

Primary and Behavioral Health Care Integration Grants (PBHCI)

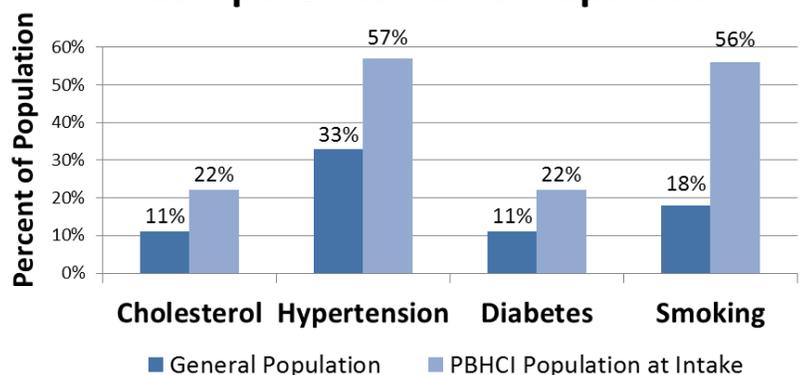
The PBHCI program supports community-based agencies' efforts to build the partnerships and infrastructure needed to initiate or expand the provision of primary healthcare services for people in treatment for serious mental illnesses. These grantees address SAMHSA strategic initiatives to support health reform, health information technology (HIT), and the prevention of substance abuse and mental illness with a goal of fostering the integration of primary and behavioral healthcare.

To date, SAMHSA has awarded \$162,392,053 in grant funds to 187 PBHCI grantees across 8 cohorts, 121 of which are current. This data profile reports on PBHCI client level data and Infrastructure Development, Prevention, and Mental Health Promotion (IPP) performance data for cohorts 1 through 5 reported in the CMHS Transformation Accountability (TRAC) from FY 2010 through March of FY 2015.

COHORT	NUMBER OF GRANTEES	PROJECT YEAR (START)	FUNDING AMOUNT
1	13	2009	\$6,496,466
2	9	2010	\$4,500,000
3	34	2010	\$16,403,620
4	8	2011	\$15,035,000
5	30	2012	\$35,577,447
6	7	2013	\$2,792,761
7	26	2014	\$40,918,459
8	60	2015	\$40,668,300

The PBHCI population has much higher health risks as compared to the general population. At intake, individuals receiving PBHCI services had **two times** the rate at risk or having **diabetes**; **three times** the rate at risk or having **high cholesterol**; **almost double** the rate at risk of having **hypertension**; and **triple** the rate of **smoking**.

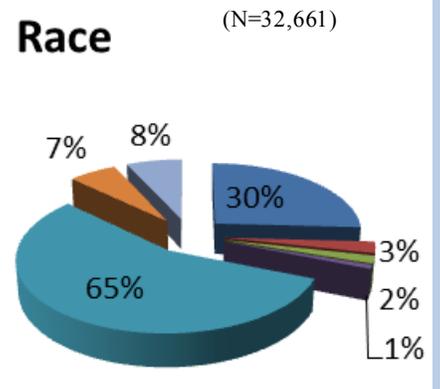
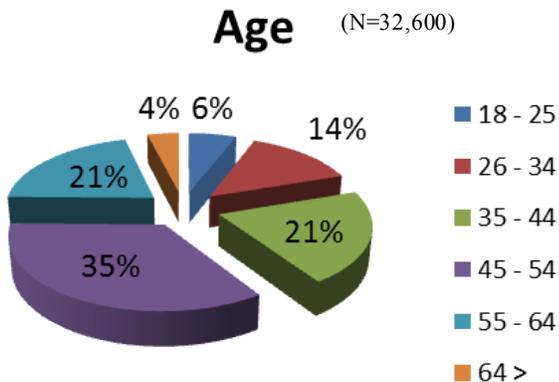
General Population Compared to PBHCI Population



"The health consequences of smoking—50 years of progress: a report of the Surgeon General." Atlanta, GA.: HHS; CDD, NCCDPHP, Office on Smoking and Health, 2014. Blackwell, Lucas, & Clarke. "Summary health statistics for U.S. adults: National Health Interview Survey, 2012." National Center for Health Statistics. Vital Health Stat 10(260), 2014.

Snapshot of DEMOGRAPHICS* at Intake

The PBHCI program serves adults ages 18 years and older. Of those who received PBHCI services, the majority (77%) were ages 35 to 64, with 35% ages 45 to 54. Six percent (6%) were ages 18 to 25.

