

# Integrated Care: Building a Skilled Workforce

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Health Solutions

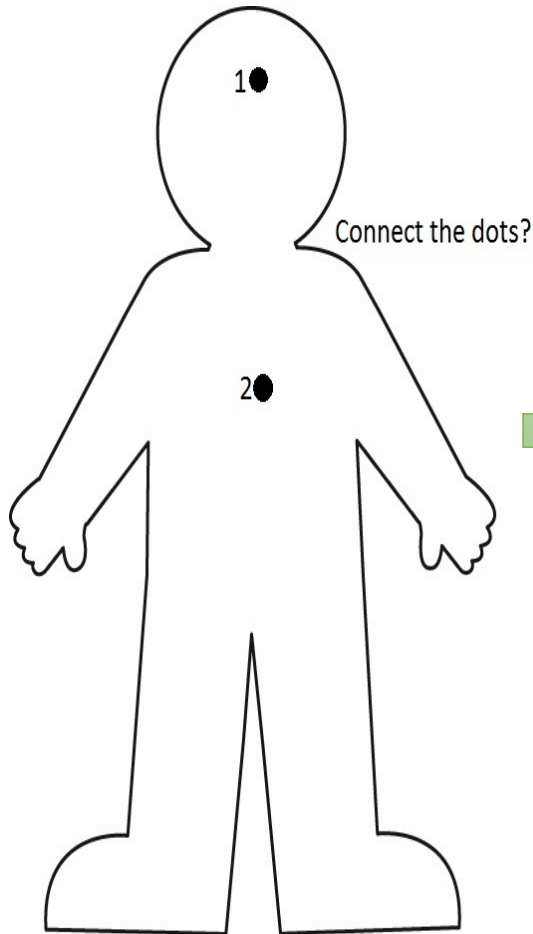
# Building the workforce

Miller

# Overview

- Statement of problem
- Description of proposed solution
- Methodology
- Professional practices and competencies
- Recommendations (\*why this matters to grantmakers)

# The problem

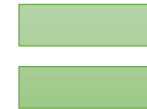


Clinical delivery

Payment /financing

Community expectation

Training/education



Fragmentation

# Definition

The care that results from a **practice team** of primary care **and** behavioral health clinicians, **working together with patients** and **families**, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, ineffective patterns of health care utilization.

## **Value of Integration:**

Physical/Behavioral Integration is **good health policy** and good for health.

Peek, C. J., National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No.13-IP001-EF*.

