



# *SAMHSA-HRSA Center for Integrated Health Solutions*

## **Cohort V Academy Part 1: The Role of SAMHSA & CIHS for PBHCI Grantees**

Moderator: Jenny Crawford, Deputy Director,  
SAMHSA-HRSA Center for Integrated Health Solutions

October 18, 2012



**Got Questions?**  
Please type your questions into the question box and we will address your questions.



# Cohort V Academy Schedule

Topic	Date
<b>Part 2:</b> Project Management & Creating Your Infrastructure	October 25, 2012
<b>Part 3:</b> Engaging Consumers and Developing Workflows	November 1, 2012
<b>Part 4:</b> Wellness (Health Promotion and Illness Prevention)	November 8, 2012
<b>Part 5:</b> Collecting and Using Data to Improve Consumers' Health	November 15, 2012
<b>Part 6:</b> Forging and Sustaining Partnerships	November 29, 2012
<b>Part 7:</b> Financing and Sustainability	December 6, 2012
<b>Part 8:</b> Change Management	December 13, 2012
<b>Part 9:</b> Using an EMR to Support Integration	January 10, 2013



# Agenda

- Overview of PBHCI
- Introduction to GPOs
- Grants Management
- Role of TRAC
- Grant Requirements
- Resources from the SAMHSA-HRSA Center for Integrated Health Solutions



# Overview of PBHCI



*"As soon as your dentist gets here, we'll begin."*

# Overview of PBHCI

- **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
- **Objective:** to support the triple aim of improving the health of those with SMI; enhancing the consumer's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.



# Overview of PBHCI

## Core Requirements

- Provide, by qualified primary care professionals, on site primary care services and
- Provide, by qualified specialty care professionals or other coordinators of care, medically necessary referrals

## **Must serve as a client's health home where grantees provide the following services:**

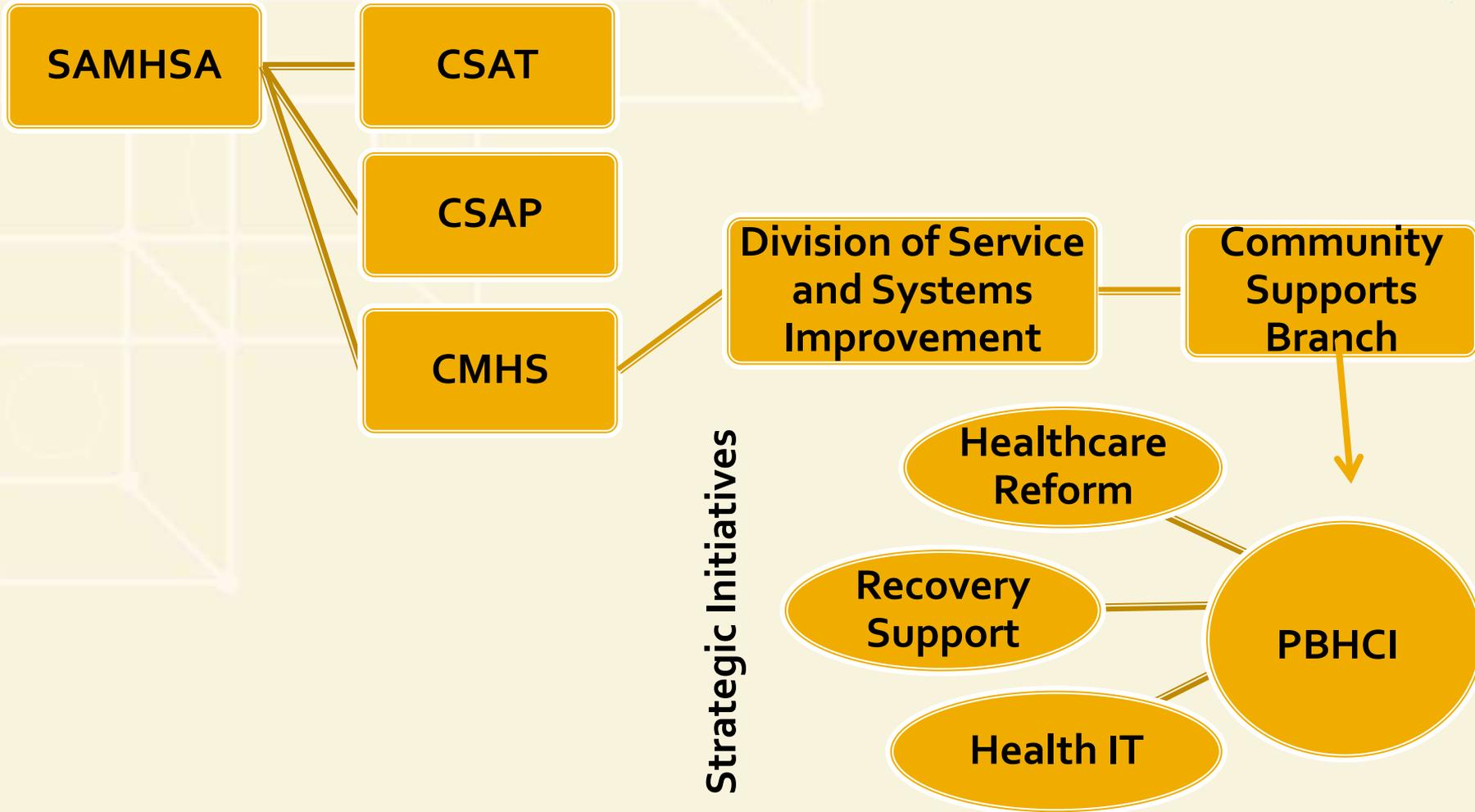
- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support, which includes authorized representatives
- Referral to community and social support services, including appropriate follow-up



