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Center for Integrated
Health Solutions**

PBHCI 101

New Grantee Staff Orientation

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History of PBHCI in 180 seconds

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- Senate Amendment creating Sec. 5604, “Grants for Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings”
- Required the HHS Secretary to fund demonstration projects for providing coordinated care to individuals with mental illness and co-occurring primary care conditions and chronic diseases.
- Primary and specialty care services would be co-located in community-based mental health settings

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RFA Announcement: “Grants for Primary and Behavioral Health Care Integration”

- Purpose: to improve the physical health status of people with serious mental illnesses (SMI) by supporting communities to coordinate and integrate primary care services into publicly funded community mental health and other community-based behavioral health settings.
- Desired Outcome: for grantees to enter into partnerships to develop or expand their offering of primary healthcare services for people with SMI, resulting in improved health status.



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Cohort I Awards!!!

- AZ: CODAC Behavioral Health Services, Inc.
- CA: Mental Health Systems, Inc.
- CO: Mental Health Center of Denver
- CT: Bridges...A Community Support System
- IL: Human Service Center
- KY: Pennyroyal Regional MH-MR Board
- NH: Community Council of Nashua
- NJ: Care Plus NJ
- NY: VIP Community Services
- OH: Center for Families and Children
- OH: Shawnee Mental Health Center
- OH: Southeast, Inc.
- OK: Central Oklahoma Community Mental Health Center



Evaluation Planning and Implementation

- Outcomes evaluation: Does the integration of PC and BH care lead to improvements in the mental and physical health of persons with SMI and/or SUD served?
- Process evaluation: Is it possible to integrate the services provided by PC providers and community-based BH agencies?
- Model evaluation: Which models and/or respective model features of integrated care lead to better PH and BH outcomes?





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RFA Announcement: “Training and Technical Assistance Center for Primary and Behavioral Health Care Integration”

- 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.
- Goal: promote integrated primary and behavioral health care services across the health care delivery system

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Cohorts II and III

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- ii. **CA**: Alameda County Behavioral Health Care Services; **IN**: Centerstone of Indiana; **IN**: Regional Mental Health Center; **NY**: ICD – International Center for the Disabled; **OR**: Native American Rehabilitation Association; **PA**: Milestone Centers; **RI**: The Providence Center; **TX**: Lubbock Regional MH & MR Center; **TX**: Montrose Counseling Center)
- iii. **AK**: Alaska Island Community Services; **CA**: Asian Community Mental Health Services; **CA**: Glenn County Health Services Agency; **CA**: San Mateo County Health System; **CA**: Tarzana Treatment Centers, Inc.; **CT**: Community Mental Health Affiliates; **FL**: Apalachee Center, Inc.; **FL**: Coastal Behavioral Healthcare; **FL**: Community Rehabilitation Center; **FL**: Lakeside Behavioral Healthcare; **FL**: Lifestream Behavioral Center; **FL**: Miami Behavioral Health Center; **GA**: Cobb/Douglas Community Services Board; **IL**: Heritage Behavioral Health Center; **IL**: Trilogy, Inc.; **IN**: Adult and Child Mental Health Center; **MA**: Community Healthlink, Inc.; **MD**: Family Services, Inc.; **ME**: Community Health and Counseling Service; **MI**: Washtenaw Community Health Organization; **NJ**: Catholic Charities, Diocese of Trenton; **NY**: Bronx-Lebanon Hospital Center; **NY**: Fordham-Tremont Community Mental Health Center; **NY**: Postgraduate Center for Mental Health; **OH**: Greater Cincinnati Behavioral Health Services; **OK**: NorthCare; **PA**: Horizon House; **RI**: Kent Center for Human and Organizational Development; **SC**: State Department of Mental Health; **TX**: Austin-Travis County Integral Care; **UT**: Weber Human Services; **WA**: Asian Counseling and Referrals Services; **WA**: Downtown Emergency Service Center; **WV**: Prester Center for Mental Health Services

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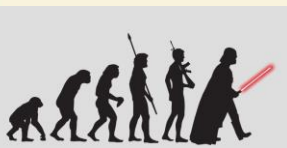
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47 PBHCI HIT supplements**1 CIHS HIT supplement**

Cohort IV (AK: Southcentral Foundation; **CA:** Catholic Charities of Santa Clara County; **CA:** San Francisco Department of Public Health; **IN:** Health & Hospital Corporation of Marion County; **LA:** Capital Area Human Services District; **OH:** Community Support Services; **VA:** Norfolk Community Services Board; **WA:** Navos)

**RFA Announcement: “Primary and Behavioral Health Care Integration ”**

- **Purpose:** to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based mental and behavioral health settings
- **Goal:** to improve 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
- **Objective:** to support the triple aim of improving the health of those with SMI; enhancing the consumer’s experience of care (including quality, access, and reliability); and reducing/ controlling the per capita cost of care.



