SAMHSA-HRSA
CENTER for INTEGRATED HEALTH SOLUTIONS

SAMHSA PBHCI Cohort IX Kickoff Webinar

October 18, 2016

SAMHSA HRSA integration.samhsa.gov

Got Questions?

Please type your questions into the question box and we will address them.

SAMHSA HRSA integration.samhsa.gov

Agenda

- Introduction to PBHCI Key Personnel
- Overview of PBHCI – **RFA SM-15-005**
- Grants Management
- Data Collection and Monitoring
- Resources from the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

SAMHSA

Introduction PBHCI Team

- Government Project Officer (GPO)
- CIHS Regional Liaison
- CIHS Regional Coordinator
- Grants Management Specialist (GMS)
- TRAC & SPARS Help Desk

SAMHSA

What is your GPO's Role?

- Federal representative responsible for overall grant monitoring and grantee compliance to the requirements of the grant award
- Approve all program changes (including budget, project scope, and Project Director & key personnel)
- Review and discuss your quarterly reports
- Review and discuss your GPRA/NOMS data
- Field training and TA requests
- Support you in achieving your program goals!

SAMHSA

What is the role of the CIHS Support Team?

- **CIHS Regional Liaison:**
  - Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more.
- **CIHS Regional Coordinator:**
  - Works with CIHS liaison to coordinate technical assistance.

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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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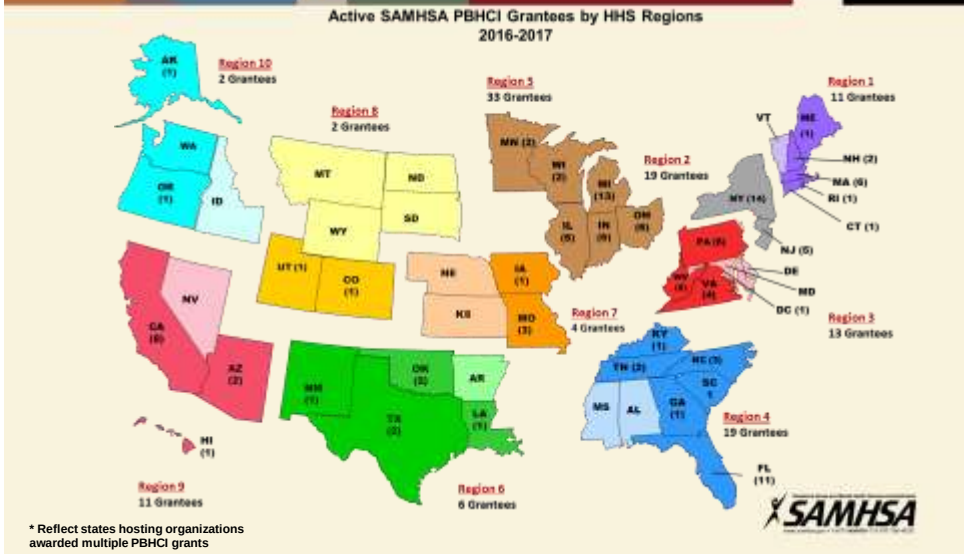
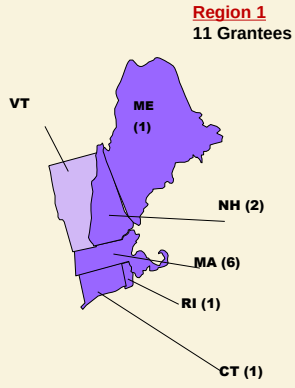
Active SAMHSA PBHCI Grantees by HHS Regions



* Reflect states hosting organizations awarded multiple PBHCI grants

Northeast PBHCI Regional Cluster



SAMHSA Grant Project Officers:

- Joy Mobley (Region 1)
  Joy.Mobley@samhsa.hhs.gov

CIHS Liaison:

- *Aaron Williams (MA, ME)*
  AaronW@thenationalcouncil.org
- *Linda Ligenza (CT, NH, RI)*
  LindaL@thenationalcouncil.org

Coordinator:

- Emma Green
  EmmaG@thenationalcouncil.org

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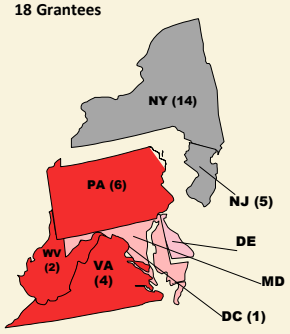
Mid-Atlantic PBHCI Regional Cluster

Region 2
18 Grantees



Region 3
13 Grantees

SAMHSA Grant Project Officers:
- Tenly Biggs (Region 2)
  Tenly.Biggs@samhsa.hhs.gov
- Fola Kayode (Region 3)
  Fola.Kayode@samsha.hhs.gov

