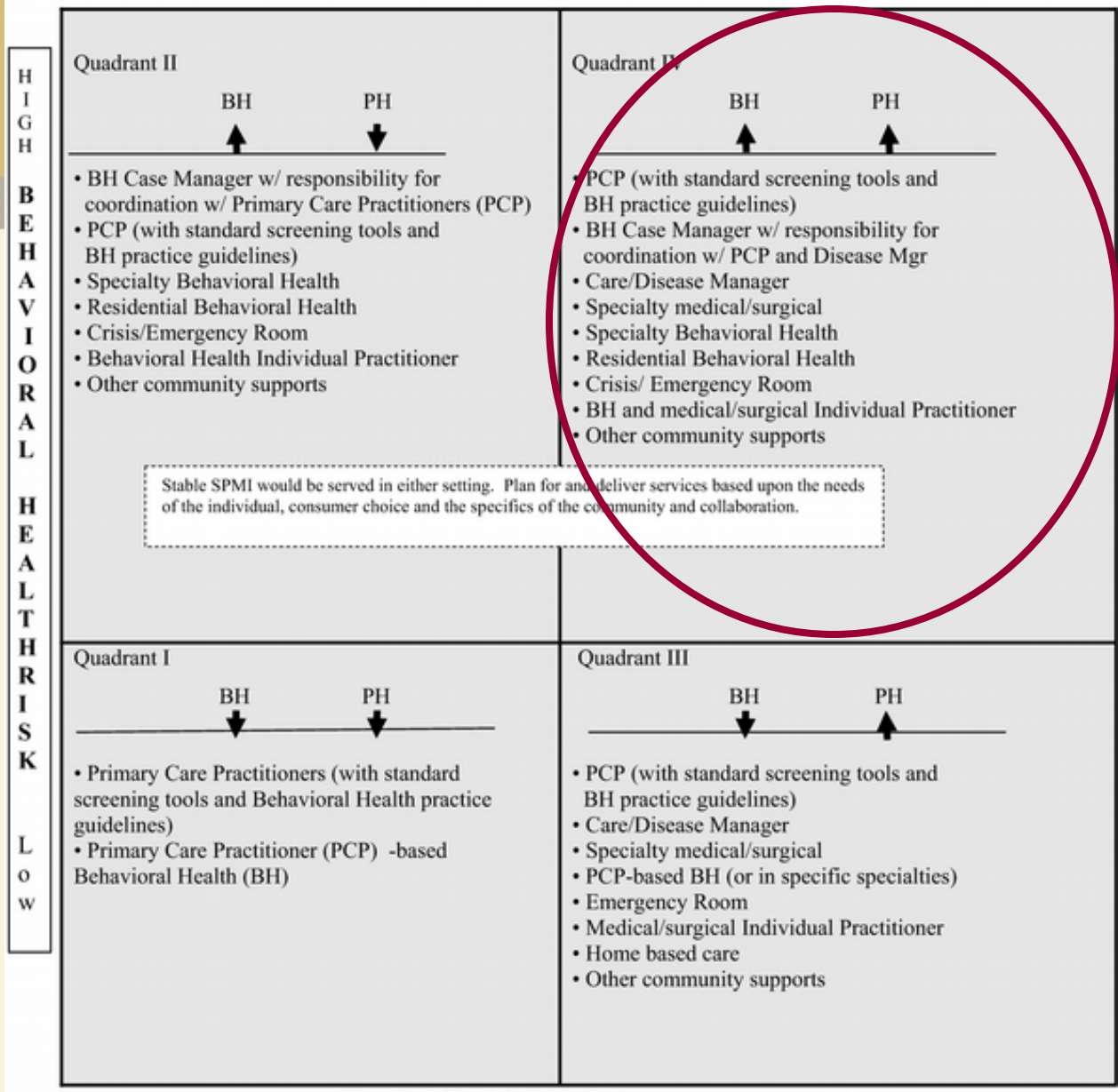
SAMHSA's Response to this Health Disparity

- We know:
  - People with SMI seek and obtain services from community-based behavioral health providers
  - Health conditions among SMI populations often go undiagnosed in these settings
  - Many with SMI cannot access primary care settings due to coverage issues, stigma, and the difficulties of fitting into the fast-paced model of primary care
  - Community-based behavioral health providers are unlikely to have formalized partnerships with primary care providers
- SAMHSA's Response:
  - Primary and Behavioral Health Care Integration (PBHCI) Grant Program

Why is *this* integration important?