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Cohort V

CA: Didi Hirsch Community Mental Health Center; **CA:** Monterey County Health Department; **CA:** Native American Health Center, Inc.; **CO:** Aspenpointe Health Services; **CO:** Aurora Comprehensive Community Mental Health Center; **CO:** Jefferson Center for Mental Health; **CT:** Connecticut State Department of Mental Health/Addiction Services; **FL:** Henderson Behavioral Health, Inc.; **GA:** Highland Rivers Community Service Board; **GA:** New Horizons Community Service Board; **IL:** Dupage County Health Department; **IL:** Wellspring Resources; **MA:** Behavioral Health Network, Inc.; **MA:** Center for Human Development, Inc.; **MA:** Stanley Street Treatment and Resources; **ME:** Community Health and Counseling Service; **NC:** Coastal Horizons Center, Inc.; **NE:** Community Alliance Rehabilitation Services; **NJ:** Atlanticare Behavioral Health; **NY:** Institute for Community Living, Inc.; **NY:** New York Psychotherapy/ Counseling Center; **NY:** Lincoln Medical Center and Mental Health Center; **OH:** Firelands Regional Medical Center; **OH:** Zepf Center; **OK:** Family and Children's Service, Inc.; **OR:** Cascadia Behavioral Healthcare, Inc.; **TN:** Centerstone of Tennessee, Inc.; **VA:** Arlington County Community Services Board; **WV:** FMRS Health Systems, Inc.

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Cohort VI

GA: Dekalb Community Service Board
IN: Porter-Starke Services, Inc.
IN: Community Health Network Foundation
NJ: Bridgeway Rehabilitation Services, Inc.
OK: Grand Lake Mental Health Center
RI: The Providence Center
VA: Richmond Behavioral Health Authority

and over 40,000 clients enrolled since 2009.

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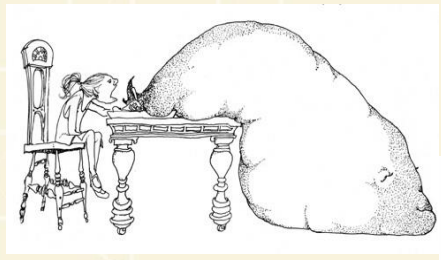


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The story of Melinda Mae...



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Overview of PBHCI

- **Purpose:** to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care services in community-based mental and behavioral health settings.
- **Goal:** to improve 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
- **Objective:** to support the triple aim of improving the health of those with SMI; enhancing the consumer's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

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Overview of PBHCI (cont.)

Core Requirements

- Provide, by qualified primary care professionals, onsite primary care services
- Provide, by qualified specialty care professionals or other coordinators of care, medically necessary referrals

Must serve as a client's health home where grantees provide the following services:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support, which includes authorized representatives
- Referral to community and social support services, including appropriate follow-up

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Other Areas of Emphasis

- **HIT:** Grantees must achieve Meaningful Use Standards, as defined by CMS, by the end of the grant period;
- **Prevention & Health Promotion:** Wellness programs (e.g., tobacco cessation, nutrition consultation, health education and literacy, self-help/management programs) should be available as preventive interventions that involve preventive screening and assessment tools, *incorporating recovery principles and peer leadership and support*
- **Sustainability:** Grantees must submit a sustainability plan in Year 2 of their grant, detailing how expanded Medicaid eligibility, available CMS/3rd party billing, and other strategies will be utilized to sustain services post-grant.