# Other areas of emphasis

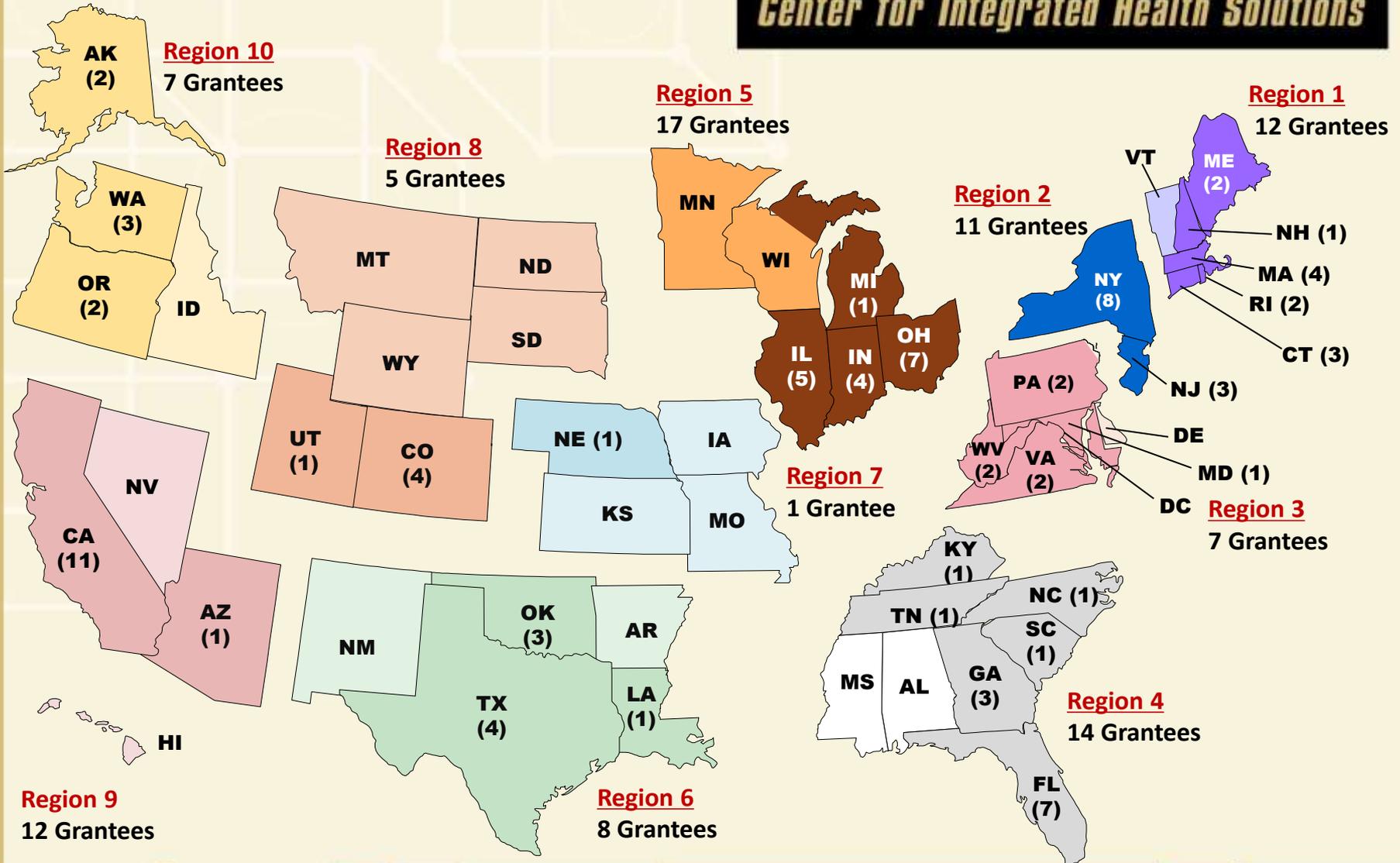
- HIT: Grantees must achieve Meaningful Use Standards, as defined by CMS, by the end of the grant period;
- Prevention & Health Promotion: Wellness programs (e.g., tobacco cessation, nutrition consultation, health education and literacy, self-help/management programs) should be available as preventive interventions that involve preventive screening and assessment tools, *incorporating recovery principles and peer leadership and support*
- Sustainability: Grantees must submit a sustainability plan in Year 2 of their grant, detailing how expanded Medicaid eligibility, available CMS/3<sup>rd</sup> party billing, and other strategies will be utilized to sustain services post-grant