Table 1

National Council for Community Behavioral Healthcare Four Quadrant Model



Note. SPMI = serious and persistent mental illness. Adapted from *Behavioral Health/Primary Care Integration: The Four Quadrant Model and Evidence-Based Practices,* by B. Mauer, 2003. Rockville, MD: National Council for Community Behavioral Healthcare.

What is PBHCI?

- Program purpose:
  - To improve the physical health status of people with SMI by supporting communities to coordinate and integrate primary care services into publicly funded community-based behavioral health settings
- Expected outcome:
  - Grantees will enter into partnerships to develop or expand their offering of primary healthcare services for people with SMI, resulting in improved health status
- Population of focus:
  - Those with SMI served in the public behavioral health system
- Eligible applicants: community behavioral health agencies, in partnership with primary care providers

PBHCI: Services Delivery

- Facilitate screening and referral for primary care prevention and treatment needs
- Provide and/or ensure that primary care screening/assessment/ treatment and referral be provided in a community-based behavioral health agency
- Develop a registry/tracking system for all primary care needs and outcomes
- Build processes for referral and follow-up for needed treatments that are not appropriately provided in a primary care setting
- Offer prevention and wellness support services (>10% of grant funding)

PBHCI: Data Collection and Performance Outcomes (<20% of grant funds)

Baseline Descriptive Information

- Personal/family history of: diabetes, hypertension, cardiovascular disease; substance use; tobacco use
- Medication history/current medication list, with dosages
- Social supports

Health Outcome Indicators (by individual)

- Weight/Height/Body Mass Index
- Blood glucose or HbAiC
- Blood pressure
- Lipid profile

Services Outcome Indicators

- The number of mental health consumers receiving primary care services
- The number of mental health consumers screened for: hypertension; obesity; diabetes; co-occurring substance use disorders; and tobacco product use

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PBHCI: Infrastructure Development

(<25% of grant funds)

- Development of interagency coordination mechanisms and partnerships with other service providers
- Policy development to support needed collaborative service systems improvement
- Workforce development
- Enhanced computer system, management information system (MIS), electronic health records, etc.
- Training/workforce development to
  - identify primary care, mental health or substance abuse issues or
  - provide effective PBHCI services
  - coordinate access to and enrollment in public and private insurance
- Redesign processes to enhance effectiveness, efficiency and optimal collaboration between primary care and behavioral health provider staff

PBHCI: Potential Models of Integration

- Assure regular screening and registry tracking/outcome measurement at the time of psychiatric visits for all individuals receiving psychotropics
- Provide routine primary care services in the behavioral health setting via a nurse practitioner or physician out-stationed from the full-scope healthcare home
- Identify a primary care physician to provide consultation on complex health issues if there is no primary care physician practicing at the behavioral health site
- Embed nurse care managers within the primary care team working in the behavioral health setting, to support individuals with significantly elevated levels of glucose, lipids, blood pressure, and/or weight/BMI
- Use evidence-based practices developed to improve the health status of the general population, adapting these practices for use in the behavioral health system
- Create wellness programs

Cross-Site Evaluation

In collaboration with HHS/Office of the Assistant Secretary for Planning and Evaluation (ASPE)

- **Outcome Evaluation: Does the integration of primary and behavioral health care lead to improvements in the behavioral and physical health of the population with serious mental illness (SMI) and/or substance use disorders served by the grantees' integration models?**

- **Process Evaluation: Is it possible to integrate the services provided by primary care providers and community-based behavioral health agencies (i.e., what are the different structural and clinical approaches to integration being implemented)?**