CIHS Liaisons:
- Kristin Potterbusch (Region 2)
  KristinP@thenationalcouncil.org
- Brie Reimann (Region 3)
  BrieR@thenationalcouncil.org

CIHS Coordinator:
- Emma Green
  EmmaG@thenationalcouncil.org

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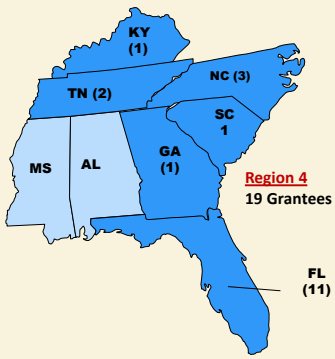
Southeast PBHCI Regional Cluster



Region 4
19 Grantees

SAMHSA Grant Project Officer:
- Marian Scheinholtz
  Marian.Scheinholtz@samhsa.hhs.gov

CIHS Liaison:
- Kathy Dettling
  KathyD@thenationalcouncil.org

CIHS Coordinator:
- Madhana Pandian
  MadhanaP@thenationalcouncil.org

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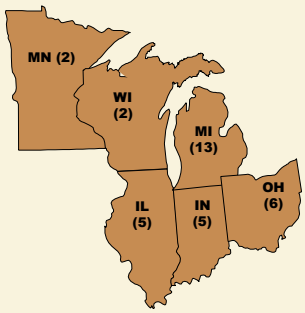
Midwest PBHCI Regional Cluster

Region 5
33 Grantees



SAMHSA Grant Project Officer:
- Roxanne Castaneda
  Roxanne.Castaneda@samhsa.hhs.gov

CIHS Liaison:
- Jeff Capobianco
  JeffC@thenationalcouncil.org

CIHS Coordinator:
- Emma Smith
  EmmaS@thenationalcouncil.org

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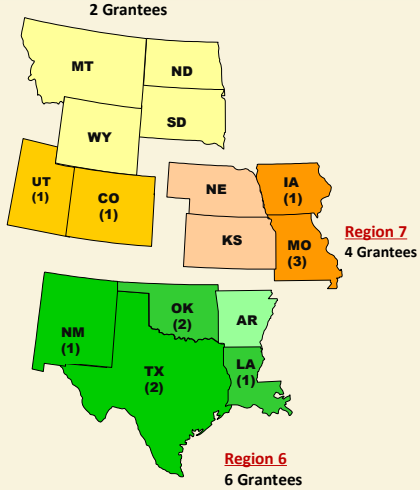
Central PBHCI Regional Cluster

Region 8
2 Grantees



Region 7
4 Grantees

Region 6
6 Grantees

SAMHSA Grant Project Officers:
- Joy Mobley (Regions 6 and 7)
  Joy.Mobley@samhsa.hhs.gov
- Fola Kayode (Region 8)
  Fola.Kayode@samsha.hhs.gov

CIHS Liaison:
- Linda Ligenza
  LindaL@thenationalcouncil.org

CIHS Coordinator:
- Roara Michael
  RoaraM@thenationalcouncil.org

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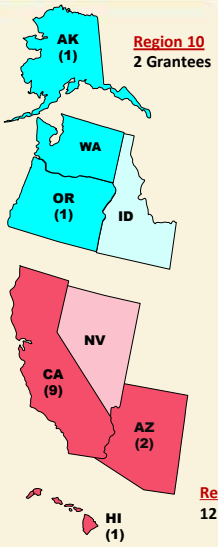
Western PBHCI Regional Cluster



Region 10
2 Grantees

Region 9
12 Grantees

SAMHSA Grant Project Officers:
- Roxanne Castaneda
  Roxanne.Castaneda@samhsa.hhs.gov

CIHS Liaison:
- Aaron Williams
  AaronW@thenationalcouncil.org

Coordinator:
- Roara Michael
  RoaraM@thenationalcouncil.org

SAMHSA

Overview of PBHCI

"As soon as your dentist gets here, we'll begin."

Overview of PBHCI Requirements

Establish PBHCI Coordination Teams, which at minimum includes:

- Chief Executive Officer
- Chief Financial Officer
- Chief Medical Director
- Primary Care Lead
- PBHCI Project Director
- PBHCI consumer (must comprise half of entity)

Integration treatment team (at minimum includes):

- Primary care provider (e.g., doctor, nurse practitioner, physician assistant, medical assistant, etc.)
- Nurse care coordinator
- Integrated care manager
- Peer wellness coach
- Co-occurring substance use disorder counselor
- Other: pharmacist, nutritionist/dietician, dentist, occupational therapist)

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Overview of PBHCI Requirements

Core Requirements

- Provide, by qualified primary care professionals, on-site primary care services
- Provide, by qualified specialty care professionals or other coordinators of care, medically necessary referrals
- At least 3 Memorandums of Understanding (MOU)/Letters of Commitment (LOC) with distinct primary care providers delivering services to the applicant's service population. Must address:
  - Data sharing protocols, connection with care coordination activities, relation to the integrated treatment team and associated planning, including the providers' operations.