# Statement

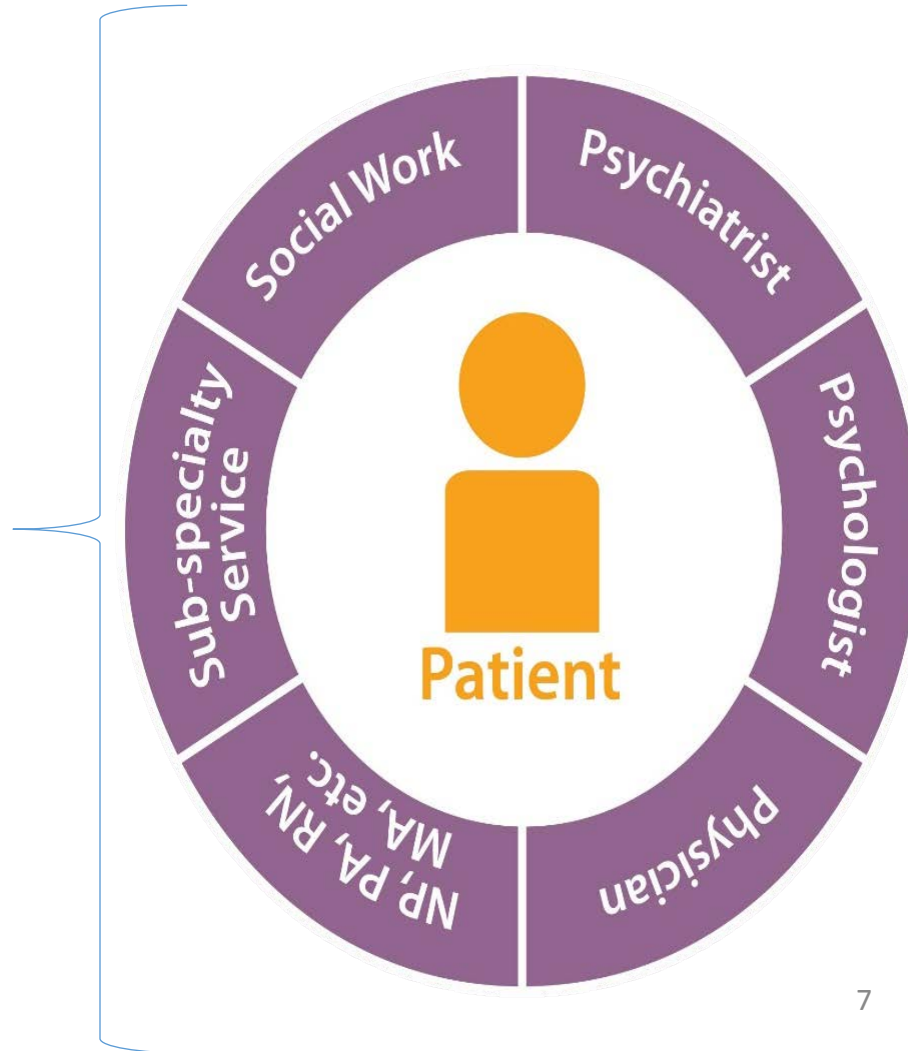
**Mental health and primary care are **inseparable**; any attempts to separate the two leads to **inferior** care**

**- IOM, 1996**

Peek, C. J., National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No.13-IP001-EF*.

# Solution

Primary  
Care



# A Guidebook of Professional Practices for Behavioral Health and Primary Care Integration: Observations from Exemplar Sites

Sponsored by the Agency for Healthcare Research and Quality (AHRQ), the Maine Health Access Foundation (MeHAF), and CalMHSA Integrated Behavioral Health Project (Tides Center)



# Methods

- Literature review
- Start with end in mind
- Identify exemplars with exemplars (leaders)
- Visit, watch, listen, and learn

Generated a list of 18 integrated primary care clinics with assistance from the Expert Panel

18 clinics were contacted by email, given a short description of the project, and asked if interested in the project

12 clinics expressed interest and completed initial assessment call and "Exemplar Selection Screening" questionnaire

Reviewed clinics during monthly Expert Panel call and selected 5 clinics from national sample

4 excluded; did not have onsite behavioral health services  
2 did not respond to email invitation

7 did not meet inclusion criteria



# The Academy

Integrating Behavioral Health and Primary Care

Generated a list of 12 integrated primary care clinics with assistance from key informants in California and Maine

12 clinics were contacted by email, given a short description of the study, and asked if interested in the project

8 clinics completed initial assessment call and "Exemplar Selection Screening" questionnaire

1 California and 2 Maine clinics selected; key informants assisted in selecting clinics that best matched the project and had strong integrated care programs

1 did not respond to email invitation  
3 were not interested in project

3 clinics declined invitation to participate



# Organization

Organization level social practices and behaviors; and  
Interpersonal and individual level social practices and behaviors.

Organization level social practices and behaviors

# Advocating for a Mission and Vision Focused on Population-Based Care

“It’s all about mission. I mean, I think that that’s the driving force here. You know, people believe in our mission of outreach to populations that don’t have other opportunities for care, basically. And that is the driving force. And I tell visitors sometimes, you know, it’s really more about that than it is about integration. I mean, integration is the best way to do that. I think with a mission central organization, staff comes here and they identify with the mission. And many people come because of that. I don’t even like anybody to say they work for me...if they come here and they have a similar mission then we’re in agreement.”