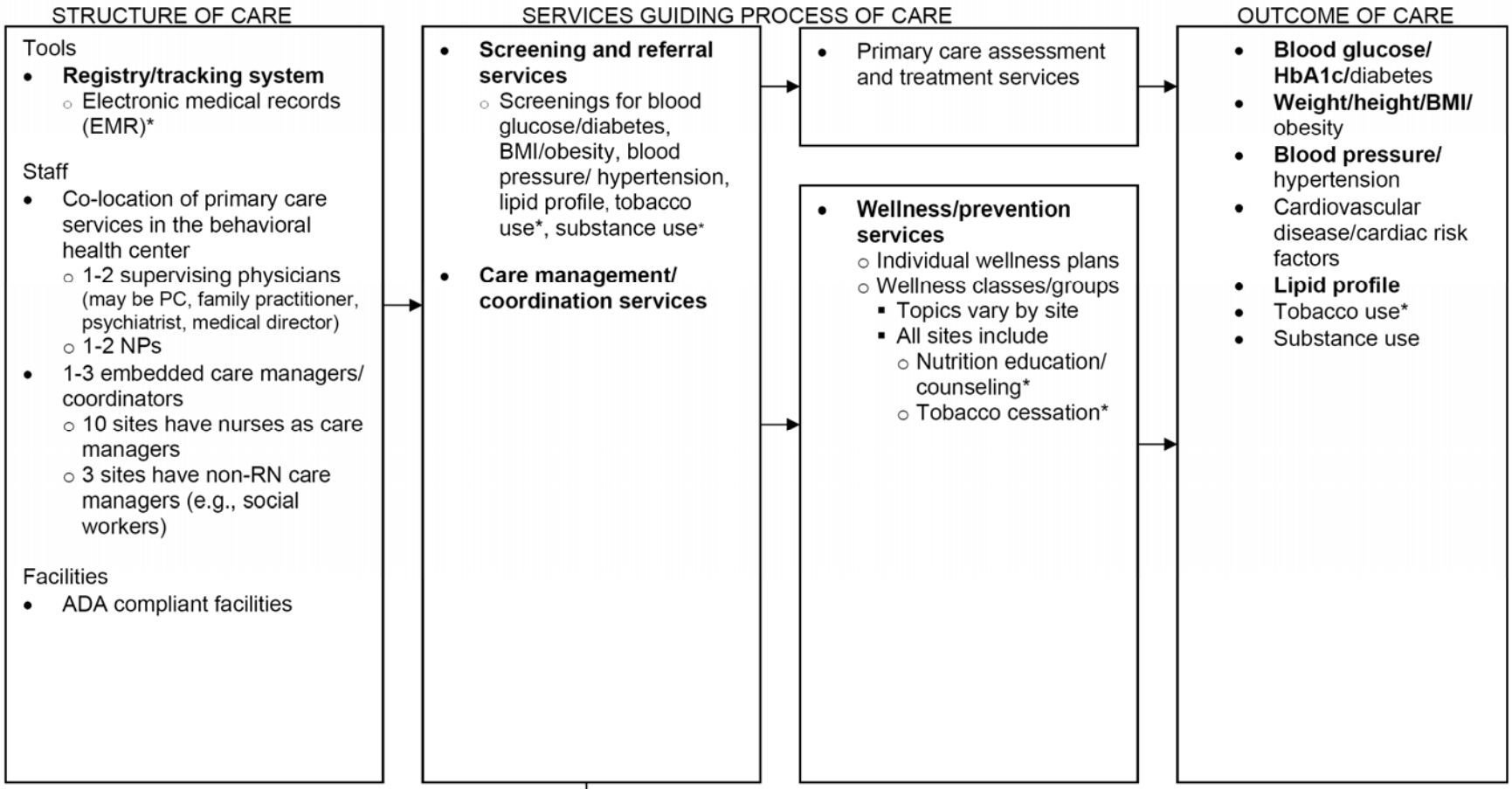
- **Model Evaluation: Which models and/or respective model features of integrated primary and behavioral health care lead to better mental and physical health outcomes?**

(Contractor: RAND Corporation)

Reported Use of Integration Model(s) or Model Components by PBHCI Programs (Cohort I)

- Chronic Care
- IMPACT
- Cherokee Health Systems
- Patient centered medical home
- Enhanced care clinic
- Collaboration Model for Integrated Care
- MacArthur Depression
- Partnership Model
- Tobacco Recovery Across the Continuum

Common Structure-Process-Outcome Model Features Applicable to All Programs



Note:
Required features are in **bold.**
*Unconfirmed for/not applicable to 1 site.

