

**SAMHSA Primary and Behavioral Health Care Integration (PBHCI)
HHS Regions 9 and 10 (West) Learning Community In-Person Meeting
March 23-24, 2015
Jackson Federal Building • Seattle, WA
Agenda**

Who Should Attend: Grantees should consider sending staff most closely involved in the implementation of the PBHCI project, including project directors/lead project staff, primary care partner staff, peer leaders, and evaluators.

Monday, March 23 – Envisioning the Future of Primary and Behavioral Health Care Integration

What does the future of health care look like? And what does this mean for primary and behavioral health care integration? The afternoon's discussion will focus on trends and outlook for health care and integration and what this means for grantees.

- 1:00 – 1:30 pm** **Welcome & Introductions/Grantee Sharing**
- Aaron Williams, CIHS Liaison
 - Hannah Mason, CIHS Coordinator
 - Grantees will introduce themselves including their role, location, cohort, and an achievement in the last 3-6 months
- 1:30 – 2:00 pm** **Update from Federal Partners**
- Sharon Turner, HRSA Acting Regional Administrator, Region 10
 - David Dickinson, SAMHSA Administrator, Region 10
 - Joy Mobley, SAMHSA PBHCI GPO, Region 10
- Federal partners will have an opportunity to share initiatives and resources that may be of interest to grantees.
- 2:00 – 3:00 pm** **Assessing the Current and Future Integration Landscape**
- CIHS and/or federal partners will engage grantees in a discussion about the future of healthcare with the goal of identifying potentially disruptive innovations and how they can prepare for the potential impact on healthcare services in their community/state (e.g., carve-in models). Through this presentation grantees will start thinking more creatively about the future of the healthcare marketplace in their community/state. Issues that may be raised include: importance of partnerships, Medicaid enrollment; Managed Care; Accountable Care; bundled payment approaches; mobile technology, etc.
- 3:00 – 3:15 pm** **Stretch Break**
- 3:15 – 3:45 pm** **Small Group Discussion**
- Grantees will break out into small groups to reflect on the previous discussion and share their ideas on what the future of health care will look like and how they can prepare to ensure sustainability of their PBHCI models.

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- 3:45 – 4:15 pm** **Large Group Discussion**
Grantees will come together as a group to report out on small group discussions and their ideas about how to prepare for these marketplace changes.
- 4:15 – 4:45 pm** **Team Time: Given What We Know, Now What?**
Grantees will break out into teams to discuss where they see themselves in the future and to identify how to operationalize next steps. Grantees will also begin cross-walking their identified priorities with their results from the Behavioral Health Integration Capacity Assessment (BHICA).
- 4:45 – 5:00 pm** **Team Report Out**
- 5:00 pm** **Meeting Adjourn for the Day**
- 6:00 pm** **Optional Group Dinner**

Tuesday, March 24 – The Science of Change

Whether at an organizational or individual level, committing and adapting to change is difficult. Resistance, anxiety, comfort in maintaining old habits, or unsureness of where to begin can all be barriers to change. During the morning, grantees will learn tools and processes for instituting organization-wide change. The afternoon will focus on strategies for modifying health behaviors.

- 8:30 – 8:45 am** **Welcome/Recap of Day 1**
- 8:45 – 9:15 am** **Regional Grantee Benchmarking**
Hannah Mason will review and lead a discussion of current comparative data (e.g., enrollment, reassessment, and/or physical health indicators).
- 9:15- 10:00** **Continuous Quality Improvement (CQI): Testing Change**
During Day 1, grantees reflected on the future of integration and identified priority action steps based on BHICA results and the day’s discussion. What are some available tools to assist with moving forward? CIHS will lead grantees through a process for developing a plan around an area of improvement and monitoring its effectiveness. Discussion will include planning with a focus on the customer.
- 10:00 – 10:15 am** **CQI – Grantee Sharing**
- 10:15 – 10:30 am** **Stretch Break**
- 10:30 – 11:00 am** **Team Action Planning**
Using the skills learned during the previous session, grantees will break out into teams and develop a CQI plan based on BHICA results and identified priorities from Day 1.

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- 11:00 – 11:30 am** **Team Report Out**
- 11:30 – 12:30 pm** **Lunch on Your Own**
- 12:30 – 1:45 pm** **Impacting Behavior Change**
CIHS will engage grantees in a discussion around strategies for improving client engagement and activating self-management to modify behaviors that impact their health. Topics include: guiding values to promote engagement and recovery, defining behavior change and why it is important, and core principles and practices to promote behavior change.
- 1:45 – 2:15 pm** **Team Action Planning**
Grantees will break out into small groups to brainstorm either (1) a change in organizational infrastructure or a strategy that will support health behavior change and client engagement.
- 2:15 – 2:45 pm** **Team Report Out**
- 2:45 – 3:00 pm** **Wrap Up and Evaluation**
Aaron Williams will summarize the discussions of the past day and a half. Grantees will also complete the meeting evaluation.
- 3:00 pm** **Adjourn**