# PBHCI Grantees by HHS Regions

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



# **PBHCI Key Personnel**

**Government Project Officer (GPO)**  
**CIHS Regional Liaison**  
**CIHS Regional Coordinator**  
**Grants Management Representative**  
**TRAC Help Desk**



# What is your GPO's role?

- Review and discuss your quarterly reports
- Review and discuss your TRAC data
- Approve all program changes (including budget, scope, and Project Director)
- Field training and TA requests
- Support you in achieving your program goals!



# Western PBHCl Learning Community



**HHS Region 10**  
**7 Grantees**



**HHS Region 9**  
**12 Grantees**

**SAMHSA GPO :** Trina Dutta  
*Trina.Dutta@SAMHSA.hhs.gov*

- Monitors the grant progress

**CIHS Liaison:** Aaron Williams  
*aaronw@thenationalcouncil.org*

- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

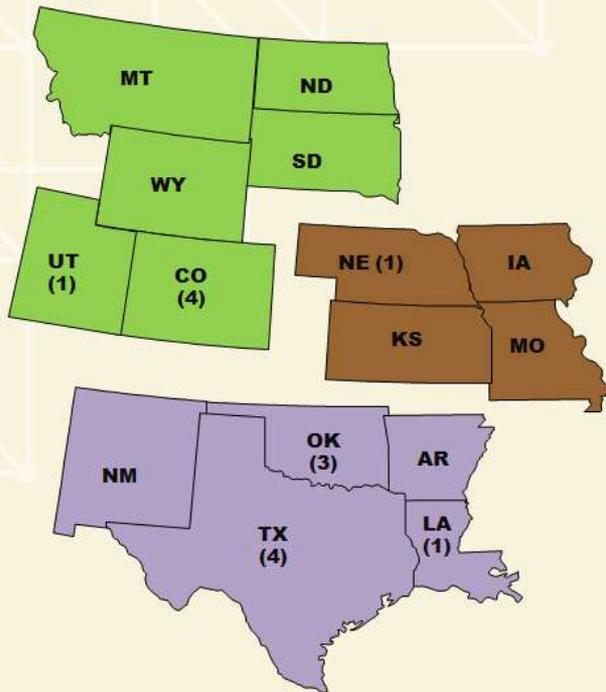
**Coordinator:** Hannah Mason  
*hannahm@thenationalcouncil.org*

