



SAMHSA-HRSA Center for Integrated Health Solutions

Introduction to CIHS and the Learning Communities

October 31, 2011



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

HRSA

www.CenterforIntegratedHealthSolutions.org

AGENDA

Welcome and Introductions

CIHS Overview

CIHS Menu of Services

Learning Community Overview

Open Discussion

Website Walkthrough

Evaluation and Data Collection

Open Discussion



The CIHS is dedicated to promoting the planning and development of integrated primary and behavioral health care for those with SMI, addiction disorders and/or co-occurring conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

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**
- **To provide technical assistance to PBHCI grantees, entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorder, and to the general public**



The Center will increase the number of:

- **Individuals trained in specific behavioral health related practices**
- **Organizations using integrated healthcare service delivery approaches**
- **Consumers credentialed to provide behavioral health related practices**
- **Model curriculums developed for bidirectional primary and behavioral health integrated practice**
- **Health providers trained in the concept of wellness and behavioral health recovery**



CIHS Steering Committee

William Anthony, PhD

Center for Psychiatric Rehabilitation,
Boston University

Thomas Bornemann, Ed.D

Carter Center Mental Health Program

Richard Brown, MD, MPH

Department of Family Medicine, Univ. of WI

Tonier Cain

National Advocate and Team Leader for the
National Center for Trauma Informed Care

Carl Clark, MD

Mental Health Center of Denver

Regina Dickens, EdD, LCSW

NC Center of Excellence for Integrated Care

Michael Fitzpatrick

National Alliance on Mental Illness

John Gardin, PhD, ACS

ADAPT, Inc.

Jorge Girotti, PhD

Hispanic Center of Excellence,
Dept. of Medical Education, Univ of IL

Ellen Healion, MA

Healing Hands Across Long Island

Kenneth Jue

Founder, InSHAPE

Roger Kathol, MD, CPE

Department of Internal Medicine and
Psychiatry, University of Minnesota

Paul Lingenfelter, PhD

State Higher Education Executive
Officers Organization

Tom McLellan, PhD

Treatment Research Institute

Jim O'Connell, MD

Boston Health Care for the Homeless

Joseph Parks, MD

Missouri State Department of Mental Health

Janice Petersen, PhD

First Vice Chair
National Prevention Network

Harold Pincus, MD

Columbia University

Fred Rachman, MD

Alliance of Chicago

Richard Rawson, PhD

UCLA Integrated Substance Abuse Programs

Stephen Somers, PhD

Center for Healthcare Strategies

Patricia Taylor

Faces and Voices of Recovery

Don Thacker

Shawnee Mental Health Center, Inc



SAMHSA/HRSA Center for Integrated Health Solutions Staff



Linda Rosenberg, MSW
*President and CEO,
National Council*



Jeannie Campbell
*Executive VP,
National Council*



Kathleen Reynolds,
LMSW, ACSW
Director



Laura Galbreath, MPP
Deputy Director



Larry Fricks
Deputy Director



SAMHSA/HRSA Center for Integrated Health Solutions Staff



Michael R. Lardiere, LCSW
*Coordinator, Health
Information Technology*



Charles S. Ingoglia, MSW
*Coordinator, Policy
Analysis*



Emma Green, MPH
*Coordinator, Training
& Technical
Assistance*



Jeff Capobianco, MA
*Coordinator,
Evaluation &
Performance
Measurement*



**Cheryl Holt, MA,
NCP, BCCP**
*Director, Training
& Technical
Assistance*



SAMHSA/HRSA Center for Integrated Health Solutions Staff



Aaron Williams, MA
*Director, Training & Technical
Assistance, Substance Use*



Tony Salerno, PhD
Learning Communities



**Shauna Reitmeier,
MSW, LLMSW**
*Contracts
Administrator*



Hannah Mason
Associate



Thea Browning
Associate



PBHCI Organizational Chart

SAMHSA-HRSA
Center for Integrated Health Solutions

Co-funded by HHS/
Secretary's Prevention
Trust Fund

PBHCI Grantees (n=64)
GPOs:
*Trina Dutta, Roxanne Castaneda,
Marian Scheinholtz,
Melanie Brown*