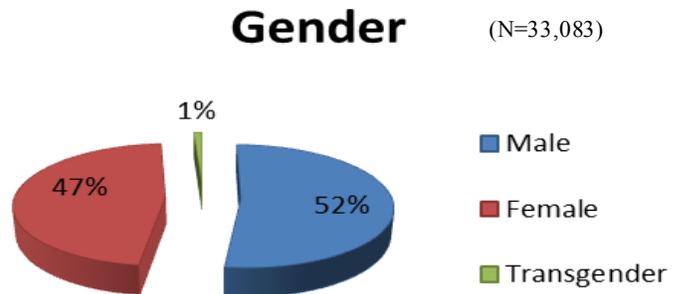


The majority of people receiving PBHCI services were **White (65%)**. **Black** people made up thirty percent (30%) and eight percent (8%) identified as **multi-racial**.

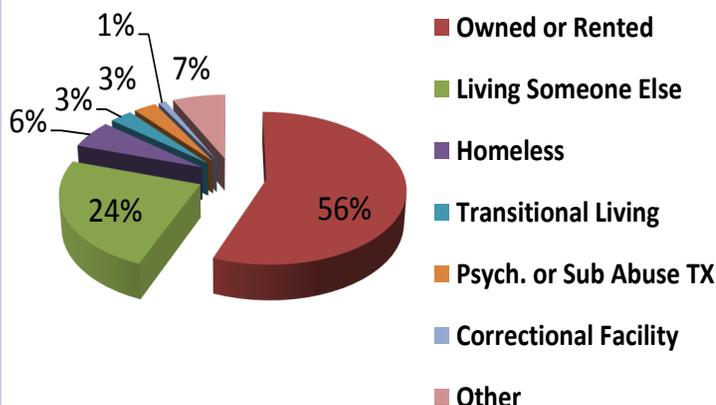
Males comprised just over half (52%) of people who received PBHCI services.

Over half (56%) **owned or rented** their own home, twenty-four percent (24%) reported **living with someone**, and six percent (6%) reported being **homeless** at intake.

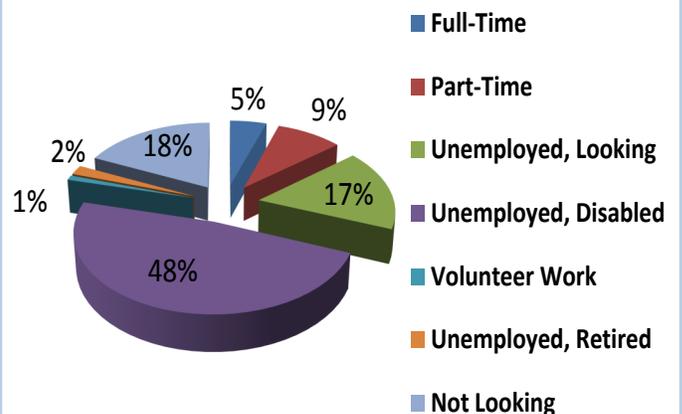
At intake, nearly half (48%) identified as being **unemployed** due to a **disability**.



Living Situation (N=39,859)



Employment Status (N=39,811)