- Works with CIHS liaison to coordinate technical assistance



# Central PBHCI Learning Community

**HHS Region 8**  
**5 Grantees**



**HHS Region 7**  
**1 Grantee**

**HHS Region 6**  
**8 Grantees**

**SAMHSA GPO:** Roxanne Castaneda  
*Roxanne.Castaneda@samhsa.hhs.gov*  
- Monitors the grant progress

**CIHS Liaison:** Linda Ligenza  
*Lindal@thenationalcouncil.org*  
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

**Coordinator:** Hannah Mason  
*hannahm@thenationalcouncil.org*  
- Works with CIHS liaison to coordinate technical assistance



## Midwest PBHCI Learning Community



**HHS Region 5**  
**17 Grantees**

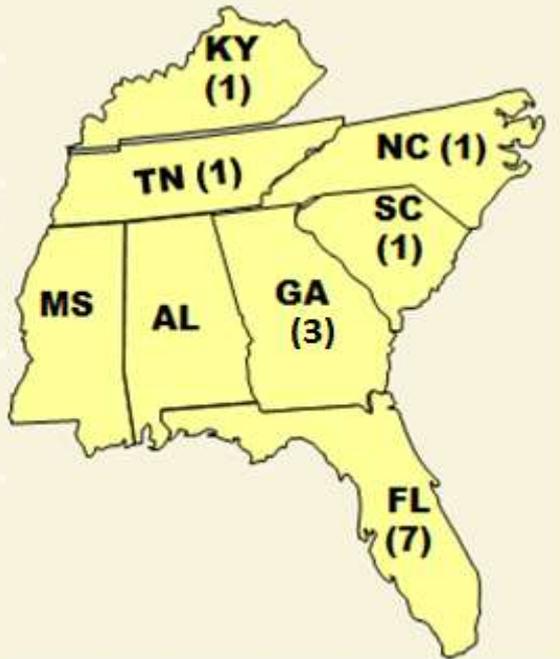
**SAMHSA GPO :** Roxanne Castaneda  
*Roxanne.Castaneda@samhsa.hhs.gov*  
- Monitors the grant progress

**CIHS Liaison:** Jeff Capobianco  
*jeffc@thenationalcouncil.org*  
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

**Coordinator: Rose Felipe**  
*rosef@thenationalcouncil.org*  
- Works with CIHS liaison to coordinate technical assistance



# Southeast PBHCI Learning Community



**HHS Region 4**  
**14 Grantees**

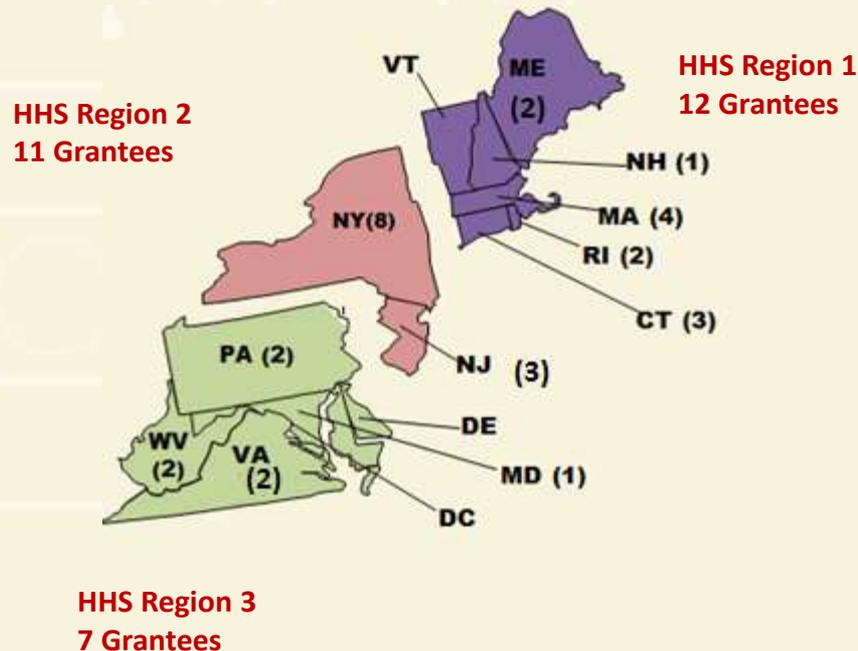
**SAMHSA GPO :** Marian Scheinholtz  
*marian.scheinholtz@samhsa.hhs.gov*  
- Monitors the grant progress