Co-funded by HHS/
Secretary's Prevention
Trust Fund

**Transformation
Accountability
(TRAC) system**

Contractor:
Westat

**HHS/Substance
Abuse and
Mental Health
Services
Administration
(SAMHSA)**

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

SAMHSA: *Trina Dutta*
HRSA: *Alex Ross*
National Council:
Kathy Reynolds



GPO Role

- Review and approve sub-recipient contracts and awards
- Work with grantees to ensure sustainability
- Consult with the grant investigators on all phases of project development and implementation
- Approve key staff responsible for grant management, leadership, and oversight
- Provide guidance on project design
- Approve data collection plans
- Assume overall responsibility for monitoring grant progress

CIHS Role

- Provide technical assistance on a wide variety of PBHCI topics, including wellness programs, data collection, registries, clinical workflow, and more
- Connect PBHCI grantees with recognized experts in the field of integration
- Provide e-mail, phone, and in-person consultation
- Conduct regular webinars on important topics within integration
- Host a comprehensive website where PBHCI grantees can access tools and resources



Technical Assistance Areas

Clinical	Behavioral Health	Best Practices	Care Coordination	Clinical Guidelines
	Co-Occurring MH and SUD	Health Behavior Change	Medical and BH Screening Tools	Mental Health
	Motivational Interviewing	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	Behavioral Health in the Primary Care Setting	Bi-Directional Healthcare Integration	Choosing a Model	Person-Centered Healthcare Homes
	Primary Care in a Behavioral Health 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



Technical Assistance Areas

Performance Measurement	Assessment	Data Collection	Data Management	Quality Improvement
Policy	Affordable Care Act	Federal Policy	State Policy	Affordable Care Act
Special Populations	Children/Adolescents	Cultural Competency	Homeless	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, and Resiliency	Cognitive Skills to Avoid Negative Thinking	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
Workforce and Training	Behavioral Health Staff in Primary Care	Continuing Education	Graduate Education	Health Navigator Training
	National Health Service Corps	Primary Care Staff in Behavioral Health	Staff Retention	State Licensure Requirements



Technical Assistance Methodologies

Individual Technical Assistance:

- Phone, e-mail, site visit

Group Learning Experiences:

- Grantee Learning Communities
- Webinars (regional, national, grantee only)
- Training (grantee meeting, webinars, external training programs)
- Practical web-based resources (CIHS website, online Learning Community, e-newsletter, discussion boards)

Tools:

- Tools (e.g. PBHCI financing, workforce)
- Training curricula (e.g. peer support and whole health, working in primary care)
- Fact sheets (e.g. Affordable Care Act regulations, co-occurring disorders)



Technical Assistance Expertise

- National Association of Community Health Centers
- The Univ. of Colorado School of Medicine
- The University of Washington – AIMS Center
- The University of Massachusetts – Medical School
- Cherokee Health Systems
- The Annapolis Coalition
- Dartmouth Center for Health and Aging
- Rollins School of Public Health – Emory University
- Western Interstate Commission for Higher Education
- University of Medicine and Dentistry – New Jersey
- National Assoc. of State Alcohol & Drug Abuse Directors
- National Assoc. of Co. BH& Developmental Disability Directors
- National Association of State Mental Health Program Directors
- And More.....



SAMHSA-HRSA
Center for Integrated Health Solutions

REGIONAL LEARNING COMMUNITIES



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

HRSA

www.CenterforIntegratedHealthSolutions.org

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
- A Resource Team under CIHS provides guidance and support to members of the learning community



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



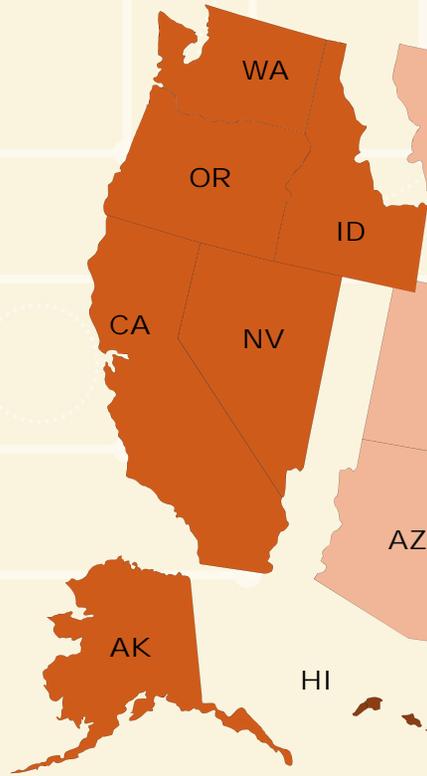
How is the PBHCI Learning Community Organized?

