

The Family and Social Service Administration (FSSA)

The Indiana State Department of Health (ISDH)

PRIMARY CARE BEHAVIORAL HEALTH INTEGRATION (PCBHI)

INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH
CENTERS, INC. (ICCMHC)

FEBRUARY 12, 2015

State PCBHI

Past Accomplishments

- **Formation of Statewide Stakeholder group**
- **Original Creation of five sub-committees**
Data/Technology, Education/Training, Funding/Reimbursement, Health Homes/Care Coordination, and Policy
- **Applied and Awarded NASMHPD/SAMHSA Transformation Transfer Initiative (TTI) Grant**
 - *Statewide Survey*
 - *Eight (8) Education and Training Events (2013)*
 - *Community Health Workers (CHW) and Certified Recovery Specialist (CRS) Cross Training and certification process*
- **State development and establishment of PCBHI Strategic Plan**

State PCBHI

Present: Implementation

- **December 2014 – PCBHI Stakeholder kickoff**
- **Reactivate Subcommittees**
 - *Funding/Reimbursement*
 - *Policy*
 - *Data/Technology*
 - *Workforce Development (formerly known as Education/Training)*
 - *Future Opportunities (formerly known as Health Homes/Care Coordination)*
- **Initiated One New Subcommittee**
 - *Quality*

PCBHI

Integration *Defined*

The management and delivery of behavioral and physical health services so that individuals receive a continuum of preventative and curative services, according to their needs over time and across different levels of the health system.

Adapted by the Indiana Stakeholder group from the World Health Organization

PCBHI Strategic Plan

A Living Document

The PCBHI Strategic Plan is a living document that captures foundational tenets and goals from both federal and state perspectives. The strategic plan reflects Indiana's efforts toward PCBHI to date and provides a framework to move integration forward through implementation.

Indiana's PCBHI

2015 Goal

Indiana will have an operational infrastructure with standards and processes established to implement primary and behavioral healthcare integration across its public healthcare systems. Indiana will provide recognition and program support to agencies implementing integrated care within the framework established.

PCBHI Agency Types

FSSA and ISDH propose state recognition for agencies providing *integrated care* across public healthcare systems:

Community Mental Health Center (CMHC)

Federally Qualified Health Centers (FQHC)

Rural Health Clinics (RHC)

Community Health Centers (CHC)

PCBHI Guiding Principles: Theoretical Tenants

- Holistic approach
- Recovery focused
- Personal resiliency
- Healthcare prevention
- Empower healthy lifestyles

PCBHI Guiding Principles: Operational Tenants

- A holistic approach through a multi-disciplinary team.
- “Real time” linkage to care and communication between care providers.

PCBHI Guiding Principles: Quality and Standards

- Use of Evidence-based practices.
- Continuous quality improvement processes.
- Adhere to approved standards of care.
- Performance based outcomes.

PCBHI State's Objectives:

Policy: Implement guidelines and standards that allow flexibility and applicability across public healthcare systems.

Funding: Establish incentives and/or reimbursement methodology for service delivery practices that do not have an existing funding.

Data/Technology: Advance information sharing by implementing core data requirements that will utilize and improve current data systems.

PCBHI State's Objectives:

Future Opportunities: Explore opportunities for new initiatives that are aligned with Indiana PCBHI goals, i.e. Excellence Act and Health Homes.

Workforce Development: Prepare and expand workforce competency and capacity to deliver integrated primary and behavioral health care.

Quality Assurance: Develop a quality assurance plan that will provide recommendations for program quality, outcome measures, and performance evaluation.

SAMHSA Six Levels of Integration

At -A -Glance

Key Elements:

- **Coordination**
- **Co-Location**
- **Integration**

SAMHSA Six Levels of Integrated Care Web link

www.integration.samhsa.gov/.../standard-framework-for-levels-of-integrated-healthcare