**CIHS Liaison:** Colleen O' Donnell  
*colleeno@thenationalcouncil.org*  
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

**Coordinator:** Rose Felipe  
*rosef@thenationalcouncil.org*  
- Works with CIHS liaison to coordinate technical assistance



# Northeast and Mid-Atlantic PBHCI Learning Community



**SAMHSA GPO :** Tenly Pau  
*Tenly.Pau@samhsa.hhs.gov*  
-Monitors the grant progress

## CIHS Liaisons:

**Tony Salerno (Region 1&2)**  
*tonys@thenationalcouncil.org*  
-Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

**Jenny Crawford (Region 3)**  
*jennyc@thenationalcouncil.org*  
- Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more

**Coordinator:** Emma Green  
*emmag@thenationalcouncil.org*  
- Works with CIHS liaison to coordinate technical assistance



# What is Grants Management's Role?





## GRANTS MANAGEMENT BRIEF OVERVIEW

Sal Ortiz  
Grants Management Specialist  
Division of Grants Management (DGM)  
Office of Financial Resources (OFR)  
240-276-1421  
[salvador.ortiz@samhsa.hhs.gov](mailto:salvador.ortiz@samhsa.hhs.gov)

[New 2012 PBHCI Grantees Webinar](#)

Primary and Behavioral Health Care Integration (PBHCI)  
**October 18, 2012**



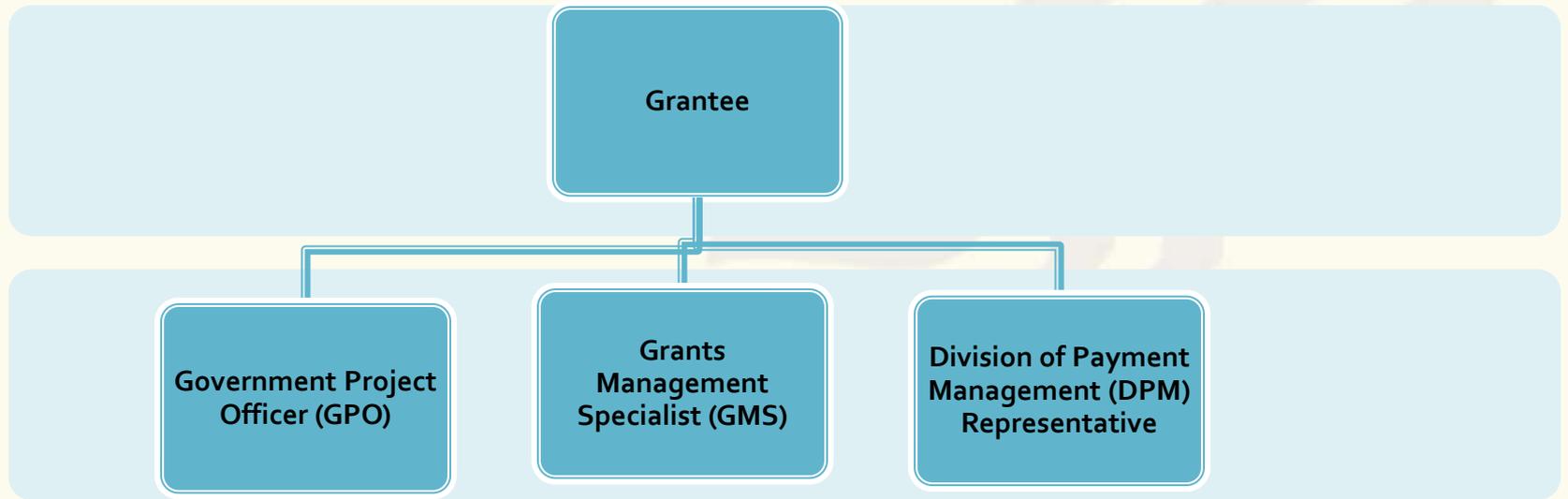


# TOPICS

- **Partners**
  - **Government Project Officer's (GPO) Role**
  - **Division of Grants Management (DGM) Role**
  - **Actions Requiring Prior Approval**
  - **Process for Requesting Prior Approval**
  - **Division of Payment Management (DPM) - Drawdown of Funds**
  - **SAMHSA Grants Management website**
  - **Reporting Due Dates**
- 



# Partners





# Government Project Officer's Role

- **Government Project Officer (GPO):** The GPO is responsible for the programmatic, and/or technical aspects of assigned grants. The GPO works in partnership with the Grants Management Specialist (GMS) throughout the duration of the grant cycle.