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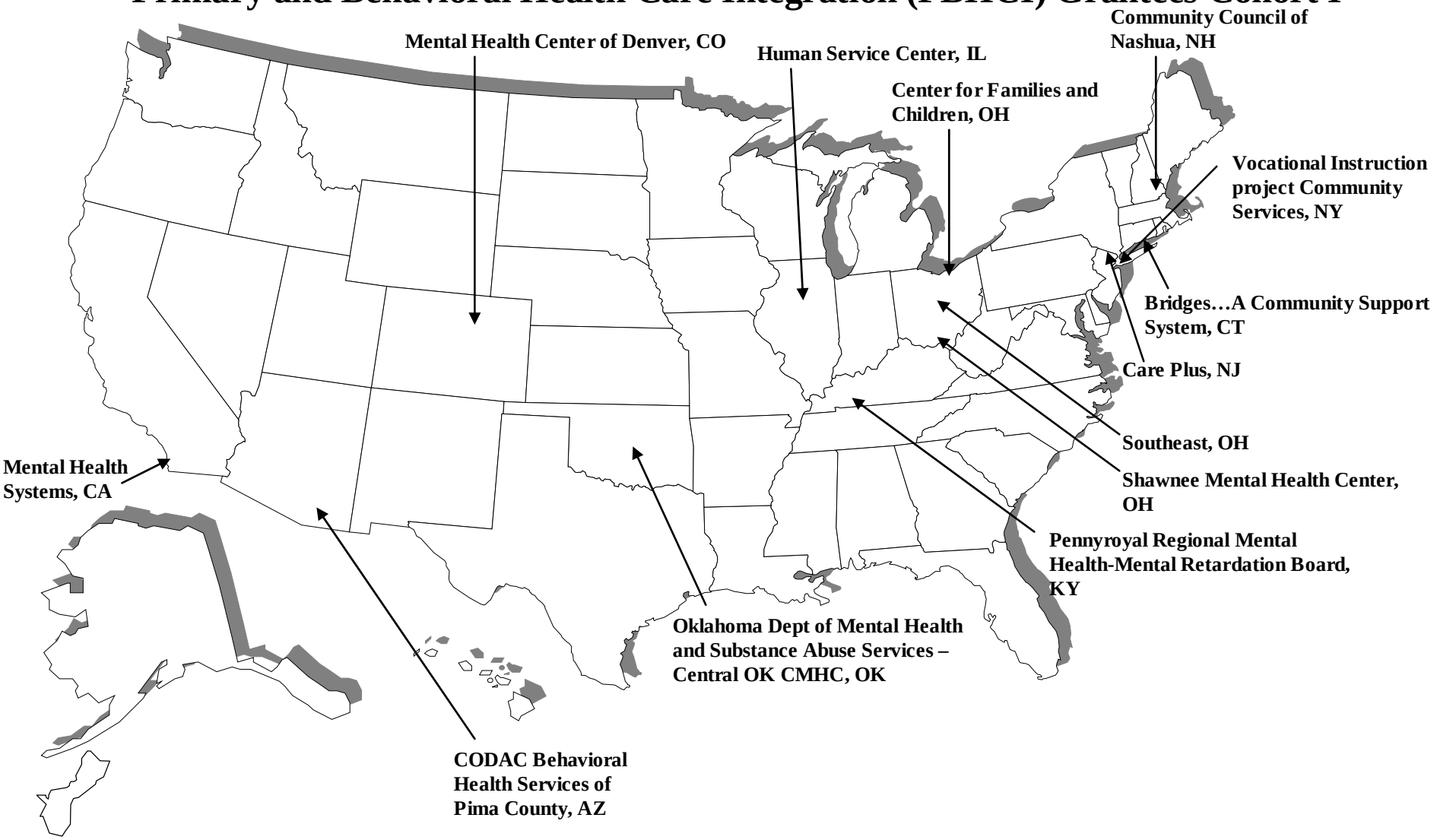
Primary and Behavioral Health Care Integration (PBHCI) Grantees Cohort I