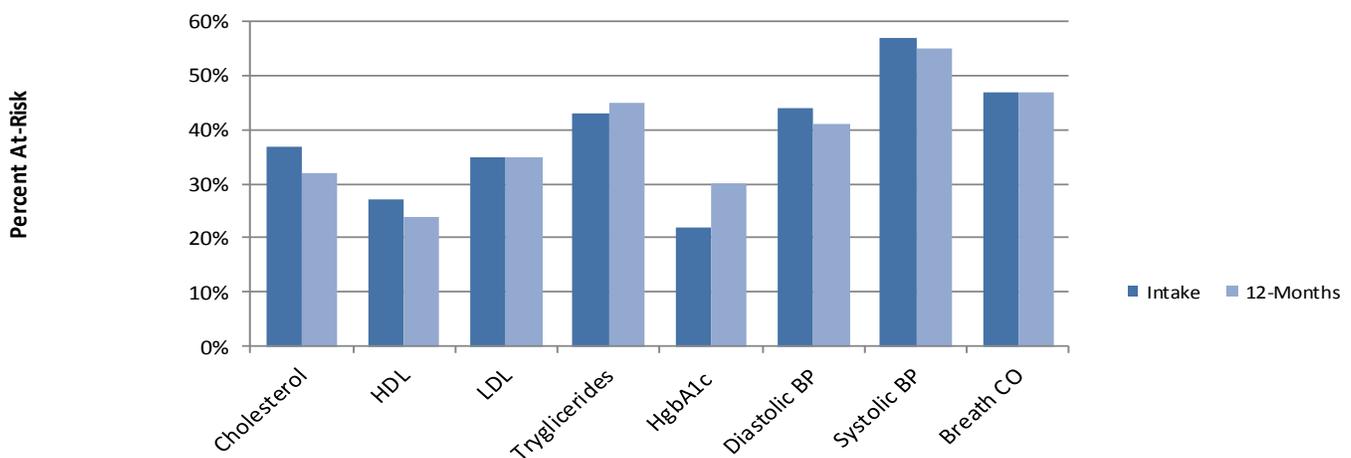


*Sample sizes are different due to missing data. Total N = 57,398

Treatment Outcomes

PBHCI grantees collect data on consumers at admission and in follow-up reassessments every six months through discharge using the National Outcome Measures (NOMs). The following information represents 15,516 individuals who received PBHCI services and had three points of NOMs data entered into the CMHS TRAC System (intake, 6-months, and 12-months).

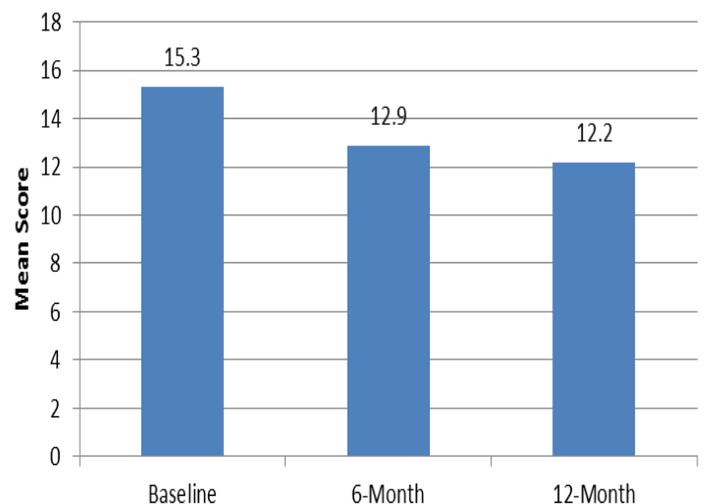
Physical Health Outcomes



Health/Mental Health Outcomes

Significant improvement was found from baseline to 12-Month follow-up for **cholesterol** ($p < .001$), **HDL** ($p < .001$), **diastolic and systolic blood pressure** ($p < .001$) and **mental health symptoms** ($p < .001$). **No change** was found for **LDL** or **breath CO**. **Triglycerides** and **hemoglobin A1c** levels are outcome that **need improvement** as the percentage at-risk increased significantly ($p < .001$).

Mental Health Symptoms



The percent of consumers who reported good **overall health** increased from 40% at baseline to 52% at 12-months.

Emergency Room usage for health or mental health decreased slightly from intake at 6 and to 12-months.

Consumers who reported using **tobacco** products at intake **did not** experience a significant decrease in smoking.

Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Activities

Infrastructure Development activities are designed to increase the capacity and capabilities of the mental health service system. **Prevention and Mental Health Promotion** activities are focused on taking a public health approach through the use of universal, selected, and indicated strategies.

Consumer Involvement

On average **54%** of the members of grantee work groups/councils/advisory groups were consumers or family members.

1336 Consumers/family members represented consumer/ family organizations involved in on-going planning.

2344 mental health related services were provided by consumers/family members in such roles as Wellness Coaches, and Peer Health Navigators.

Core Services Received

During the first six months of PBHCI services, eighty-four percent (84%) of people received **mental health** services, seventy-seven percent (77%) received **psychiatric medication**, and seventy-seven (72%) received **case management**.

Services Type	# of People	% of People
Mental Health	6035	84%
Psychotropic Meds	5515	77%
Medical Care	5514	77%
Case Management	5185	72%
Co-Occurring	2380	33%
Social/Recreational	2031	28%
Consumer Operated	1867	26%
Transportation	1836	26%
Housing	1267	18%
Trauma Services	1116	16%
Education/Employment	1558	21%

Workforce Development and Training

220,893* professionals **were trained** on mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.

# Grantees Reporting	Fiscal Year	# of Professionals Trained
10	2010	287
54	2011	37,137
63	2012	151,154
87	2013	156,16
79	2014	14,194
40	2015	24,91
	Total	220,893

*People may have attended more than one training therefore; the total number reported is not unduplicated.

Policy Development/Organizational Change

610 policy changes were made such as agency-wide adoption of integrated services, improved clinical procedures, development of new integrated health clinics in rural areas.

1422 organizational changes made to support improvement of mental health-related practices/activities that are consistent with the goals of the grant.

\$41,192,109 of additional funding was leveraged from partners for specific health/mental health related practices/activities grant as a result of PBHCI grant funding.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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