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Overview of PBHCI Requirements

Behavioral Health Disparities Impact Statement – 60 days

- The number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities
- A quality improvement plan for the use of 9 program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities
- Methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

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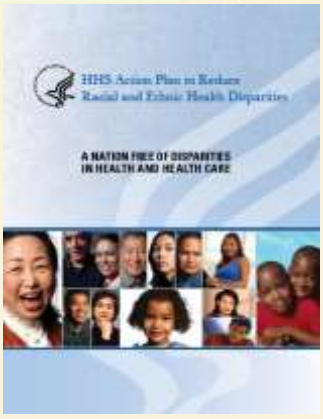
HHS Secretarial Priority #1

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 application*



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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 racial, ethnic and sexual orientation disparities in access, use, and outcomes.

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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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Special Condition of Award

By November 30, 2016, you must:

- Submit an electronic copy of the Disparity Impact Statement to your GPO and GMS.
- *The 3 components that must be included in your DIS are:*
  - 1) Proposed number of individuals to be served by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
  - 2) A quality improvement plan for how you will use your program (GPRA) data on access, use, and outcomes to monitor and manage program outcomes by race, ethnicity, and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the unidentified sub-populations.

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Special Condition of Award

- 3) The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
  - a. Diverse cultural health beliefs and practices;
  - b. Preferred languages; and
  - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region

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Overview of PBHCI Requirements

Needs Assessment – 60 days and annually thereafter

- Behavioral Health Integration Capacity Assessment (BHICA)
- Integrated Practice Assessment Tool (IPAT)
  - At a minimum, have basic collaboration onsite (Level 3) with the goal of full collaboration in a transformed/merged integrated practice (Level 6) by the fourth year of the grant program.

Start-Up

- Service delivery should begin by the 4th month of the project at the latest (February 1, 2017)
- Primary care services must be available 5 days per week by year 2)

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Overview of PBHCI Grant Requirements

Sustainability:

- Grantees must submit a sustainability plan in the beginning of 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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Overview of PBHCI Requirements

Prevention and wellness

- Grantees are expected to implement *evidence-based tobacco cessation and nutrition/exercise interventions*, in addition to other health promotion programs (e.g. wellness consultation, health education and literacy, self-help/ management programs). These programs should *incorporate recovery principles and peer leadership and support,* and must be included in the integrated person-centered care plan.
- Encouraged to set annual targets for reduction in "past 30 days" self-reported tobacco use
- Encouraged to provide a tobacco-free workplace
- Grantees must implement tobacco cessation and nutrition/exercise interventions, in addition to other health promotion programs (e.g., wellness consultation, health education and literacy, self help/management programs).

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Overview of PBHCI Grant Requirements

Should choose at least one EBP from each of the following:

- **Tobacco (Required)**
  - DIMENSIONS Tobacco Free Program (formerly Peer-to-Peer Tobacco Dependence), Learning About Healthy Living, Intensive Tobacco Dependence Intervention for People with SMI
- **Nutrition/Exercise (Required)**
  - NEW-R, DART, Solutions for Wellness, Weight Watchers, InSHAPE, Stoplight Diet, ACHIEVE
- **Chronic Disease Self-Management (Optional)**
  - WHAM, HARP
- **Million Hearts Campaign**
  - CDC protocols (there are 4, must select 1)

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Overview of PBHCI Grant Requirements

- Screen and assess consumers for the presence of co-occurring mental and substance use disorders.
- Incorporate recovery principles and peer leadership and support.
- Consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate

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Overview of PBHCI Grant Requirements

Population Health Management

- Use EHR to generate condition-specific reports to use for CQI, reduction of disparities, research & outreach.
- Must use tools to target specific interventions to appropriate populations.
- Implement protocols for sharing client-level data across BH & PC systems.

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Overview PBHCI Grant Requirements

Language of Recovery

- Grantees are expected to incorporate SAMHSA's working definition of recovery as an underlying theme for all PBHCI efforts

"a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential"

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Other Areas of Emphasis

- **Health HHS/CMS Million Hearts Initiative ™:**
- Supports cardiovascular disease prevention activities across the public and private sectors to prevent 1 million heart attacks and strokes by 2017. The targeted focus is on the "ABCS" – aspirin for people at risk, blood pressure control, cholesterol management and smoking cessation

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Million Health Campaign

- The PBHCI grant program supports the goals of the Million Hearts™ Initiative in that people with behavioral health disorders are disproportionally impacted by many chronic primary care health conditions, including heart disease and hypertension.
- As part of the HHS' initiative to prevent 1 million heart attacks and strokes by 2017, the Million Hearts Campaign has issued treatment protocols.
- Grantees will be expected to use one of the four protocols recommended by the CDC, which are listed on the next slide