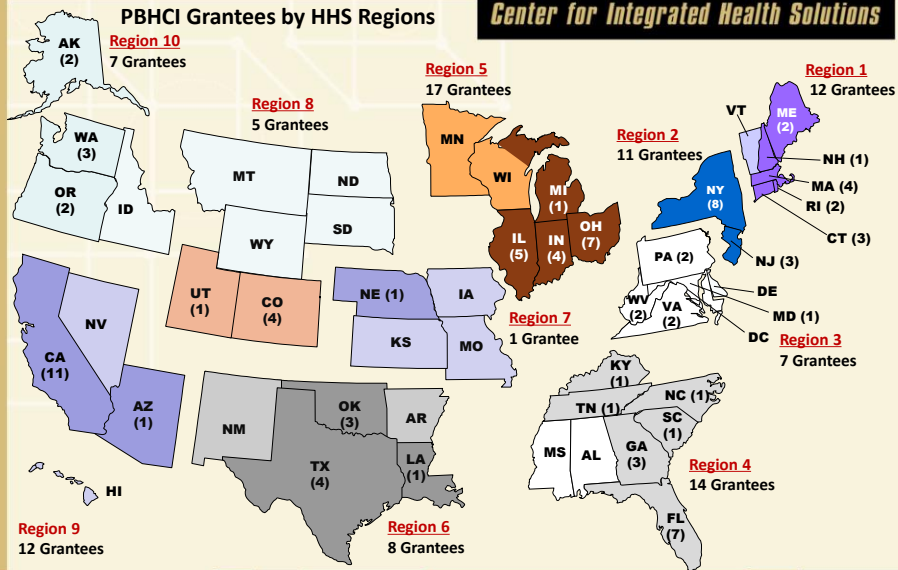
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PBHCI Grantees by HHS Regions



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PBHCI Key Personnel

- **Government Project Officer (GPO)**
- **Grants Management Representative**
- **TRAC Help Desk**
- **CIHS Regional Liaison**
- **CIHS Regional Coordinator**

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Government Project Officer's Role

The Government Project Officer (GPO) is responsible for the programmatic, and/or technical aspects of assigned grants. The GPO works in partnership with the Grants Management Specialist (GMS) throughout the duration of the grant cycle.



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What is *Your* GPO's Role?

- Review and discuss your quarterly reports
- Review and discuss your TRAC data
- Approve all program changes (including budget, scope, and Project Director)
- Field training and TA requests
- Support you in achieving your program goals!

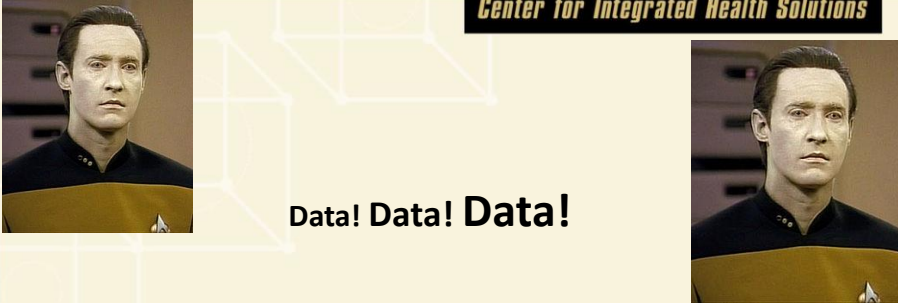
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Grants Management's Role

- Partners with **SAMHSA Government Project Officers**
- Responsible for business management matters:
 - Award Negotiations
 - Official Signatory for Obligation of Federal Funds
 - Official Signatory for Prior Approvals
 - Monitor fiscal/compliance issues
 - Close-out of the grant




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Data! Data! Data!

Goal: PBHCI grantees will use their qualitative and quantitative data towards continuous quality improvement, both at the client and programmatic level



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Required Data

- Quarterly Reports--GPO
- National Outcome Measures (NOMs)--TRAC
- Infrastructure, Prevention, and Promotion Indicators (IPP)--TRAC
- Section H Health Indicators—TRAC

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All PBHCI Section H 10-11-12.pdf - Adobe Reader

File Edit View Window Help

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Tools Sign Comment

Services Outcome Measures (PBHCI only)

Program(s): PBHCI
Grant(s): All Available Grants

Selected Period: All FFY Combined, FFY Quarter: All, Selected Interviews: From Baseline to Most Recent Interview,
Grant Status: Active grants only, Data Collection Status: Assessments conducted in window only
Data entered as of: October 11, 2012 7:08 AM EDT