- 64 grantees are organized into 5 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 the GPO and a CIHS liaison

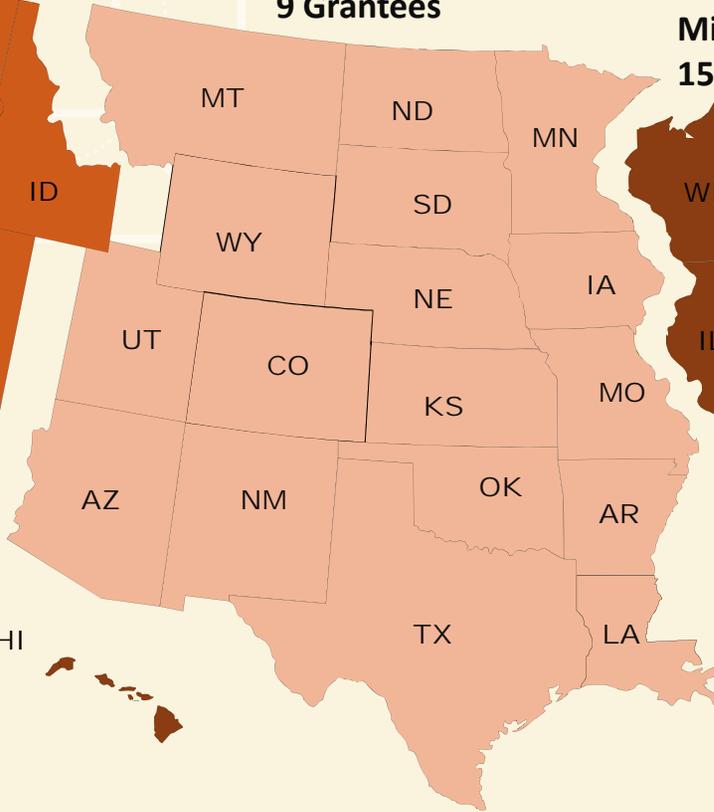


SAMHSA PBHCI Learning Communities

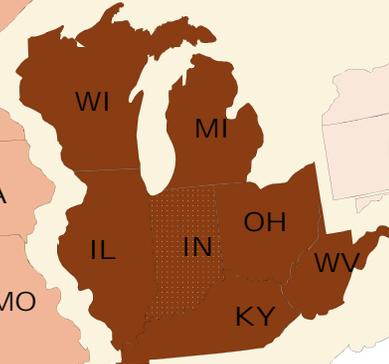
West Region (1)
14 Grantees



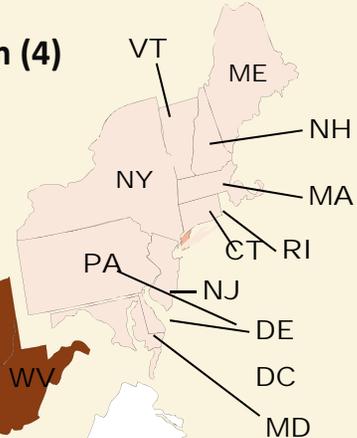
Central Region (2)
9 Grantees



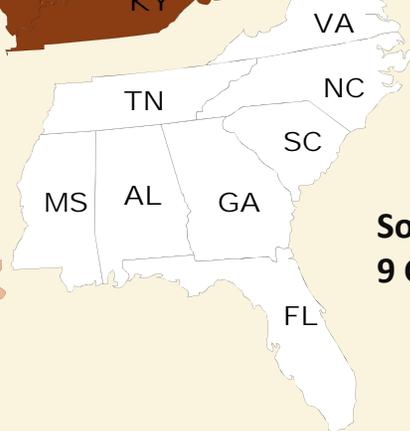
Midwest Region (4)
15 Grantees



Northeast & Mid-Atlantic Region (5)
17 Grantees



Southeast Region (3)
9 Grantees



Learning Community Members

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

West Region (1)

Trina Dutta* trina.dutta@samhsa.hhs.gov
Aaron Williams** aaronw@thenationalcouncil.org