SAMHSA

Treatment Protocols

1. National Heart, Lung and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - Complete Report.* National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004. (http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7/)

2. Elements Associated with Effective Adoption and Use of a Protocol Insights from Key Stakeholder.

(http://millionhearts.hhs.gov/resources/protocols.html)

3. An Effective Approach to High Blood Pressure Control A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control

http://www.sciencedirect.com/science/article/pii/S0735109713060774)

4. Protocol-Based Treatment of Hypertension : A Critical Step on the Pathway to Progress; *JAMA January 1, 2014 Volume 311, Number 1*

(http://jama.jamanetwork.com/journal.aspx)

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Overview of PBHCI Grant Requirements

- **Health Home Services Categories**
  - Care coordination
  - 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 service, including appropriate follow-up

- **Health Information Technology**
  - Submit at least 40% of prescriptions electronically
  - Receive structured lab results electronically
  - Share a standard continuity of care record between BH providers and physical health providers; and
  - Participate in the regional extension center program

Updates/Considerations

- Since publication of RFA SM-15-005, one of the four listed evidence based tobacco cessation programs has changed names.
- HARP evidence based program is not readily available
- See RFA, page 15, 1a.
  - The program previously called “Peer-to-Peer Tobacco Dependence Recovery Program” is now call the “DIMENSIONS Tobacco Free Program”
  - Website: http://www.bhwellness.org/programs/tobaccofree/

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Key Dates

Reports	Send To	Completion Date
Behavioral Health Disparities Impact Statement	Grants Management Specialist (GMS) and Government Project Officer (GPO)	November 30, 2016
BHICA	CIHS	November 30, 2016
IPAT	CIHS	November 30, 2016
Service Delivery Begins		February 1, 2017
Select one CDC protocol	Grants Management Specialist (GMS) and Government Project Officer (GPO)	February 1, 2017
Sustainability Plan	Grants Management Specialist (GMS) and Government Project Officer (GPO)	November 30, 2017

Questions and Answers

SAMHSA

What is Grants Management's Role?

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TOPICS

- **Partners**
- **Roles (GPO, DGM, PMS)**
- **Actions Requiring Prior Approval**
- **Process for Requesting Prior Approval**
- **Reporting Requirements**
- **Annual Budget Constraints**
- **How to Apply For The Next 12 Months**
- **SAMHSA Grants Management website**

SAMHSA

GRANT NUMBER (SM#)

- Please note:
- Grant Number (i.e. SM012345-01) must be included on ALL correspondence (emails, letters, etc.) submitted to SAMHSA.
- Please include within SUBJECT line of every email.

SAMHSA

Contact Information – Signature Line

- In all email communications with SAMHSA, include the following:
  - Name
  - Position title
  - Organization name
  - Contact information (work phone number, address)

- It's important for us to know who is communicating on behalf of the recipient organization, therefore we require this minimum contact information.

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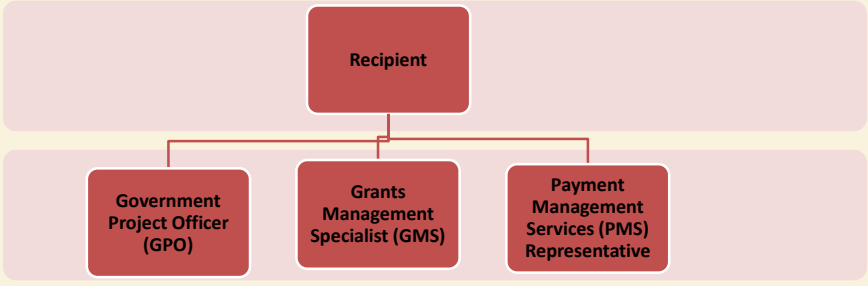
Partners



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Government Project Officer's Role

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

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Division of Grants Management/GMS Role

- Partners with **SAMHSA Government Project Officers**
- Responsible for business and financial 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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Payment Management Services' Role

Drawdown of Funds are made through another Federal office:

Payment Management Services(PMS)

Website Address: **www.dpm.psc.gov**

Please visit the "Contact Us" section on the above website to search for recipient's account representative based on organizational entity status.

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Actions Requiring Prior Approval

- **Key Staff changes:** Any replacement or substantial reduction in effort of the Program Director (PD) or other key staff; positions designated as key staff are defined in the Notice of Award (NoA).
- **Re-budgeting of funds**: Cumulative amount of transfers among direct/indirect cost categories exceeding **25%** of the total award amount or **$250,000**, whichever is less.
- **Transfer of Substantive Programmatic Work to a Contractor**
- **Carryover of Un-obligated Funds above 10%** of the total federal share of the current budget period.
- **Change in Scope**: i.e. reduction in services originally proposed, reduction in number of clients, etc.
- **No Cost Extension:** To permit an orderly phase-out of a project or program.