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved	No Longer At-risk	Outcome Remained At-risk
Blood Pressure - Systolic	5555	37.8 %	35.9 %	17.7 %	16.0 %	21.8 %
Blood Pressure - Diastolic	5553	30.4 %	27.5 %	10.2 %	15.5 %	14.9 %
Blood Pressure - Combined	5553	45.0 %	43.2 %	18.7 %	17.0 %	28.0 %
BMI	5223	79.0 %	78.6 %	45.9 %	4.9 %	74.1 %
Waist Circumference	2536	64.9 %	62.9 %	41.0 %	6.9 %	58.0 %
Breath CO	821	44.6 %	40.9 %	30.3 %	10.6 %	34.0 %
Plasma Glucose (fasting)	1116	38.4 %	38.9 %	34.6 %	9.9 %	28.5 %
HgbA1c	902	60.3 %	55.2 %	35.1 %	8.6 %	51.7 %
HDL Cholesterol	2002	32.1 %	32.9 %	33.1 %	6.5 %	25.5 %
LDL Cholesterol	1854	27.7 %	24.5 %	38.7 %	10.8 %	16.9 %
Tri-glycerides	2005	42.3 %	41.6 %	36.0 %	10.3 %	32.0 %

Notes:

1. This report is updated once every 24 hours, and includes all data entered as of the time it was last updated. Check the date and time at the top of this report to see when it was last updated.
2. Note, only selected programs/grants that have Outcome Measure's data will be displayed.
3. The number of valid cases for the perception of care domain applies to data collected at reassessment only.

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What is TRAC?

TRAC is web-based, centralized data platform that allows CMHS to measure program and grantee performance

- Grantees:
 - Enter their goals, budget, & performance data
 - Monitor progress towards goals
- CMHS:
 - Monitors progress towards goals
 - Measures include client level outcomes, indicators regarding infrastructure development, mental health promotion, and prevention activities, and satisfaction with technical assistance services.

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TRAC Data Collection Models

- Annual Goals and Budget Information
- NOMs Client-level Measures for Discretionary Programs Providing Direct Treatment Services (Services Activities)
- Infrastructure Development, Prevention & Mental Health Promotion (IPP)
- Technical Assistance (TA) Survey

NOMs Client-level Measures for Programs Providing Direct Treatment Services (Services Activities) Module

- Services Activities data is collected via the Client-level Measures (Services) tool
- Data is collected on all consumers that receive services
- All Services Activities data will be entered directly into the TRAC system

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Transformation Accountability (TRAC)

- Maintained by SAMHSA contractor, Westat
- Grantees enter into TRAC:
 - Infrastructure Development, Prevention & Mental Health Promotion (IPP) Indicators
 - National Outcome Measures (NOMs)
- Data cannot be uploaded into TRAC; data must be entered by hand
- Data can be downloaded from TRAC

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CMHS TRAC NOMs Indicator Domains

- Demographics Functioning
- Stability in housing
- Education & Employment
- Criminal justice status
- Perception of Care
- Social Connectedness
- Services Received
- Status at Reassessment
- Clinical Discharge

Physical Healthcare “H” Indicators are Part of NOMs

Mechanical

At Intake collected at 3 months--reported every 6 months:

- Height (cm)
- Weight (kg)
- Blood pressure
- Waist circumference (cm)
- Breath CO

Blood Labs

At Least Annually:

- Glucose or HgBA1c
- Successful 8h fast for glucose?
- Triglycerides
- LDL & HDL Cholesterol

Remember!

H indicator data must be entered into both TRAC and your own registry or data collection system so that you can meet the grant requirement to:

“...collect and report on data that permits an evaluation of increased coordination of care....on the individual level ...and quality of care outcomes at the population level.”

Remember!

Use data to:

- Support Continuous Quality Improvement.
- Monitor client/program progress.
- Target interventions to specific sub-groups of clients.
- Provide meaningful feedback to providers, clients and partners.

Also:

- The biggest threat to evaluation efforts may be missing data.
- Requires an ongoing monitoring of data to ensure that information is being collected and clients are receiving needed clinical care.
- Can be accomplished in many ways, e.g., an Access database and related queries/reports.

CMHS TRAC H Indicator FAQs

When should blood labs be drawn?

- At enrollment and annually thereafter
- Ideally, blood draws will occur ~at the same times as the NOMs interview

When should mechanical indicators be assessed?

- Quarterly (per contract w/ SAMHSA)
- Enter into TRAC biannually

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CMHS TRAC H Indicator FAQs

How is this data going to be used by SAMHSA?

- The data comprises part of the GPRA report to Congress. SAMHSA is also using these data to see if IH services impact these health indicators.

What is Breath Carbon Monoxide (CO)?