AK: Alaska Islands Community Services
AK: Southcentral Foundation
CA: Alameda County Behavioral Health Care Services
CA: Asian Community Mental Health Services
CA: Catholic Charities of Santa Clara County
CA: Glenn County Health Services Agency
CA: Mental Health Systems, Inc
CA: San Francisco Department of Public Health
CA: San Mateo County Health System
CA: Tarzana Treatment Centers, Inc.
OR: Native American Rehab Association of the Northwest
WA: Asian Counseling and Referral Service
WA: Downtown Emergency Service Center
WA: Navos

Central Region (2)

Roxanne Castaneda* roxanne.castaneda@samhsa.hhs.gov
Cheryl Holt** cherylh@thenationalcouncil.org

AZ: CODAC Behavioral Health Services
CO: Mental Health Center of Denver
LA: Capital Area Human Services District
OK: Central Oklahoma Community MH Center
OK: NorthCare Community Mental Health Center
TX: Austin-Travis County Integral Care
TX: Lubbock Regional MH & MR Center
TX: Montrose Counseling Center
UT: Weber Human Services

* GPO
** CIHS Liaison

Southeast Region (3)

Marian Scheinholtz* marian.scheinoltz@samhsa.hhs.gov
Laura Galbreath** laurag@thenationalcouncil.org

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
SC: South Carolina State Department of Mental Health
VA: Norfolk Community Services Board

Midwest Region (4)

Roxanne Castaneda* roxanne.castaneda@samhsa.hhs.gov
Jeff Capobianco** jeffc@thenationalcouncil.org

IL: Heritage Behavioral Health Center
IL: Human Service Center
IL: Trilogy, Inc
IN: Adult & Child Mental Health Center
IN: Centerstone of Indiana
IN: Health & Hospital Corporation of Marion County
IN: Regional Mental Health Center
KY: Pennyroyal Regional MH/MR Board
MI: Washtenaw Community Health Organization
OH: Center for Families & Children
OH: Community Support Services
OH: Greater Cincinnati Behavioral Health Services
OH: Shawnee Mental Health Center
OH: Southeast Inc.
WV: Pretera Center for Mental Health Services

Northeast & Mid-Atlantic Region (5)

Melanie Brown* melanie.brown@samhsa.hhs.gov
Tony Salerno** tonys@thenationalcouncil.org
Emma Green** emmag@thenationalcouncil.org

CT: Bridges...A Community Support System
CT: Community Mental Health Affiliates
MA: Community Healthlink, Inc
MD: Family Services, Inc
ME: Community Health & Counseling Services
NH: Community Council of Nashua
NJ: Care Plus NJ
NJ: Catholic Charities, Diocese of Trenton
NY: Bronx-Lebanon Hospital Center
NY: Fordham Tremont CMHC
NY: International Center for the Disabled
NY: Postgraduate Center for Mental Health
NY: VIP Community Services
PA: Horizon House
PA: Milestone Centers
RI: Kent Center for Human & Organizational Development
RI: The Providence Center



Quarterly Theme

- Each quarter will highlight a specific integration area that will serve as the primary focus of technical assistance
- The quarterly theme does not preclude technical assistance in areas outside of the theme



Learning Communities

Activities: Phone-Based Communication

Quarterly Individual Calls

- First half: Review of quarterly report and data with GPO
- Second half: Review of technical assistance needs

Regional Group Calls

- Share successes and challenges with one another
- Topic specific

Cross Regional Special Interest Group Calls

- Organized by common aims
- Organized by shared characteristics such as type of integration model/partnership arrangement/cohort/population served
- Organized by role and responsibilities of key PBHCI players (e.g., nurse care managers, peers, evaluators)



Learning Communities

Activities: Face-to-Face Meetings

Regional meetings

Two meetings within the Learning Community region (late winter/early spring 2012 and late summer/early fall 2012). Designed to offer grantees opportunities to:

- Learn about the best practices and core principles of an effective integrated service system
- Present on successful efforts, discuss challenge areas and learn from the experiences of other grantees addressing the same challenges

All-grantee meeting

- 2-3 day meeting in spring 2012

Site visits

- Based on expressed interest and needs



Learning Communities

Activities: Web-Based Communication

Online Platform

- An online space specifically for grantees

Webinars

- Topic specific webinars will be coordinated through the CIHS and focus on areas of interest to grantees