# Health System Emerges as a Learning Organization

“These are concrete examples of how we make decisions. For instance, clinical staff in the back complain all the time about front desk people. They screw up my schedule. My life sucks because they screw up my schedule all the time. If I had them sitting right beside me, then I could control them and make things work how I wanted. So I said, okay, let’s try it. So we took a front desk person, put them back with the clinical team, and all the phone traffic for that team goes straight to the team, and they managed the schedule. It worked pretty well.”

# Advocacy

- Leadership markets the model and vision for integrated care to others, creating buy-in and support for this vision outside of the organization;
- Leadership advocates for changes at the state- and community-level that support integration; and,
- Leadership is aware of barriers to care for patients; advocacy efforts aim to eliminate those barriers



# Financing the Integrated Mission

- Developing strong **relationships** with health plans and other payers, and displaying a persistent willingness to push back (as needed) and negotiate contracts that meet the needs of the organization and make integration possible.
- Developing strong relationships with the state and local governance can **leverage these relationships** to create a better funding and financial environment for integration
- **Collecting and using data** to show how the integrated care in this health system provides exceeds quality of competitors and saves money for the payer; this results in negotiating contracts that pay for integrated services

# Scoping Behaviors for Integrated Care

- Expertise and Staffing for Integrated Care
- Behavioral Health Staffing and Access Issue
- Training and Development

# Structuring the Organization for Delivering Integrated Care

- Defining Roles and Responsibilities for Integrated Care
- Structuring Clinical Workflow for Integration
- Creating a Physical Work Space for Integrated Care

Interpersonal and individual level social practices and behaviors

# Managing the Structure and Timing of Integrated Care Delivery

- Managing staff and workflow;
- Documentation and information sharing via the electronic health record (EHR);
- Supervision; and
- Inter-professional collaboration.

## Communication Practices that Facilitate Integrated Care

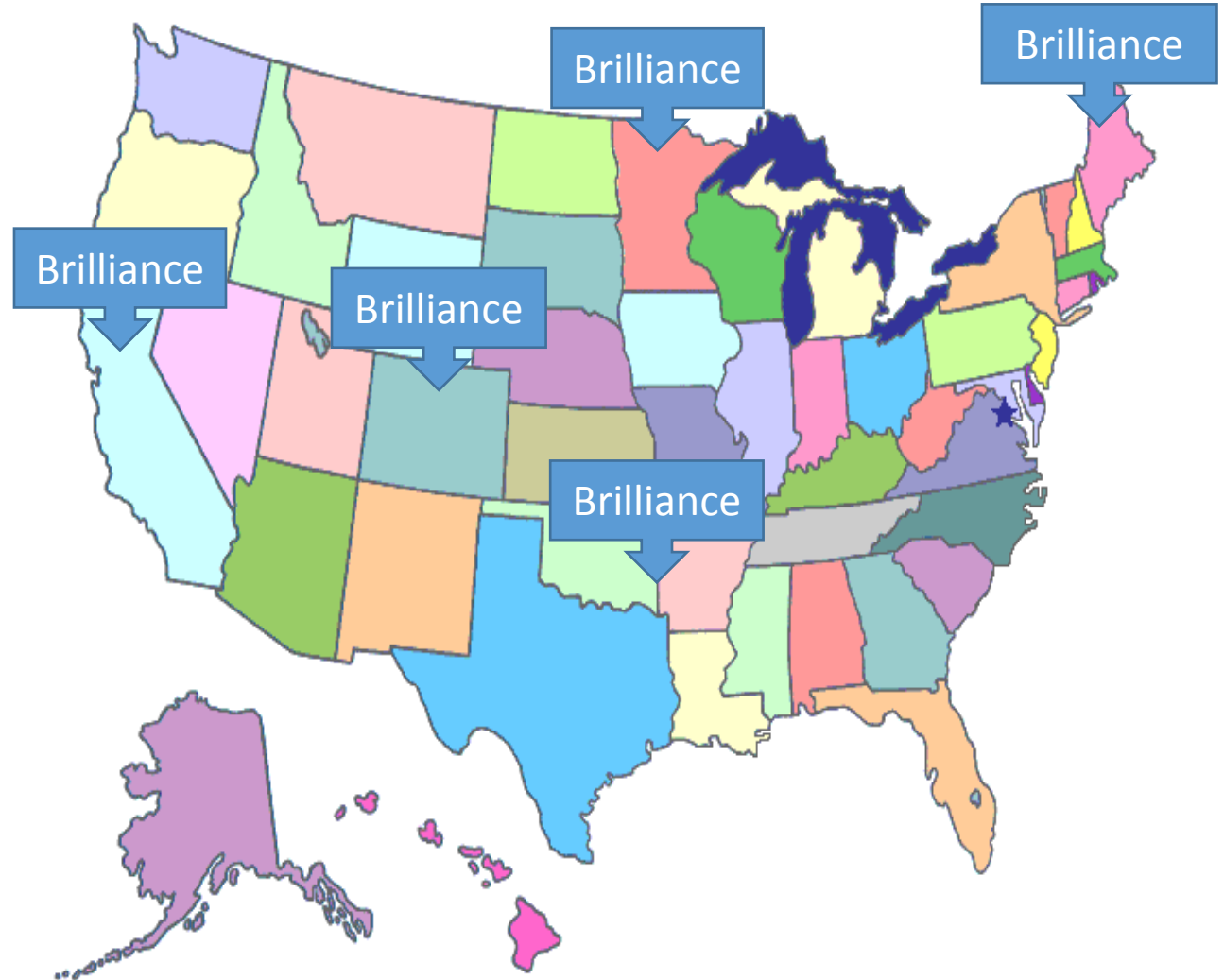
- Communication among clinicians and clinic staff; and
- Communication with patients.