- CO values are obtained using a breathalyzer device that the consumer blows into. Breath CO measurement is able to indicate if a person has smoked & is a useful tool for working w/ consumers on smoking cessation.

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2012-2013

SAMHSA's Behavioral Health Disparities Impact Statements

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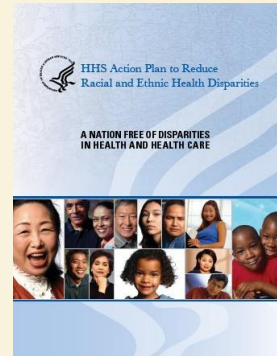
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HHS Secretary Priority #1

- Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:
- Program grantees will be required to submit health disparity impact statements as part of their grant applications.



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Disparity Defined

- SAMHSA is using the Healthy People 2020 definition to guide the DIS work:
 - A health disparity is a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”
 - Focus on disparities in access, use, and outcomes.

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Changes to the RFA

- **Statement of Need:**
“Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.”
- **Implementation:**
“Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.” (including subpopulations as described in Section A.)

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Changes to the RFA cont.

- **Performance Assessment & Data:**
 - *“Describe the data driven process by which changes in sub-population disparities, if any, in access/use/outcomes of your provided services will be tracked and assessed.”*
 - *“Describe how data will be used to manage the project and assure continuous quality improvement, including consideration, if any, of access/use/outcomes disparities of identified sup-populations.”*
- **Appendix:**
 - *One-pager description of DIS, QI and CLAS Standards.*

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Data to be Tracked at Grantee Level

- Disparities across racial/ethnic populations/LGBT in the grantee in terms of:
 - **Access** (# enrolled in grant program; grantees required to project # served in total and #specific to racial/ethnic/LGBT populations as percentage of their service catchment area)
 - **Use** (# services used)
 - **Outcomes** (# retained; performance on outcome measures disaggregated by race/ethnicity/LGBT)

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What is CIHS' role?

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About the Center

In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), CIHS' goal is to promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, 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
- To 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

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CIHS

- Target Populations
 - SAMHSA Primary & Behavioral Health Care Integration (PBHCI) Grantees
 - HRSA Grantees
 - General Public
- Services
 - Training and Technical Assistance
 - Knowledge Development
 - Prevention and Health Promotion/Wellness
 - Workforce Development
 - Patient Protection and Accountable Care Act Monitoring and Updates

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CIHS Services

Individual Technical Assistance:

- Phone and video consultations, e-mail, site visits
- Medicaid Health Home Consultation to States

Group Learning Experiences:

- Regional and State Based Learning Communities
- Trainings and Presentations
- National Webinars

Tools:

- Web-based Resources (Interim Billing Worksheets)
- White Papers and Factsheets (Medicaid Health Homes)
- eSolutions Newsletter – trends and new resources
- Training Curricula


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Building the Integrated Health Workforce



Producing and implementing integrated health education curriculum and resources for

- **Social Workers**' Standard of Practice and Field Placement
- **Psychiatrists** Working in Primary Care
- **Consumers** Serving as Peer Educators
- **Case Managers** as Health Navigators
- **Addiction Professionals** Working in Primary Care
- **Primary Care Physicians** Working in Behavioral Health Settings
- **Care Management** in Primary Care for current Behavioral Health Workforce
- **Mental Health First Aid** in Rural Community Health Centers





PBHCI Learning Communities



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What is a Learning Community?

- A group of organizations committed to improving services related to a specific area of quality.
- Members communicate regularly to share their experiences and to learn from each other.
- A team under the CIHS provides guidance and support to members of the learning community.



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Why is a Learning Community Important?

- Builds on the collective knowledge and real world experiences of grantees
- Social networking and shared learning encounters are activating
- Efficient and effective method to support widespread practice improvement
- Ensures that the common and unique concerns, challenges and needs of grantees are addressed

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How is the PBHCI Learning Community Organized?