# Grants Management's Role

- Partners with **SAMHSA Government Project Officers**
- Responsible for business management matters:
  - ❖ Award Negotiations
  - ❖ Official Signatory for Obligation of Federal Funds
  - ❖ Official Signatory for Prior Approvals
  - ❖ Monitor fiscal/compliance issues
  - ❖ Close-out of the grant



# Actions Requiring Prior Approval

- **Key Staff changes:** Any replacement or substantial reduction in effort of the Program Director (PD) or other key staff; positions designated as key staff are defined in the Notice of Award (NoA).
- **Re-budgeting of funds:** Cumulative amount of transfers among direct/indirect cost categories exceeding **25%** of the total award amount or **\$250,000**, whichever is less.
- **Transfer of Substantive Programmatic Work to a Contractor**
- **Carryover of Un-obligated Funds above 25%** of the total federal share of the current budget period.
- **Change in Scope:** i.e. reduction in services originally proposed, reduction in number of clients, etc.
- **Alterations & Renovations**
- **No Cost Extension:** To permit an orderly phase-out of a project or program.



# Process for Requesting Prior Approval

- **Request should be submitted in writing by Grantee:**
  - ❖ Address to Grants Management Specialist and Government Program Official
  - ❖ Reference Grant Number (**e.g. SM-12345**)
  - ❖ Provide Programmatic and Budget Justification
  - ❖ Signed by both **Program Director** and **Business Official**
  
- Requests may be submitted via email, with the Program Director and Business Official copied (CC) on the e-mail. If submitted via email, you are not required to submit hard copy via mail.
  
- Reviewed by Grants Management Specialist in consultation with Project Officer.
  
- **Approval will be official with a revised Notice of Award.**



# Division of Payment Management's Role

Drawdown of Funds are made through another Federal office:

## Division of Payment Management (DPM)

Website Address: [www.dpm.psc.gov](http://www.dpm.psc.gov)

Please visit the "Contact Us" section on the above website to search for your account representative based on your organizational entity.

## Public Assistance (P) Account

The Division of Grants Management created a Public Assistance (P) Account in the Division of Payment Management's (DPM) payment management system to provide a separate accounting of federal funds per SAMHSA grant. When discussing your account with the DPM's Account Representative, provide the document number identified on Page 2 of the Notice of Award under Section I - AWARD DATA, Fiscal Information.



## SAMHSA Grants Management Website

Everything you need to know about managing a grant can be found at the following link:

<http://www.samhsa.gov/Grants/management.aspx>



## Division of Grants Management Important Due Dates:

- Quarterly Programmatic Progress Reports (January 31, 2013; April 30, 2013; July 31, 2013; October 31, 2013)
- PPHF/ACA Semi-Annual Reports:
  - 1<sup>st</sup> Reporting Period covering 7/1-12/31 is due 1/15/2013
  - 2<sup>nd</sup> Reporting Period covering 1/1-6/30 is due 7/15/2013
- Annual Federal Financial Report (FFR), is due by **January 30, 2014** for the budget period starting 9/30/2012 and ending 9/29/2013

# Questions and Answers



# What is TRAC's role?



# What is TRAC?

TRAC is web-based, centralized data platform that allows CMHS to measure program and grantee performance

- Grantees:
  - ✓ Enter their goals, budget, & performance data
  - ✓ Monitor progress towards goals
- CMHS:
  - ✓ Monitors progress towards goals
- TRAC is a strategic imperative for CMHS
- Driven by:
  - ✓ Government-wide requirements
  - ✓ SAMHSA data strategy
  - ✓ Center commitment to performance management



# TRAC Data Collection Modules

- Annual Goals and Budget Information
- NOMs Client-level Measures for Discretionary Programs Providing Direct Treatment Services (Services Activities)
- Infrastructure Development, Prevention & Mental Health Promotion (IPP)
- Technical Assistance (TA) Survey