E-mail Communication

- Grantees contact their facilitator and/or CIHS staff with specific questions



Role of the Regional Resource Team

- Provides the technical, clinical, social, organizational and logistical support to the members of a learning community
- Assist grantees to apply the principles and practices of continuous quality improvement and learn about best practices in integration
- Facilitates individual/group calls and regional in-person meetings
- Facilitates access to the full range of CIHS resources and expertise of the CIHS, SAMHSA, and HRSA
- Conducts site visits with 1-3 grantees in their respective region
- Remains in close contact with the CIHS about the needs of the grantees
- Coordinates needs assessment of each grantee



Role of the Grantees

Core Implementation Team:

- Serve as the key team to access the supports and resources of the Learning Community
- Participate in the variety of supports and activities of the Learning Community
- Share experiences, successes, resources and challenges with fellow Core Implementation Team members
- Decide on improvement strategies that are informed by best practices and quality improvement methods
- Take part in periodic brief evaluations (either individually or as a group) to assess satisfaction and effectiveness of the Learning Community.
- Identify needs, make requests and communicate ideas gathered via the Learning Community to the grantee organization to support their grant work plan



The Learning Community is dynamic!

The proposed structure, process and content of the Learning Community is a starting point!

The experience, needs and wants of Learning Community members helps to shape how the Learning Community evolves over time!



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

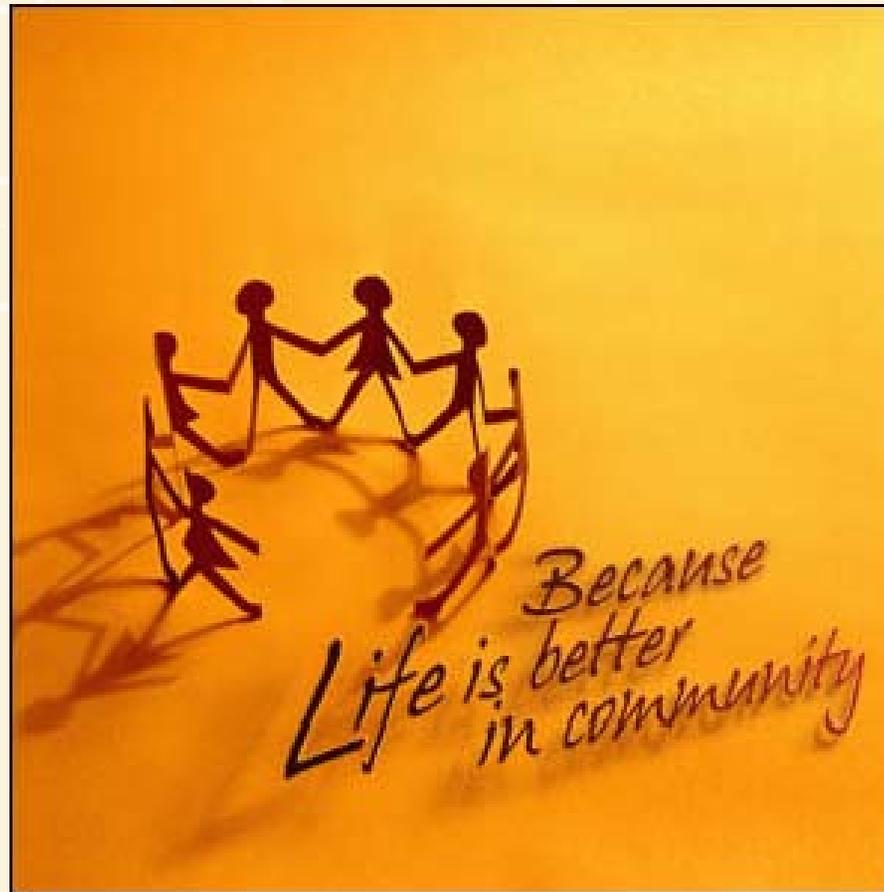


What's in it for you?

- Get emotional support (change is not easy- people have strong feelings associated with complex change)
- Social networking is motivating and enjoyable (having fun is a good thing)
- Designed to address **YOUR** felt needs
- Get tools, resources and information
- Get lots of ideas
- Have others to bounce ideas off of
- Less time figuring out how to address challenges (too much trial and error learning is exhaustive)
- Helps CIHS influence policy makers based on your real life experiences
- Real time answers to real time questions
- Contributes to your quarterly reports



Learning Communities are all about relationships



Upcoming Learning Community Activities

October: Health Information Technology

- HIT Kickoff Webinar: October 7
- Regional Group Calls: October 14, 21, 28

November: Finance and Billing

- Finance and Billing 101 Webinar: November 11
- Cross Regional Special Interest Calls: November 18