# Therapeutic Practices by Integrated Care Teams

- Clinicians and clinic staff; and
- Specific to behavioral health clinicians (BHCs)

# Why this?

- Milestones
- Benchmarks
- Consistency



<http://integrationacademy.ahrq.gov/>

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# Special thanks

The team: OHSU (Debbie Cohen, Melinda Davis, Jen Hall); CU DFM (Emma Gilchrist, Jessica Payne-Murphy, Carissa Kinman); Foundations/Funders (Karen Linkins, Jennifer Brya, Charlotte Mullican, Becky Boober); Westat (Garrett Moran, Rebecca Noftsinger, Glynis Jones); the practices (all of them!); our expert panel (CJ Peek, Roger Kathol, Sandy Blount, Neil Korsen, Patti Robinson, Parinda Khatri, Tina Runyan, Jurgen Unutzer)



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

*Dedicated to promoting the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.*





# Center for Integrated Health Solutions

## 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



# Services Available from CIHS

## Tools:

- Web-based Resources (<http://www.integration.SAMHSA.gov>)
- Training Curricula
- White Papers and Factsheets
- eSolutions Newsletter

## Group Learning Experiences:

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

## Individual Technical Assistance:

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





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

**SAMHSA Primary and Behavioral  
Health Care Integration (PBHCI)  
Grant Program**



# SAMHSA PBHCI Program

**Program 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.



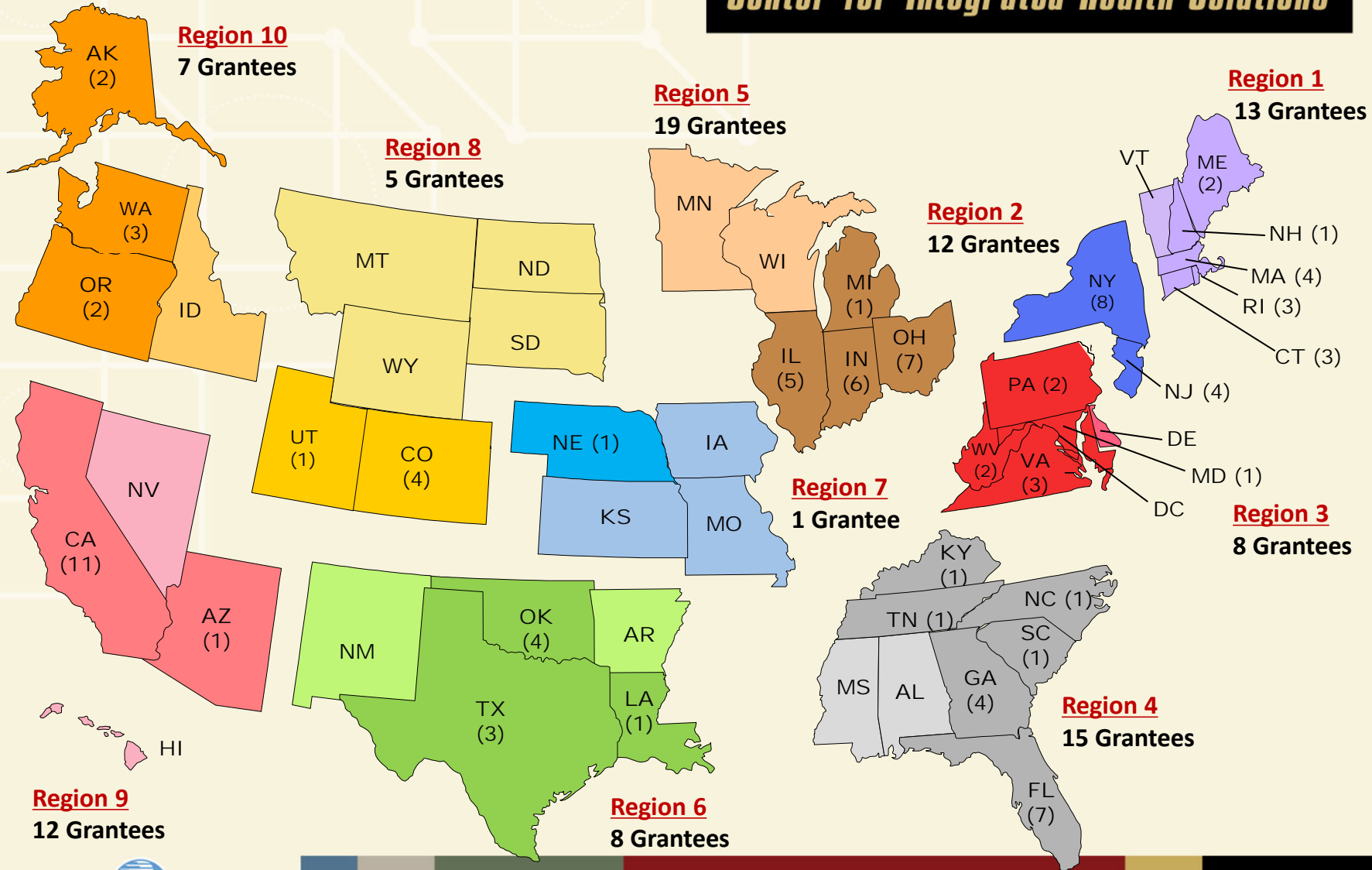
# **PBHCI offers an important opportunity to reduce health disparities for Individuals with SMI**

- Eliminate the early mortality gap
- Reach people who will not access primary care
- Intervene early before medical co-morbidities develop or worsen
- Reduce expensive emergency department use
- Improve recovery outcomes