- http://www.samhsa.gov/grants/grants-management/post-award-changes

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Process for Requesting Prior Approval

- **Request should be submitted via email by Recipient to GMS/GPO:**
  - Address to Grants Management Specialist (GMS) and Government Project Officer (GPO)
  - Reference Grant Number **(e.g. SM-12345)**
  - Provide Programmatic and Budget Justification
  - Signed by both **Program Director** and **Business Official**
- Reviewed by Grants Management Specialist in consultation with Government Project Officer.
- **Approval will be official with a revised Notice of Award.**

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Reporting Requirements

REPORTS	RESPONSIBILITY	SENT TO
Quarterly Programmatic Progress Reports	Recipient Organization	**DGMProgressReports@samhsa.hhs.gov; PBHCI@samhsa.hhs.gov, and copy your Government Project Officer (GPO)**
Quarterly Federal Cash Transaction Report (FCTR) **http://www.dpm.psc.gov/grant_recipient/ffr_(fctr)_due_dates.aspx**	Recipient Organization	**Payment Management Services (PMS)** **- submitted online through recipient's PMS account**
Annual Federal Financial Report (SF-425 FFR)	Recipient Organization http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf	**Grants Management Specialist (GMS)** **– scanned signed copy may be emailed to GMS**

SAMHSA

Annual Budget Constraints

Project Period: 9/30/2016 – 9/29/2020

- YEAR 1 9/30/2016 - 9/29/2017
- YEAR 2 9/30/2017 - 9/29/2018
- YEAR 3 9/30/2018 - 9/29/2019
- YEAR 4 9/30/2019 – 9/29/2020

SAMHSA

How to apply for the next 12 months

a) Annually funded recipients:

- Submission of a non-competing continuation application via Grants.gov is required. Detailed instructions will be posted on the SAMHSA Continuation Grants website and will also be electronically mailed to the designated Business Official.

http://www.samhsa.gov/grants/continuation-grants

b) Multi-Year funded recipients:

- Refer to Multi-Year Special Condition of Award for detailed guidance (do not submit via Grants.gov).

- A Federal Financial Report (SF-425) must be submitted semi-annually to the Division of Grants Management (DGM) which reflects the federal, program income and match expenditures, if applicable.

- "b" only applies to Multi-Year funded recipients.

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SAMHSA Grants Management Website

Everything you need to know about managing a grant can be found at the following link:

http://www.samhsa.gov/grants/grants-management

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GRANT NUMBER (SM#)

- Please note:
- Grant Number (i.e. SM012345-01) must be included on ALL correspondence (emails, letters, etc.) submitted to SAMHSA.
- Please include within SUBJECT line of every email.

SAMHSA

Contact Information – Signature Line

- In all email communications with SAMHSA, include the following:
  - Name
  - Position title
  - Organization name
  - Contact information (work phone number, address)

- It's important for us to know who is communicating on behalf of the recipient organization, therefore we require this minimum contact information.

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Questions & Answers ????

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Data Collection & Monitoring

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Census/Enrollment

- **Definition:** The census of individuals is the number of adults with SMI in the targeted geographic area.
- **Expectations, at minimum**
  - Year 1: >10% enrolled (PBHCI services must begin within 6 months of award)
  - Year 2: >25% enrolled
  - Year 3: >40% enrolled
  - Year 4: >50% enrolled
- **Example:** If a grantee has 1000 consumers enrolled in services for their serious mental illness, then the grantee must at minimum, enroll 100 consumers in Year 1, 250 in Year 2, 400 consumers in Year 3, and 500 consumers in Year 4.

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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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Data Collection and Monitoring

Data collection:

- Grantees are expected to collect and report on the following health outcomes at baseline, discharge, and at 6-month intervals:
  - Blood pressure – semiyearly
  - Body mass index – semiyearly
  - Waist circumference – semiyearly
  - Breath CO (carbon monoxide) – semiyearly
  - Plasma glucose (fasting) and/or HgbA1c – annually
  - Lipid profile (HDL, LDL, triglycerides) – annually
- Grantees are also expected to collect the National Outcomes Measures (NOMS).
- Grantees are encouraged to collect data more frequently to assess outcomes.

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What is TRAC/SPARS?

The TRansformation ACcountability System aka TRAC, is SAMHSA's current data collection & monitoring system. A new system called SAMHSA's Performance Accountability and Reporting System (SPARS) will replace TRAC early next year in 2017.