December: Wellness

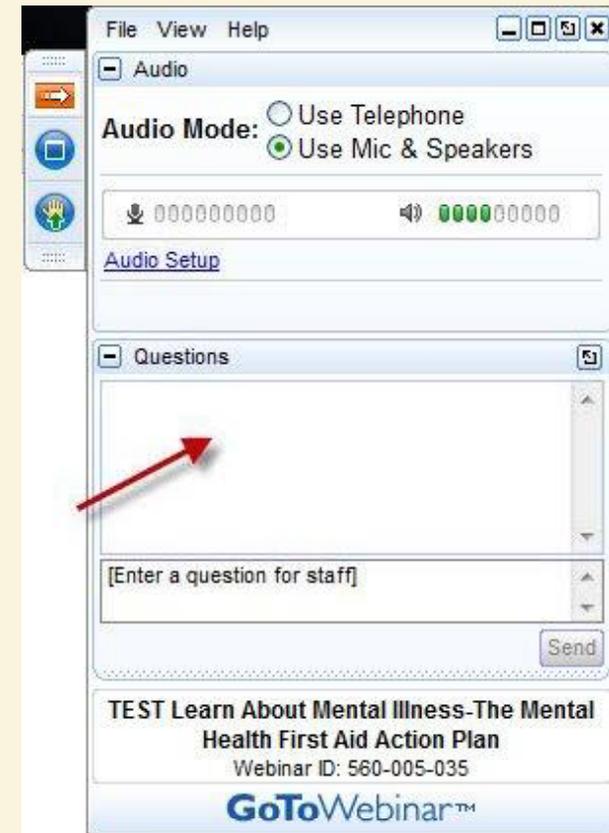
- Wellness Webinar: December 9
- Cross Regional Special Interest Calls: December 16
- Regional Group Calls



SAMHSA-HRSA Center for Integrated Health Solutions



To ask your question over the phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



To ask your questions via the chat please type your questions into the question box and we will address your questions. **(right)**



SAMHSA-HRSA
Center for Integrated Health Solutions

Website Walkthrough



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

HRSA

www.CenterforIntegratedHealthSolutions.org

Grant Evaluation

- A) SAMSHA Quarterly Grant Narrative Report
- B) CMHS TRAC IPP & NOMS



SAMHSA Quarterly Grant Narrative Report

- Detailed overview of progress made toward grant goals.
- Submitted to Grant Project Officer (GPO) Quarterly.



CMHS *TR*ansformation & *AC*countability (TRAC) system

- Maintained by SAMHSA contractor, Westat
- On-line repository of CMHS program performance indicators
- Grantees enter IPP and NOMs data into TRAC
- Data *cannot be uploaded* into TRAC; data must be entered by hand
- Data *can be downloaded* from TRAC



Infrastructure Development, Prevention & Mental Health Promotion (IPP) Indicators

- Entered quarterly directly into TRAC



CMHS TRAC IPP Indicator Domains

- Policy
- Workforce development
- Financing
- Organizational change
- Partnerships/
Collaborations
- Targets of Practice
Awareness
- Training
- Knowledge/Attitudes/
Beliefs
- Screening
- Outreach
- Referral
- Access



Example IPP Indicators

Policy Development (PD)

PD1. The number of policy changes completed as a result of the grant.

Financing (F)

F3. The amount of pooled, blended, or braided funding used for mental health-related practices/activities that are consistent with the goals of the grant



TRAC - National Outcomes Measures Client-level (NOMs)

Collected at Enrollment, Biannually, Discharge



CMHS TRAC NOMS Indicator Domains

- Demographics Functioning
- Stability in housing
- Education & Employment
- Criminal justice status
- Perception of Care
- Social Connectedness
- Services Received
- Status at Reassessment
- Clinical Discharge



Example NOMs Items

Functioning

B1. How would you rate your overall health right now?
1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Poor

Stability in Housing

C1a. In the past 30 days how many nights have you been homeless?



CMHS TRAC- NOMs Section H (Physical Health) Indicators

Contains program-specific questions for PBHCI grantees:

Mechanical: BP, weight, height, waist circumference (optional), breath CO (optional)

Blood Labs: 8h fast, glucose, A1c, cholesterol, triglycerides



CMHS TRAC Measures FAQs

When should blood labs be drawn?