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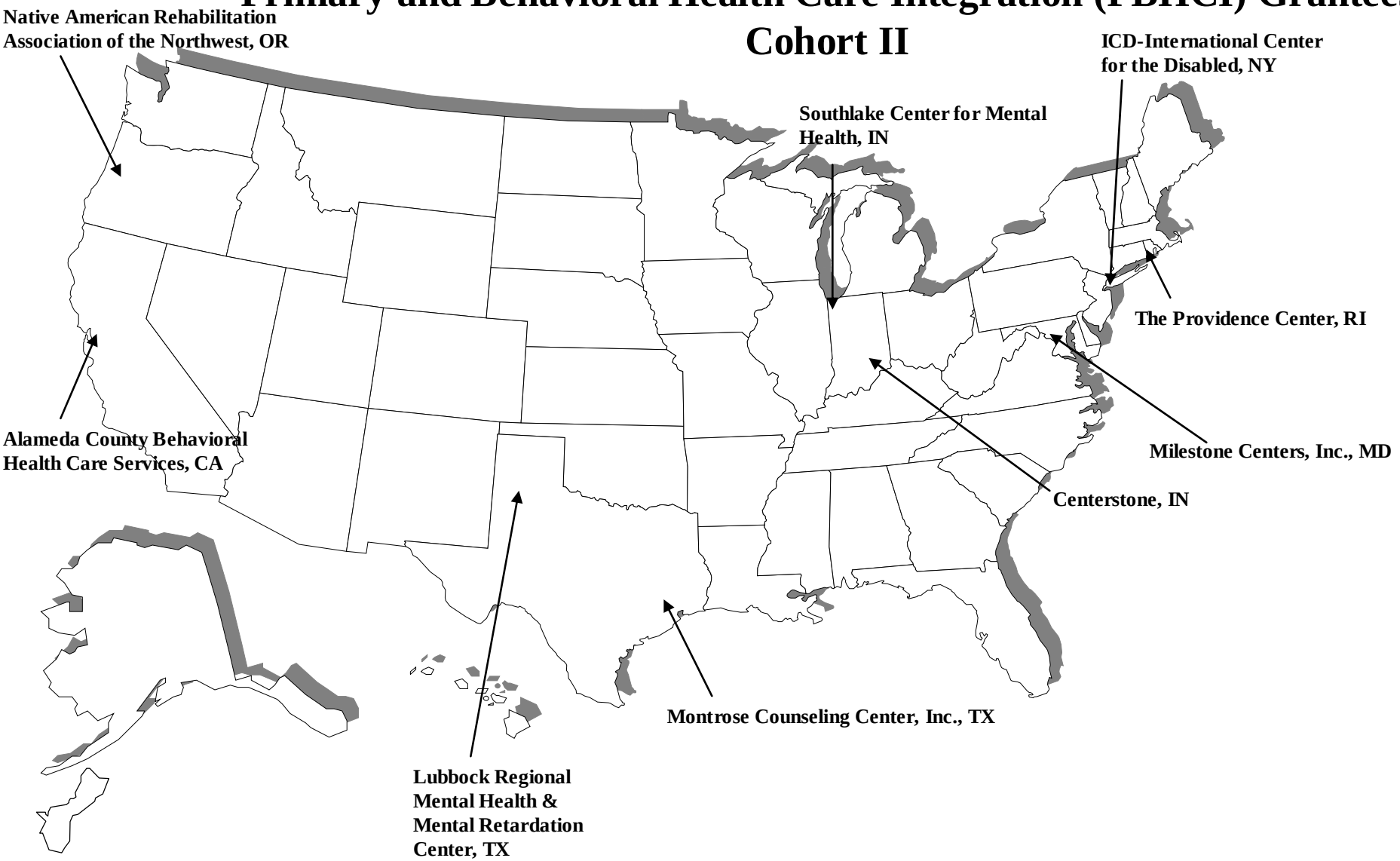
Primary and Behavioral Health Care Integration (PBHCI) Grantees
Cohort II