Driven by:

- ✓ Government-wide requirements
- ✓ SAMHSA data strategy
- ✓ Center commitment to performance management

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TRAC/SPARS Data Collection Modules

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

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Accessing TRAC

https://cmhs-gpra.samhsa.gov/TracPRD/

- Training modules are available in the "general info & training" tab
- Login information is available in the "sign up" tab
- Email the TRAC helpdesk if you have any questions (TRACHELP@westat.com)

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Annual Goals and Budget Information

- Project Directors enter their grant's performance goals and budget information
- Goals and budget information are entered directly into the TRAC/SPARS system
- Goals are based on existing plans
- GPOs approve goals and budget information
- Data are used in various reports for performance measurement and oversight
- Project Directors can make annual updates thereafter

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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/SPARS system

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Infrastructure Development & Prevention and Mental Health Promotion (IPP)

- Collects information on
  - ✓ Program activities
  - ✓ Impact on infrastructure development
  - ✓ Impact on prevention and mental health promotion
- Report on measures selected for your program
- Data can be viewed and downloaded
- Performance report matched to goals

SAMHSA

Technical Assistance (TA) Survey

- Collects information regarding the technical assistance given to grantees by CMHS-funded TA Centers
- Survey questions include
  - ✓ Types of TA received
  - ✓ Content of TA received
  - ✓ Ability to carrying out grant work successfully
  - ✓ Quality assessment and overall satisfaction

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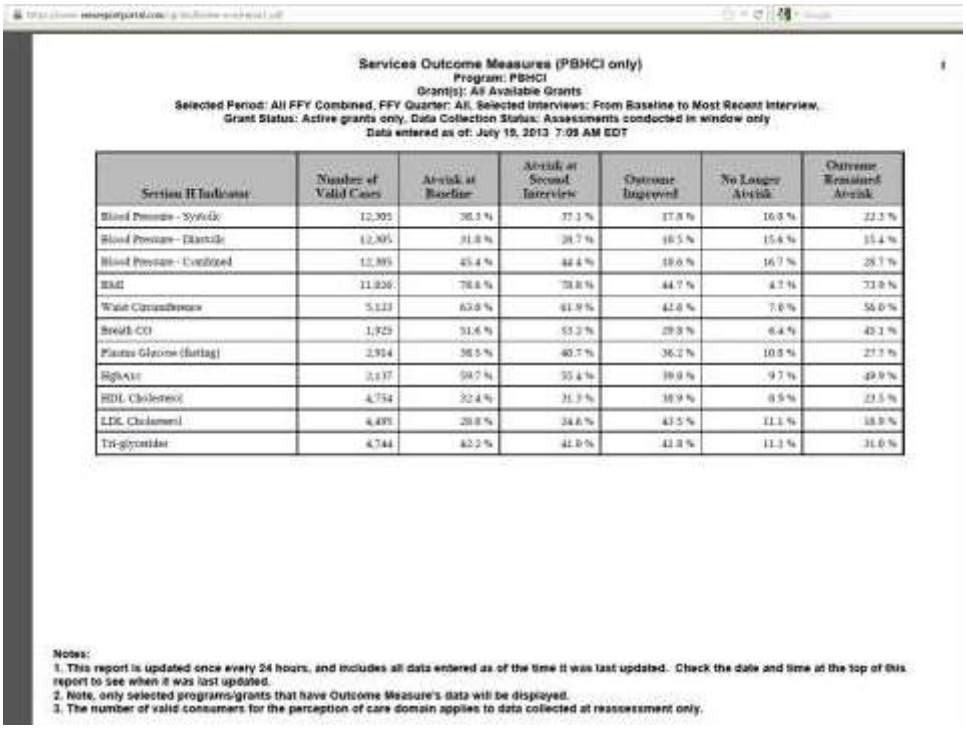

Services Outcome Measures (PBHCI only)
Program: PBHCI
Grant(s): All Available Grants
Selected Period: All FFY Combined, FFY Quarter: All, Selected Interviews: From Baseline to Most Recent Interview,
Grant Status: Active grants only, Data Collection Status: Assessments conducted in window only
Data entered as of: July 19, 2013 7:09 AM EDT

Section II 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	12,393	38.3 %	37.3 %	17.8 %	16.8 %	22.3 %
Blood Pressure - Diastolic	12,395	31.8 %	28.7 %	16.5 %	15.4 %	15.4 %
Blood Pressure - Combined	12,395	45.4 %	44.4 %	18.6 %	16.7 %	28.7 %
BMI	11,920	78.6 %	78.8 %	44.7 %	4.7 %	73.9 %
Waist Circumference	5,123	63.0 %	61.9 %	42.6 %	7.6 %	56.0 %
Breath CO	1,929	51.6 %	53.2 %	29.8 %	6.4 %	43.1 %
Plasma Glucose (fasting)	2,914	38.5 %	40.7 %	36.2 %	10.8 %	27.7 %
HgbA1c	2,137	59.7 %	55.4 %	39.0 %	9.7 %	49.9 %
HDL Cholesterol	4,754	32.4 %	31.3 %	38.9 %	8.9 %	23.5 %
LDL Cholesterol	4,495	28.8 %	24.6 %	43.5 %	11.1 %	18.9 %
Tri-glycerides	4,744	42.2 %	41.9 %	43.8 %	11.3 %	31.0 %

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 consumers for the perception of care domain applies to data collected at reassessment only.