# 100 PBHCI Grantees by HHS Regions

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





## PBHCI Grantees by HHS Regions

### **Region 1 – Boston**

CT: Bridges...A Community Support System, Inc. (I)  
CT: Community Mental Health Affiliates (III)  
CT: Connecticut State Department of MH/Addictions Services (V)  
ME: Community Health and Counseling Services (III)  
ME: Community Health and Counseling Services (V)  
MA: Behavioral Health Network, Inc. (V)  
MA: Center for Human Development (V)  
MA: Community Healthlink (III)  
MA: Stanley Street Treatment and Resources (V)  
NH: Community Council of Nashua (I)  
RI: The Kent Center for Human and Organizational Development (III)  
RI: The Providence Center (II),(VI)

### **Region 2 - New York**

NJ: Atlanticare Behavioral Health (V)  
NJ: Bridgeway Rehabilitation Services, Inc. (VI)  
NJ: Care Plus NJ, Inc. (I)  
NJ: Catholic Charities, Diocese of Trenton (III)  
NY: Bronx-Lebanon Hospital Center (III)  
NY: Fordham Tremont CMHC (III)  
NY: Institute for Family Health (II)  
NY: Institute for Community Living, Inc. (V)  
NY: Lincoln Medical Center and Mental Health Center (V)  
NY: New York Psychotherapy/Counseling Center (V)  
NY: Postgraduate Center for Mental Health (III)  
NY: VIP Community Services (I)

### **Region 3 – Philadelphia**

MD: Family Services, Inc. (III)  
PA: Horizon House (III)  
PA: Milestone Centers (II)  
VA: Arlington County Community Services Board (V)  
VA: Norfolk Community Services Board (IV)  
VA: Richmond Behavioral Health Authority (VI)  
WV: FMRS Health System, Inc. (V)  
WV: Pretera Center for Mental Health Services (III)

*Cohort I – Awarded in 2009*  
*Cohort II & III – Awarded in 2010*  
*Cohort IV – Awarded in 2011*  
*Cohort V – Awarded in 2012*  
*Cohort VI – Awarded in 2013*



## PBHCI Grantees by HHS Regions

### **Region 4 – Atlanta**

FL: Apalachee Center, Inc (III)  
FL: Coastal Behavioral Healthcare (III)  
FL: Community Rehabilitation Center (III)  
FL: Henderson Behavioral Health, Inc. (V)  
FL: Lakeside Behavioral Healthcare (III)  
FL: Lifestream Behavioral Center (III)  
FL: Miami Behavioral Health Center (III)  
GA: Cobb/Douglas Community Services Board (III)  
GA: DeKalb Community Service Board (VI)  
GA: Highland Rivers Community Service Board (V)  
GA: New Horizons Community Service Board (V)  
KY: Pennyroyal Regional MH/MR Board (I)  
NC: Coastal Horizons Center, Inc. (V)  
SC: South Carolina State Department of Mental Health (III)  
TN: Centerstone of Tennessee, Inc. (V)

### **Region 5 – Chicago**

IL: Dupage County Health Department (V)  
IL: Heritage Behavioral Health Center (III)  
IL: Human Service Center (I)  
IL: Trilogy, Inc (III)  
IL: Wellspring Resources (V)  
IN: Adult & Child Mental Health Center (III)  
IN: Centerstone of Indiana (II)  
IN: Community Health Network Foundation (VI)  
IN: Health & Hospital Corporation of Marion County (IV)  
IN: Porter-Starke Services, Inc. (VI)  
IN: Regional Mental Health Center (II)  
MI: Washtenaw Community Health Organization (III)  
OH: Center for Families & Children (I)  
OH: Community Support Services (IV)  
OH: Firelands Regional Medical Center (V)  
OH: Greater Cincinnati Behavioral Health Services (III)  
OH: Shawnee Mental Health Center (I)  
OH: Southeast Inc. (I)  
OH: Zepf Center (V)

*Cohort I – Awarded in 2009*  
*Cohort II & III – Awarded in 2010*  
*Cohort IV – Awarded in 2011*  
*Cohort V – Awarded in 2012*  
*Cohort VI – Awarded in 2013*