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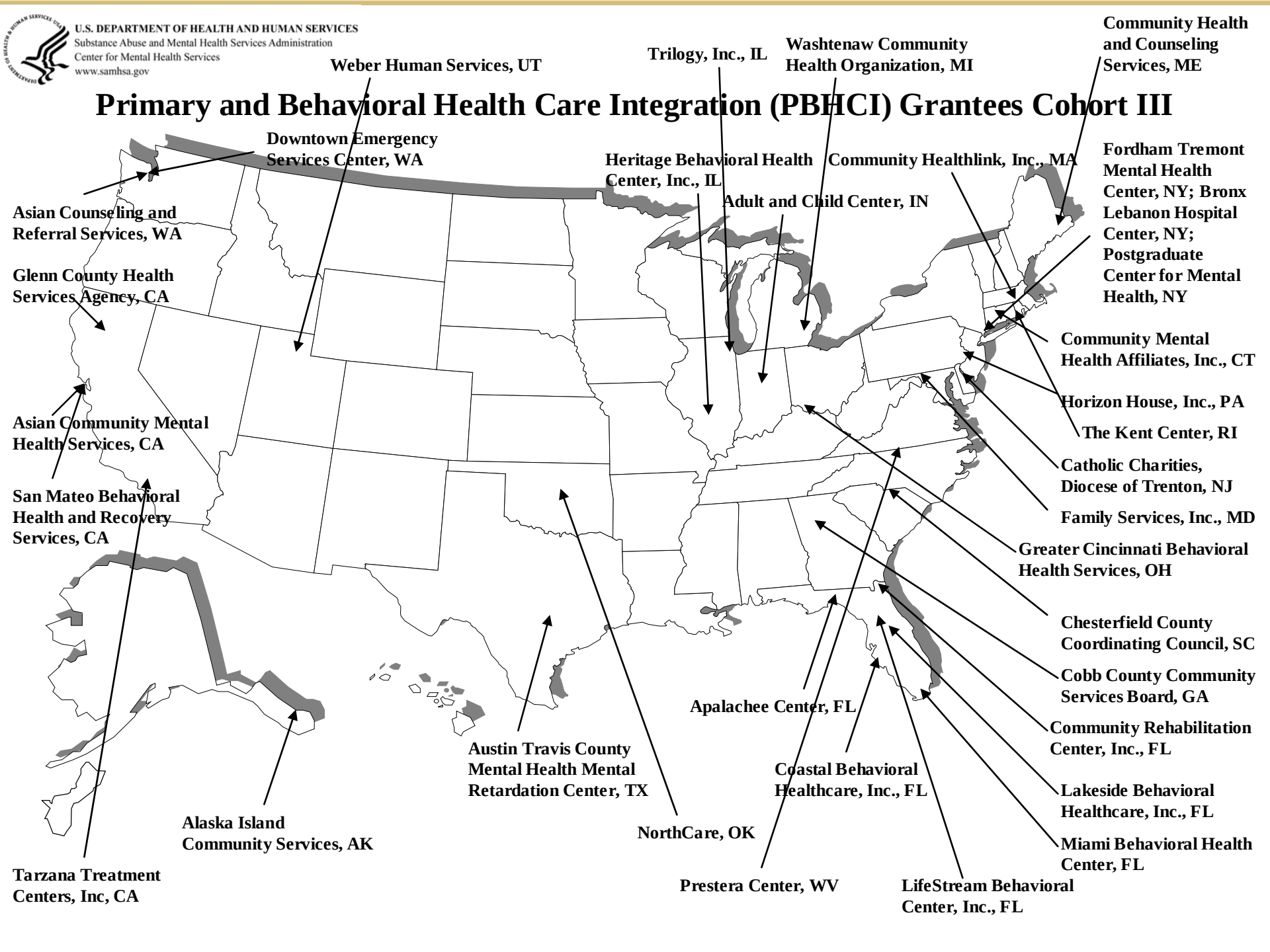
Primary and Behavioral Health Care Integration (PBHCI) Grantees Cohort III



Training and Technical Assistance Center (TTA-PBHCI)

In partnership with HHS/Health Resources and Services Administration

- **Goal: to promote the planning and development of integrated primary and behavioral health care for those with SMI, addiction disorders and/or individuals with SMI and a co-occurring substance use disorder, whether seen in specialty mental health or primary care safety net provider settings across the country.**
- **Purpose:**
  - **to serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development**
  - **provide technical assistance to PBHCI grantees and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders**

Training and Technical Assistance Center (TTA-PBHCI)

TTA-PBHCI will increase the number of:

- **Individuals trained in specific behavioral health related practices;**
- **Organizations using integrated health care service delivery approaches;**
- **Consumers credentialed to provide behavioral health related practices;**
- **Model curriculums developed for bidirectional primary and behavioral health integrated practice;**
- **Health providers trained in the concepts of wellness and behavioral health recovery.**

2010 Award: National Council for Community Behavioral Healthcare

- **Up to $5,350,000 (per year for up to 4 years)**
- **$1.4M—SAMHSA, $350,000—HRSA, $3.6M—Office of the Secretary's Prevention Trust Fund**

Proposed Categories of Training and Technical Assistance

- Knowledge Development and Dissemination
- Knowledge Application – Training and Technical Assistance
- Health Care Reform/Policy Analysis
- Prevention and Health Promotion
- Workforce Development

Proposed Audience for Training and Technical Assistance

- SAMHSA Primary and Behavioral Care Health Integration (PBHCI) Grantees
- HRSA Funded Programs (including Health Centers funded under Section 330 of the Public Health Service Act)
- The General Public

Partnering Entities

- National Association of Community Health Centers
- National Association of State Alcohol and Drug Abuse Directors
- The University of Colorado School of Medicine
- The University of Washington – AIMS Center
- The University of Massachusetts – Medical School
- The Annapolis Coalition
- Dartmouth Center for Health and Aging
- National Association of County Behavioral Health and Developmental Disability Directors
- National Association of State Mental Health Program Directors
- Rollins School of Public Health – Emory University
- University of Medicine and Dentistry – New Jersey
- Western Interstate Commission for Higher Education

Thank you!

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