Questions and Answers

SAMHSA

PBHCI Grant REPORTING Requirements

SAMHSA

PBHCI: Grant Reporting Requirements

- **QUARTERLY REPORTS – narrative (include CLAS attachment & staffing profile) due to GPO, PBHCI@samhsa.hhs.gov and to DGMProgressReports@samhsa.hhs.gov - *3 emails***
- *Per OMB requirements, quarterly progress reports are due 30 days after the reporting period. Please send to your GPO and to DGMProgressReports@samhsa.hhs.gov. Please include the SM# in the subject line of the email, otherwise DGM cannot file your report as part of your official grant file. Please remember to **LABEL** your report correctly. The report title should be saved as "**SM# - Name of Org – FFY# – Qtr#.doc or pdf.**"*

Dates of the Quarter	*Grantee Due Date*	*GPO Review and Approval Due Date*
1st quarter – Oct 1 through Dec 31	Jan 31	Feb 28
2nd quarter – Jan 1 through March 30	April 30	May 31
3rd quarter – April 1 through June 30	July 31	August 31
4th quarter – July 1 through Sept 30	Oct 31	Nov 30

SAMHSA

PBHCI: Grant Reporting Requirements

- **National Outcome Measures (NOMS) and Section H (Physical Health) Data – please enter NOMS and Section H data ASAP during the quarter into TRAC**
- Every time a NOMS interview is completed (baseline, reassessment or discharge) and entered into TRAC, the *following reports* can be generated: the number of clients served, the reassessment rate of NOMS, and the overall status of the NOMS (aka services outcome measures) in your organization.

Dates of the Quarter	Grantee Due Date	TRAC LOCK OUT DATE (tentative)
1st quarter – Oct 1 through Dec 31	Jan 31	March 1
2nd quarter – Jan 1 through March 30	April 30	June 1
3rd quarter – April 1 through June 30	July 31	Sept 1
4th quarter – July 1 through Sept 30	Oct 31	Dec 1

SAMHSA

PBHCI: Grant Reporting Requirements

- **There are 8 Infrastructure, Prevention and Promotion (IPP) indicators that the PBHCI program collects.** There are 8 guidance documents on how to report on the indicators. Please remember to report on **PRIMARY CARE** results, unless otherwise specified in the guidance documents. The default in TRAC is to collect data on "mental health" but the grant pays for primary care.
- Please enter your IPP results into the TRAC system at the same time of filling out your quarterly report. Most of the IPP indicators can be included in the narrative quarterly report in greater detail, such as the number and types of specialty referrals (i.e. R1).

Dates of the Quarter	Grantee Due Date	GPO Review and Approval Due Date	TRAC LOCK OUT DATE (tentative)
1st quarter – Oct 1 through Dec 31	Jan 31	March 31	April 1
2nd quarter – Jan 1 through March 30	April 30	June 3	July 1
3rd quarter – April 1 through June 30	July 31	Sept 30	Oct 1
4th quarter – July 1 through Sept 30	Oct 31	Dec 31	Jan 1

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PBHCI: Grant Reporting Requirements

- **Annual Goals and Budget (AGB)** – please enter your ANNUAL PROJECTIONS on the number of clients served each year and by the end of the 4 years, all 12 IPP projections per year, and the budget across all 4 years into TRAC
- Please remember that you will get a chance to review and make changes to your AGB once a year, but contact your GPO if you are making changes to the ***number of consumers served***, as this can be considered a scope change depending on the original number proposed in your application.

AGB is open in TRAC	Grantee Due Date	GPO Review and Approval Due Date	TRAC LOCK OUT DATE (tentative)
Oct 1 through Dec 31	Nov 30	Dec 31	

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SAMHSA's PBHCI National Cross-Site Evaluation

Conducted by Mathematica Policy Research

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Importance of National Evaluation

- Largest single investment in integration for SMI population
- Unprecedented opportunity to understand how integration improves health and why
  - Grantees implementing in diverse communities
  - Grantees implementing different integration strategies

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Overarching Evaluation Questions

1. What services do PBHCI clients receive?
2. How does integration improve the behavioral health, physical health, and functional outcomes of clients?
3. What are the essential components of integration?
4. What successes and challenges do grantees encounter?