## PBHCI Grantees by HHS Regions

### **Region 6 – Dallas**

LA: Capital Area Human Services District (IV)  
OK: Central Oklahoma Community MH Center (I)  
OK: Family and Children's Service, Inc. (V)  
OK: Grand Lake Mental Health Center, Inc. (VI)  
OK: NorthCare Community Mental Health Center (III)  
TX: Austin-Travis County Integral Care (III)  
TX: Lubbock Regional MH & MR Center (II)  
TX: The Montrose Center (II)

### **Region 7 - Kansas City**

NE: Community Alliance Rehabilitation Services (V)

### **Region 8 – Denver**

CO: Aspenpointe Health Services (V)  
CO: Aurora Comprehensive Community Mental Health Center (V)  
CO: Jefferson Center for Mental Health (V)  
CO: Mental Health Center of Denver (I)  
UT: Weber Human Services (III)

### **Region 9 - San Francisco**

AZ: CODAC Behavioral Health Services (I)  
CA: Alameda County Behavioral Health Care Services (II)  
CA: Asian Community Mental Health Services (III)  
CA: Catholic Charities of Santa Clara County (IV)  
CA: Didi Hirsch Community Mental Health Center (V)  
CA: Glenn County Health Services Agency (III)  
CA: Mental Health Systems, Inc (I)  
CA: Monterey County Health Department (V)  
CA: Native American Health Center, Inc. (V)  
CA: San Francisco Department of Public Health (IV)  
CA: San Mateo County Health System (III)  
CA: Tarzana Treatment Centers, Inc. (III)

### **Region 10 – Seattle**

AK: Alaska Islands Community Services (III)  
AK: Southcentral Foundation (IV)  
OR: Native American Rehabilitation Association of the Northwest (II)  
OR: Cascadia Behavioral Healthcare, Inc. (V)  
WA: Asian Counseling and Referral Service (III)  
WA: Downtown Emergency Service Center (III)  
WA: Navos (IV)

*Cohort I – Awarded in 2009*  
*Cohort II & III – Awarded in 2010*  
*Cohort IV – Awarded in 2011*  
*Cohort V – Awarded in 2012*  
*Cohort VI – Awarded in 2013*



# 100 PBHCI Grantees



## Community Behavioral Health Organizations

- 63% partnering with an FQHC
- 37% hiring PC capacity (mostly rural grantees) or partnering with a hospital
- Majority are CMHCs, ~10% are SA providers
- Served over 50,000 adults with SMI and/or COD



## Grantee Cohorts:

- 13 awarded 2009
- 43 awarded 2010
- 8 awarded 2011
- 30 awarded 2012
- 6 awarded 2013
- ? Awarded 2014



# Grant Requirements

Applicants must serve as a client's health home where grantees must provide the following categories of service:

- 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



## **PBHCI Program Staff**



- Project Directors
- Medical Nurse Practitioners/PC Physicians
- Nurse Care Managers
- Peer Wellness Coaches
- BH Case Manager / Psychiatrists /
- Data Collection / Evaluators
- Wellness Staff: Wellness Coordinators, Health Educators



## Staffing

- Recruiting the right individuals and supporting their success
- Interview staff for great social skills and passion
- Choose credentialed staff who will be billable in your state
- Consider joint interviews for all project staff
- Project directors need a significant amount of time for this project, enthusiasm and credibility both internally and externally
- Project directors need to understand both the BH and PC cultures and vocabulary and help bridge the gaps
- Peer staff need training and support







## **PBHCI Workforce**

- Helping the entire BH workforce adapt or change to support transformation to a health home
  - Psychiatrists, Case Managers, Peer Support Professionals, Nurses,
- Create clarity about who is on the planning and implementation team vs. line staff
- Workforce strategies for implementing new policy changes (e.g. Smoke Free Campus)
- Orientation on clinical workflows, EHRs, clinical registry and QI processes
- Working as part of Multidisciplinary and Interdisciplinary Teams





Lathan Medical Group – Times Union Blog



# CIHS and the Integrated Health Workforce

Producing and implementing integrated health education curriculum and resources for:

- **Psychiatrists** Working in Primary Care
- **Consumers** serving as Peer Educators
- **Case Managers** as Health Navigators
- **Addiction Professionals** Working in Primary Care
- **Primary Care Clinicians** Working in Behavioral Health Settings
- **Care Management** in Primary Care for current Behavioral Health Workforce
- **Mental Health First Aiders** in Rural Communities
- **Social Worker** Standard of Practice and Field Placement



# Core Competencies for Integrated Behavioral Health and Primary Care

*A resource for primary and behavioral health care organizations as they shape job descriptions, orientation programs, supervision, and performance reviews for workers delivering integrated care.*

- ✓ Interpersonal Communication
- ✓ Collaboration & Teamwork
- ✓ Screening & Assessment
- ✓ Care Planning & Care Coordination
- ✓ Intervention
- ✓ Cultural Competence & Adaptation
- ✓ Systems Oriented Practice
- ✓ Practice- Based Learning & Quality Improvement
- ✓ Informatics

CORE COMPETENCIES FOR INTEGRATED  
BEHAVIORAL HEALTH AND PRIMARY CARE



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

**NATIONAL COUNCIL**  
FOR COMMUNITY BEHAVIORAL HEALTHCARE

**SAMHSA**

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

JANUARY 2014



## **Case Managers in Behavioral Health**

### Case to Care Managers Training:

Transforming traditional mental health case management programs into assuming responsibility for the whole health of the individuals they serve. Topics include:

- Conceptual framework for change: health homes, chronic care model
- The physical health needs of people with behavioral health challenges
- Diabetes and heart disease: key issues and key interventions
- Exercises in motivational interviewing for health behavior change
- Self-assessment of individual practice



## Consumers

### Whole Health Action Management (WHAM):

- This program creates workforce capacity by preparing consumers to serve as health educators and coaches.
- Guide participants through a person-centered planning process to set a whole health and resiliency goal and implementing a weekly action plan for success.
- The training is designed to support the emerging peer workforce to move into new health integration service models like health homes.



## Primary Care Providers

The Primary Care Provider Curriculum is intended for primary care clinicians working in public mental health settings to address the health disparity experienced by individuals with serious mental illnesses.

**Module 1:** Introduction to Primary and Behavioral Health Integration

**Module 2:** Overview of the Behavioral Health Environment

**Module 3:** Approach to the Physical Exam and Health Behavior Change

**Module 4:** Psychopharmacology and Working with Psychiatric Providers

**Module 5:** Roles for PCPs in the Behavioral Health Environment





## **Social Workers**

### Integrated Healthcare for Schools of Social Work:

- A competency-based curriculum and curriculum modules to prepare Masters of Social Work students for behavioral health practice focused on integrative and collaborative primary/behavioral health care.
- Will prepare future MSWs to enter the workforce with the needed competencies to provide and lead integrated healthcare. Curriculum offerings will be paired with field placement opportunities committed to integration and collaboration.



## Care Management in Primary Care

Care management is central to the success of the Patient Centered Medical Home (PCMH) and to be successful, care managers working in primary care settings need to develop general skills at

- engaging patients
- promoting their activation to improve their own health
- general medical and behavioral health skills to be able to connect them to appropriate services
- Capacity to address questions, to teach healthy living, and support treatment plans.



## National Health Service Corps Loan Forgiveness

- Builds healthy communities by supporting **qualified health care providers** dedicated to working in areas of the United States with limited access to care.
- Provides financial support to providers in the form of loan repayment and scholarship in exchange for working at NHSC-approved sites.

UP TO  
**\$60,000\***  
2 YEARS

UP TO  
**\$140,000\***  
5 YEARS





# *Thank You!*

Contact Information:

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# Question?

Please type your question into the Chat Box or press  
\*6 to unmute your phone line and ask a question

- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact us at [BHFN@gih.org](mailto:BHFN@gih.org)