

# Behavioral Health is Essential To Health

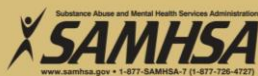
Prevention Works



Treatment is Effective



People Recover



# Primary and Behavioral Health Care Integration

## *2013 Grantee Meeting*



September 23, 2013  
Trina Dutta, MPP, MPH



## History of PBHCI in 180 seconds

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## Early 2009

- 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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## Mid 2009

- **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.**
- **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.**



## Late 2009

### 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



## Early 2010

### Evaluation Planning and Implementation

1. **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?
2. **Process evaluation:** Is it possible to integrate the services provided by PC providers and community-based BH agencies?
3. **Model evaluation:** Which models and/or respective model features of integrated care lead to better PH and BH outcomes?




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## Mid 2010




- **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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## Late 2010

- **SAMHSA/HRSA Center for Integrated Health Solutions (National Council for Behavioral Health)**
  - **Cohort 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)
  - **Cohort 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: Astoria Counseling and Referral Services; WA: Downtown Emergency Service Center; WV: Preston Center for Mental Health Services)



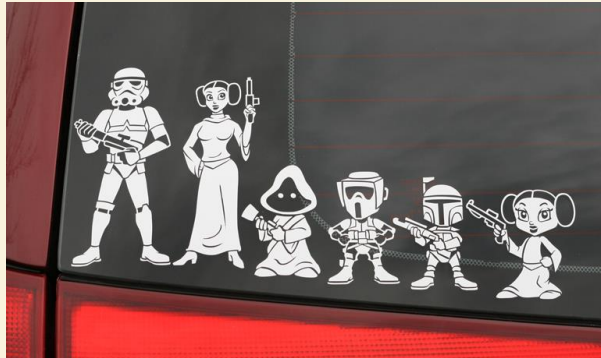

## Mid 2011

- **RFA Announcement: “Program Supplement to the Primary and Behavioral Health Care Integration Grants for Health Information Technology (HIT) Adoption in the Context of Integrated Care ”**
- **Purpose: to expand the use of interoperable electronic health records to increase the grantees’ abilities to quickly identify both the behavioral health and primary care needs of their patients**
- **Goal: to increase the use of interoperable, certified electronic health record systems so that Americans with behavioral health conditions can benefit from the advantages afforded by the existence of an integrated health record**

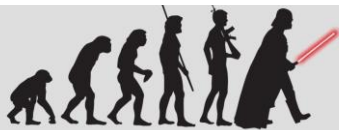


## Late 2011

- 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)



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## Mid 2012

- 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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## Late 2012

- 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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## Late 2013

- 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**



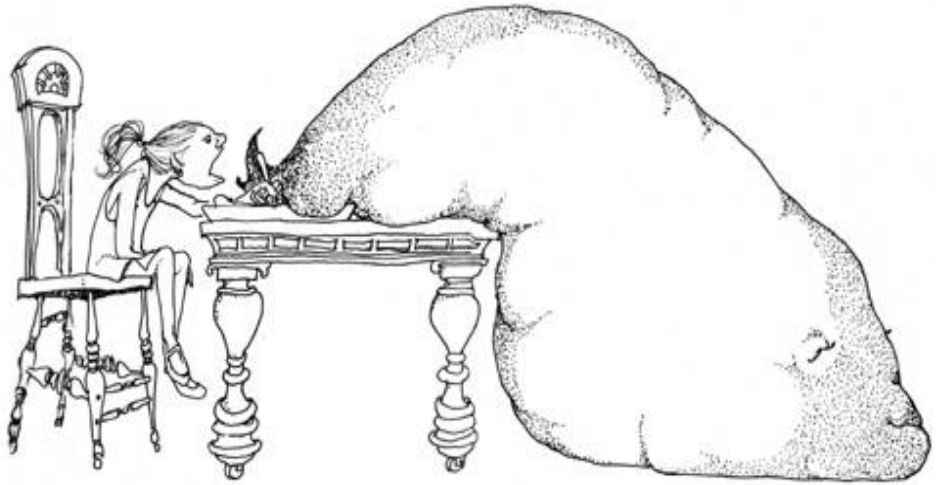
*And over 40,000 clients enrolled since 2009.*

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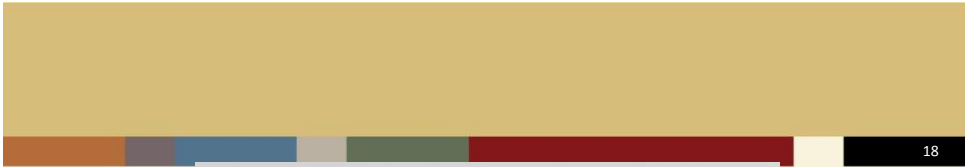




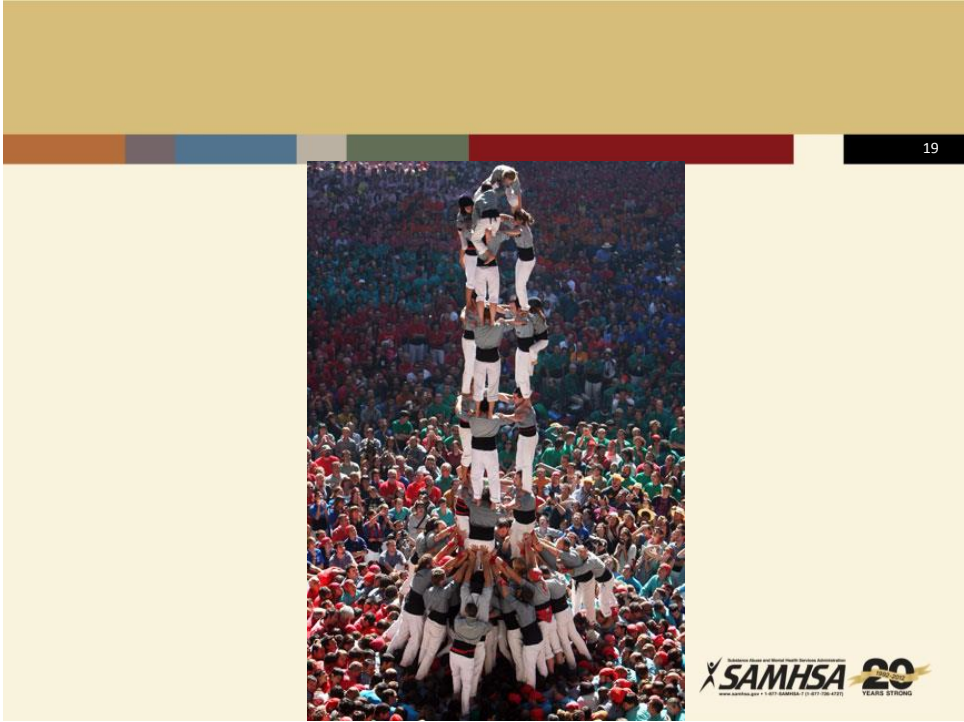
# The story of Melinda Mae...







**IHSA** 20  
ILLINOIS HIGH SCHOOL ASSOCIATION  
20 YEARS OF EXCELLENCE



Thanks for all you do, and enjoy the conference!