- At enrollment and annually thereafter
- Ideally, blood draws will occur ~at the same times as the NOMs interview

When should mechanical indicators be assessed?

- Quarterly (per contract w/ SAMHSA)
- Enter into TRAC biannually



General Data Questions Contact

Jeff Capobianco

734.615.3367

jeffc@thenationalcouncil.org

**For questions about changing data
benchmarks, contact your GPO**



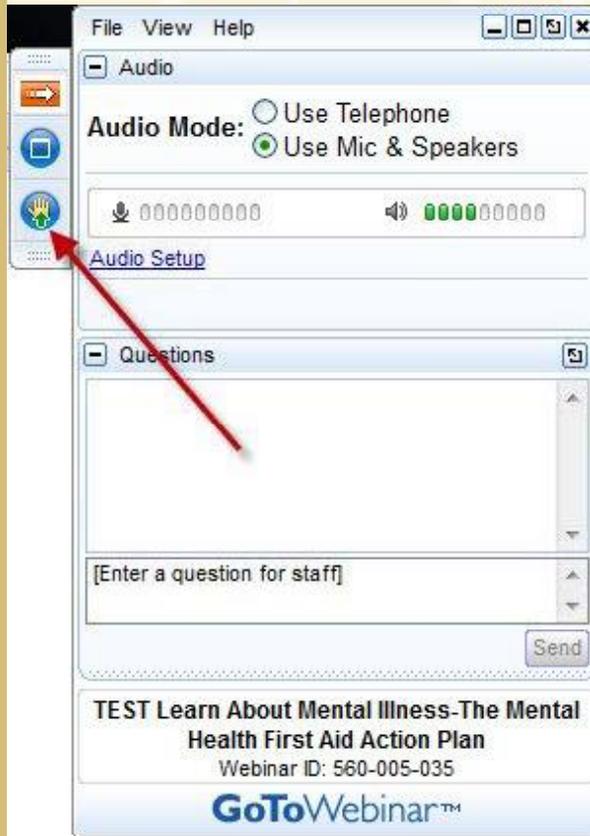
Specific Questions Contact CMHS TRAC

Questions related to TRAC measures (NOMs, IPP),
function and accessibility should be directed to the
TRAC Help Desk

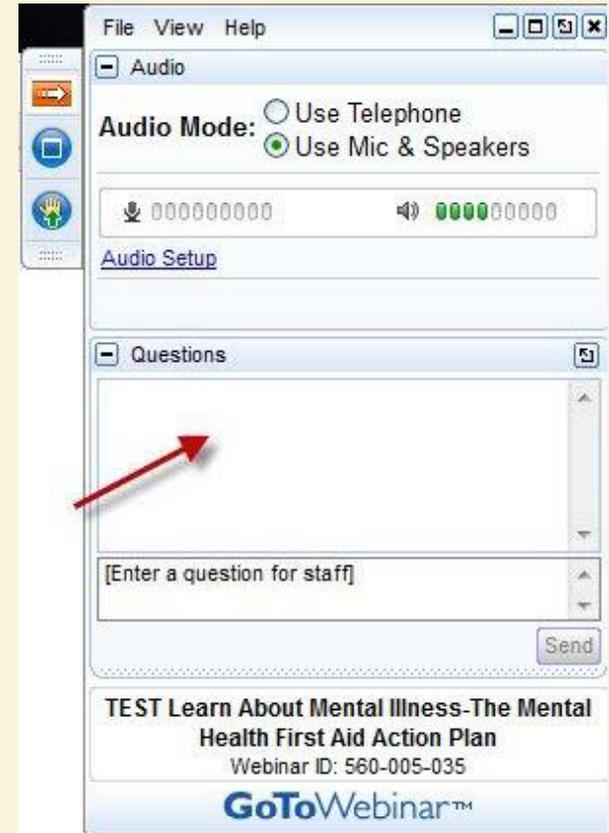
Toll-free: 1-888-219-0238
TRACHELP@westat.com



SAMHSA-HRSA Center for Integrated Health Solutions



To ask your question over the phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



To ask your question via the chat please type your questions into the question box and we will address your questions. **(right)**



Thank you!

For immediate technical assistance needs, general questions, or additional information, contact:

Emma Green

Training & Technical Assistance Coordinator

emmag@thenationalcouncil.org

(202) 684-7457, Ext. 251