# Annual Goals and Budget Information

- Project Directors enter their grant's performance goals and budget information
- Goals and budget information are entered directly into the TRAC system
- Goals are based on existing plans
- GPOs approve goals and budget information
- Data are used in various reports for performance measurement and oversight
- Project Directors can make annual updates thereafter



# **NOMs Client-level Measures for Programs Providing Direct Treatment Services (Services Activities) Module**

- Services Activities data is collected via the Client-level Measures (Services) tool
- Data is collected on all consumers that receive services
- All Services Activities data will be entered directly into the TRAC system



# Infrastructure Development & Prevention and Mental Health Promotion (IPP)

- Collects information on
  - ✓ Program activities
  - ✓ Impact on infrastructure development
  - ✓ Impact on prevention and mental health promotion
- Report on measures selected for your program
- Data can be viewed and downloaded
- Performance report matched to goals



# Technical Assistance (TA) Survey

- Collects information regarding the technical assistance given to grantees by CMHS-funded TA Centers
- Survey questions include
  - ✓ Types of TA received
  - ✓ Content of TA received
  - ✓ Ability to carrying out grant work successfully
  - ✓ Quality assessment and overall satisfaction



# Questions and Answers



# 2012-2013 Pilot

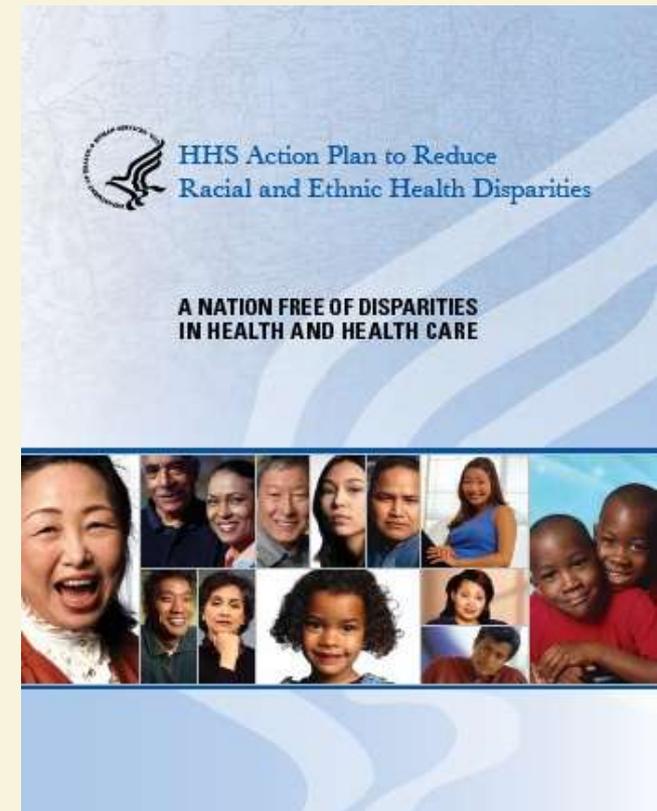
# SAMHSA's Behavioral Health Disparities Impact Statements



# HHS Secretarial Priority #1

Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:

- *Program grantees will be required to submit **health disparity impact statements** as part of their grant applications.*



# Disparity Defined

- SAMHSA is using the Healthy People 2020 definition to guide the DIS work:
  - A health disparity is a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”
- Focus on disparities in access, use, and outcomes.



# Changes to the RFA

## **Statement of Need:**

- *“Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.”*

## **Implementation:**

- *“Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.” (including subpopulations as described in Section A.)*



# Changes to the RFA

## Performance Assessment & Data:

- *“Describe the data driven process by which changes in sub-population disparities, if any, in access/use/outcomes of your provided services will be tracked and assessed.”*
- *“Describe how data will be used to manage the project and assure continuous quality improvement, including consideration, if any, of access/use/outcomes disparities of identified sup-populations.”*

## Appendix:

- *One-pager description of DIS, QI and CLAS Standards.*



# Data to be Tracked at Grantee Level

- Disparities across racial/ethnic populations/LGBT in the grantee in terms of:
  - **Access** (# enrolled in grant program; grantees required to project # served in total and #specific to racial/ethnic/LGBT populations as percentage of their service catchment area)
  - **Use** (# services used)
  - **Outcomes** (# retained; performance on outcome measures disaggregated by race/ethnicity/LGBT)



# Terms & Conditions of Awards

- Revised NOGAs coming before end of October
  1. A behavioral health disparities impact statement that includes all sub-populations identified in your proposal.
  2. A plan regarding implementation of policies and procedures, including the translation of materials as appropriate, to ensure the cultural and linguistic needs of all sub-populations identified in your proposal.