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PBHCI Grant Requirements

- Cohort IX grantees are required to participate in the national cross-site evaluation
- Your TRAC/NOMS data is critical to evaluation!
- Mathematica will ask for extract of data from your EHRs/registries (see next slide)
- Some grantees may be selected for telephone interviews and survey in future

SAMHSA

Next Steps with Evaluation

- Mathematica will host a webinar to orient grantees to evaluation in near future (stay tuned)
- Visit this website for overview of Mathematica evaluation and EHR/registry data collection requirements (including spreadsheet of requested data elements)

http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection

SAMHSA

Introduction to CIHS and PBHCI Learning Communities

Laura Galbreath, CIHS Director

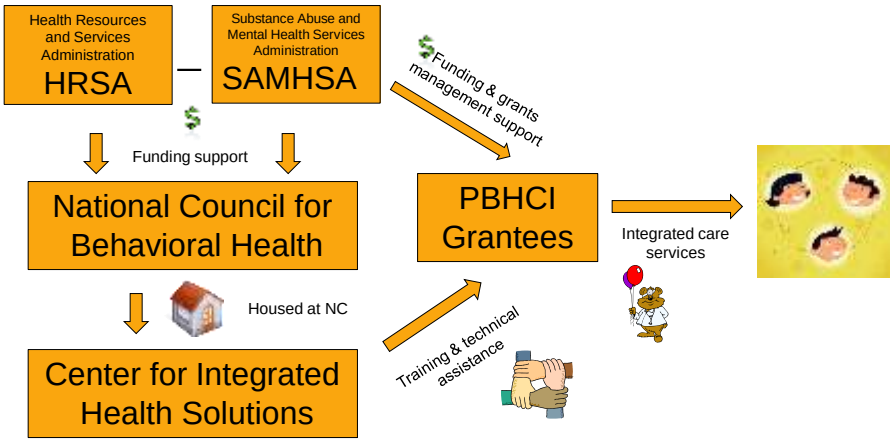
The Big Picture

- Make integrated care the national standard of practice
- Create and operate world-class technical assistance and consultation
- Ensure the success of SAMHSA, HRSA, and state funded PC/BH providers
- Disseminate practical tools, resources, and lessons learned

CIHS Target Audience

- SAMHSA Primary and Behavioral Health Care Integration (PBHCI) Program
- SAMHSA Minority AIDS Initiative Continuum of Care (MAI-CoC) Program
- HRSA Behavioral Health Expansion Awardees and other safety-net providers
- National Audience: Providers, Policy Makers, Stakeholders

Connecting the dots…



Building the Integrated Health Workforce

Producing and implementing integrated health education curriculum and resources for

- **Social Worker** 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

What is a Learning Community?

- 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.
- 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

How is the PBHCI Learning Community Organized?

- 213 grants have been awarded and 120 active grantees
- The grantees are organized into 6 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

Grantee Meeting

- One meeting for all grantees approximately every other year
- Provides an opportunity for grantees, Federal agencies, partners, and national organizations to network, exchange ideas, and share challenges and accomplishments in establishing and sustaining integrated primary and behavioral health care services

Regional Meetings

- 1-2 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

Individual Site Visits

- Select number of grantees based on need and expressed interest

Learning Communities Activities:

Phone-based communication

CIHS Coaching Calls

- Consult with CIHS to explore helpful resources to support integration
- Check in on BHICA and IPAT goals and progress

Individual Technical Assistance

- Phone/video consultation with access to content expertise. Initiated by grantees and/or GPO to address specific concerns and needs

Affinity Group calls

- Project Directors, Primary Care Providers, Nurses, Wellness Coordinators/Peers, CEOs, Evaluators

Learning Community Activities:

Web-based communication

PBHCI Only Listserv

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

PBHCI Webinars

- Monthly 60-minute webinars coordinated through CIHS and focused on topics of interest to grantees
- Issue Specific Series – e.g., tobacco cessation, physical health indicators

Weekly Email Updates

- Important PBHCI updates
- New resources

PBHCI Website

- Learning Community materials
- Webinar archives

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

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The Learning Community activities are designed to be manageable, supportive and energy building

Essential Information for Cohort IX: Webinars

- Project Management - Workflows and Communicating for Buy-in from Consumers and Staff (November 2)
- Understanding and Using Data to Inform Outcomes (November 16)
- Selecting and Implementing Wellness Evidence-Based Practices (November 30)
- Strategies and Workflows for Consumer Engagement and Retention (December 14)

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Looking ahead…..

- Guidance on Completing Assessments
- Coaching Calls
- Regional Meetings
- Grantee Meeting
- Weekly PBHCI eNewsletter
- Website Updates and Listserv News
- Monthly PBHCI Webinars – 3rd Friday

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

SAMHSA HRSA integration.samhsa.gov

Questions and Answers

Contact Us

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For access and help with TRAC:

- TRACHELP@westat.com

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