- 96 grantees are organized into 5 regional Learning Communities
- Each grantee identifies a core implementation team who interface most closely with their fellow teams in the Learning Community
- Each Learning Community has a Regional Resource Team consisting of a SAMHSA GPO, CIHS liaison, and CIHS Coordinator

Learning Community Activities

Face-to-face meetings

- **Regional Meetings**
 - Two to three meetings within the Learning Community region
 - Designed to offer grantees opportunities to present on successful efforts, discuss challenge areas and learn from the experiences of other grantees addressing the same challenges
- **All-grantee Meeting** – Grant Requirement
 - 3-Day Meeting – networking, strategic ideas, new strategies (Summer 2014)
- **Individual Site Visits**
 - Select number of grantees based on need and expressed interest

Learning Communities Activities (cont.):

Grantee Calls (SAMHSA and CIHS)

- -Review quarterly reports
- -Identify and reinforce work plan progress
- -Discussion of high priority concerns of the grantee
 - Offer assistance directly during the call
 - Consult with CIHS to explore helpful resources
- **Individual Technical Assistance**
 - -Phone/video consultation with access to content expertise. Initiated by grantees and/or GPO to address specific concerns and needs
- **Group calls**
- **Ad hoc** regional or group technical assistance

Learning Community Activities (cont.)

Web-Based Communication

PBHCI Only Listserv

- Quick access to tips and advice from fellow grantees
- Important SAMHSA announcements

PBHCI Webinars

- Quarterly topic specific webinars (60-90 minutes) coordinated through the CIHS and focus on topics of interest to grantees
- Issue Specific Series – Tobacco Cessation, H Indicators
- Quarterly Evaluator Calls/Webinars

Weekly Email Updates

- Important PBHCI updates
- New resources

PBHCI Website

- Learning Community materials
- Webinar archives

Archived PBHCI Grantee Webinars

- Tobacco Cessation
- Making HIT Decisions
- Clinical Workflows 101 and 201
- Introduction to Billing and Reimbursement of Integrated Health Services
PBHCI Grantee Client Reassessment
- Meeting the Challenge: Engagement for Whole Health and Wellness
- From Engagement to Commitment: The Role of Leadership / Managing Change
- PBHCI Project Sustainability
- FQHC Billing
- Team Approaches to Care Coordination
- Implementing Collaborative Documentation, Making it Happen!
- Billing Primary Care When You Are a Behavioral Health Center
- Billing Behavioral Health Services – A Primer for FHQC/Medical Staff
- The State of Dental Care
- Pain Management

Clinical	Behavioral Health Co-Occurring MH & SUD Motivational Interviewing Trauma	Best Practices Health Behavior Change Pain Management	Care Coordination Medical & BH Screening Tools Primary Care	Clinical Guidelines Mental Health Telemedicine
Consumer Engagement	Community Educators Peer Support Specialist	Consumer Inclusion Recovery	Family Inclusion Shared Decision Making	Peer Educator Wellness Coaches
Finance	Billing Tools Self-Pay	Medicaid State Specific Models	Medicare Sustainability	Private Payers Uninsured
Health IT	Data Sharing Meaningful Use	EHRs Patient Registries	Interoperability with Primary Care Partners Workflow	
Integrated Care Models	Behavioral Health in the Primary Care Setting Primary Care in a Behavioral Health Setting	Bi-Directional Healthcare Integration Review of Different Models	Choosing a Model	Person-Centered Healthcare Homes
Operations	Access and Retention Medical Space Guidelines	Confidentiality Organizational Change	Contracts/MOUs Policies & Procedures	FQHC Scope of Work Change Workflow
Performance Measurement	Assessment	Data Collection	Data Management	Quality Improvement
Policy	Affordable Care Act	Federal Policy	State Policy	
Special Populations	Children/Adolescents Older Adults	Cultural Competency Racial/Ethnic Populations	Homeless Rural Communities	Military/Veterans Uninsured
Substance Use	Medication-Assisted Treatment	SBIRT	Substance Use Prevention	Substance Use Treatment
Wellness, Peer Support & Resiliency	Cognitive Skills to Avoid Negative Thinking Physical Activity Tobacco Cessation Whole Health Action Management Training (WHAM)	Diabetes Management Restful Sleep Weight Management	Healthy Eating Service to Others Wellness Informed Care	Health Risk Screening Stress Management Whole Health Self-Management
Workforce & Training	Behavioral Health Staff in Primary Care National Health Service Corps	Case-to-Care Navigator Training Primary Care Staff in Behavioral Health	Continuing Education Staff Retention	Graduate Education State Licensure Requirements

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Recorded Academy for New Grantees

1. Overview of PBHCI, SAMHSA and CIHS
2. Project Management & Partnerships with Primary Care & Space Design
3. Engaging Consumers and Developing Workflows
4. Peers in Health Education
5. Effective Wellness Programs
6. Collecting Data to Improve Health and Meet Grant Requirements
7. Sustainability Strategies
8. The Role of Leadership

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QUESTIONS???

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