LEVEL ONE

Minimal
Collaboration

LEVEL TWO

Basic
Collaboration
at a Distance

LEVEL THREE

Basic
Collaboration
Onsite

LEVEL FOUR

Close
Collaboration
Onsite
with Some System
Integration

LEVEL FIVE

Close
Collaboration
Approaching an
Integrated
Practice

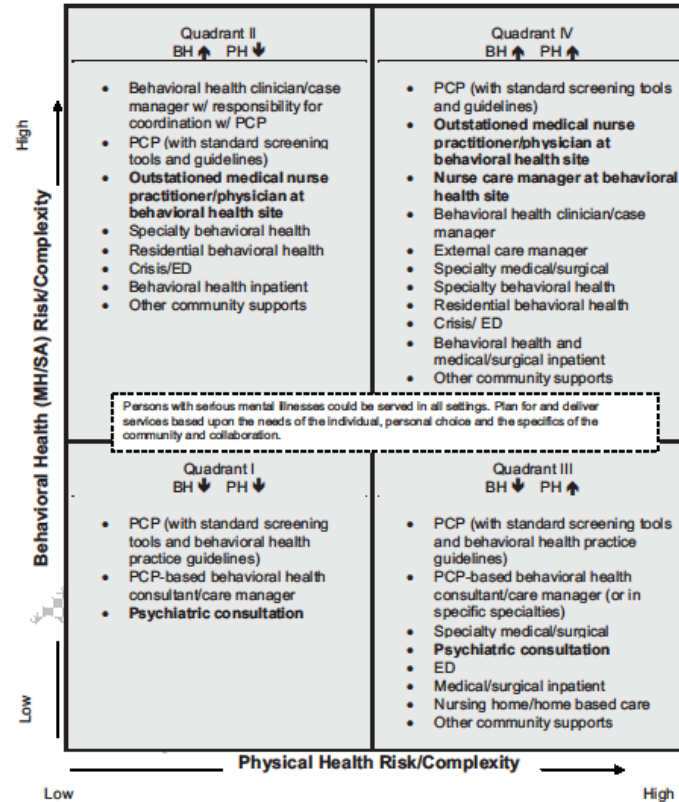
LEVEL SIX

Full Collaboration
in a Transformed/
Merged Integrated
Practice

Overview: Six Levels of Collaboration/Integration

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL ONE Minimal Collaboration	LEVEL TWO Basic Collaboration at a Distance	LEVEL THREE Basic Collaboration Onsite	LEVEL FOUR Close Collaboration Onsite with Some	LEVEL FIVE Close Collaboration Approaching an	LEVEL SIX Full Collaboration in a Transformed/Merg
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they;	In separate facilities, where they;	In same facility not necessarily same offices, where they;	In same space within the same facility, where they;	In same space within the same facility (some shared space), where they;	In same space within the same facility, sharing all practice space, where they;
<ul style="list-style-type: none"> •Have separate systems •Communicate about cases only rarely and under compelling circumstances 	<ul style="list-style-type: none"> •Have separate systems •Communicate periodically about shared patients 	<ul style="list-style-type: none"> •Have separate systems •Communicate regularly about shared patients, by phone or email 	<ul style="list-style-type: none"> •Share some systems, like scheduling or medical records •Communicate in person as needed 	<ul style="list-style-type: none"> •Actively seek system solutions together or develop work-a-rounds •Communicate frequently in person 	<ul style="list-style-type: none"> •Have resolved most or all system issues, functioning as one integrated system •Communicate
Key Differentiator: Clinical Delivery					
Key Differentiator: Patient Experience					
Key Differentiator: Practice/Organization					
Key Differentiator: Business Model					
Advantages					
Disadvantages					

The Four Quadrant Clinical Integration Model



Help define target population and scope of practice.

Four Quadrant Model

PCBHI Core Requirements

Elements associated with best practice

1. SCREENING (Behavioral and Physical Health)
2. INTEGRATED CARE PLANS
3. MULTIDISCIPLINARY TEAM MEETINGS
4. REAL-TIME PSYCHIATRIC/MEDICAL CONSULTS
5. LEADERSHIP SUPPORT
6. EVIDENCE BASED PRACTICE AND TRAINING
7. ELECTRONIC HEALTH RECORDS AND DATA SHARING
8. QUALITY OUTCOME MEASURES

PCBHI

PROGRAM ADMINISTRATION AND LEADERSHIP

PCBHI State Team

Ann Alley	ISDH
Debbie Herrmann	FSSA/DMHA
Regina Smith	FSSA/DMHA
Nicole Coton	ISDH
Michelle Sandoval	ISDH/CDC
Stephanie Spoolstra	FSSA/DMHA
Jessica Thomas	ISDH
Miriam Pappas	FSSA/DMHA
Christopher Maxey	ISDH
Vincent Thompson	FSSA/IT
Brent Anderson	ISDH
Susan Nicols	FSSA/DMHA

Role of PCBHI State Team

- Ensure programs are consumer/family driven and recovery focused.
- Finalize and implement state guidelines.
- Design and implement strategies for PCBHI program oversight and quality assurance activities.
- Provide recommendations to state leadership to further develop and implement PCBHI as a sustainable practice approach.

PCBHI Lead State Contacts

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Statewide Stakeholder Group

Provide expertise, knowledge, recommendations, and guidance to the state.

Membership includes but is not limited to Individuals representing:

FQHC, CHC, RHC, CMHCs

Consumers

Payers

Advocates

SAMHSA PBHCI grantees

Trade associations

Health information
exchanges

Experts in physical and
behavioral healthcare

PCBHI Subcommittee Chairs

Quality	Lynn Bradford	lbradford@mdwise.org
Workforce Development	Kathy Cook	kcook@aspin.org
Policy	Mike Kolenda	mkolenda@windrosehealth.net
Funding/Reimbursement	Rebecca Sigafus	bsigafus@intercare.org
Future Opportunities	Aileen Wehren	awehren@porterstarke.org
Data/Technology	Becky Learn	blearn@ihie.org

SAMHSA PBHCI Indiana Grantees

Adult and Child Mental Health Center (III)

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Thank You!

Thank you for your time, commitment, and partnership to help Indiana move PCBH Integration forward in 2015!