# Terms & Conditions of Awards

- Revised NOGAs coming before end of October
  3. A plan of how you will review your data for outcomes regarding race, ethnicity, and LGBT status, including processes or programmatic adjustments to address identified issues
  4. A plan for the establishment of policies and procedures to ensure adherence to the National Culturally and Linguistically Appropriate Services (CLAS) Standards to ensure the provision of effective care and services

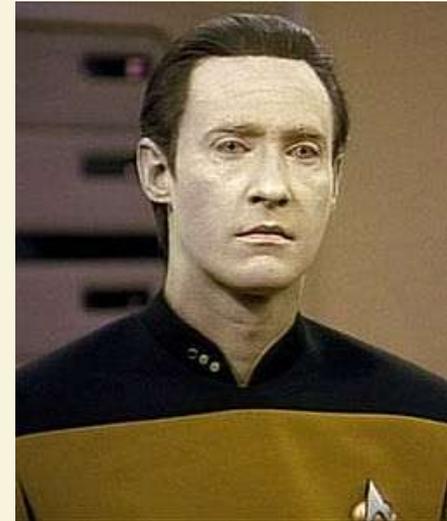


# Questions and Answers





# Data! Data! Data!



***Goal: PBHCI grantees will use their qualitative and quantitative data towards continuous quality improvement, both at the client and programmatic level***



# Required Data

- **Quarterly Reports--GPO**
- **National Outcome Measures (NOMs)--TRAC**
- **Infrastructure, Prevention, and Promotion Indicators (IPP)--TRAC**
- **Section H Health Indicators—TRAC**



# Required Data

- Mechanical Measures (quarterly, submitted to TRAC every 6 months)
  - Height
  - Weight
  - Blood Pressure (BP)
  - Waist Circumference
  - Breath Carbon Monoxide (CO)
  
- Blood Work (annually)
  - Fasting glucose / HbA1c
  - Triglycerides
  - HDL Cholesterol
  - LDL Cholesterol
  - Total Cholesterol



### Services Outcome Measures (PBHCI only)

Program(s): PBHCI

Grant(s): All Available Grants

Selected Period: All FFY Combined, FFY Quarter: All, Selected Interviews: From Baseline to Most Recent Interview,

Grant Status: Active grants only, Data Collection Status: Assessments conducted in window only

Data entered as of: October 11, 2012 7:08 AM EDT

Click on Sign to add text and place signature on a PDF File.

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved	No Longer At-risk	Outcome Remained At-risk
Blood Pressure - Systolic	5555	37.8 %	35.9 %	17.7 %	16.0 %	21.8 %
Blood Pressure - Diastolic	5553	30.4 %	27.5 %	10.2 %	15.5 %	14.9 %
Blood Pressure - Combined	5553	45.0 %	43.2 %	18.7 %	17.0 %	28.0 %
BMI	5223	79.0 %	78.6 %	45.9 %	4.9 %	74.1 %
Waist Circumference	2536	64.9 %	62.9 %	41.0 %	6.9 %	58.0 %
Breath CO	821	44.6 %	40.9 %	30.3 %	10.6 %	34.0 %
Plasma Glucose (fasting)	1116	38.4 %	38.9 %	34.6 %	9.9 %	28.5 %
HgbA1c	902	60.3 %	55.2 %	35.1 %	8.6 %	51.7 %
HDL Cholesterol	2002	32.1 %	32.9 %	33.1 %	6.5 %	25.5 %
LDL Cholesterol	1854	27.7 %	24.5 %	38.7 %	10.8 %	16.9 %
Tri-glycerides	2005	42.3 %	41.6 %	36.0 %	10.3 %	32.0 %

**Notes:**

1. This report is updated once every 24 hours, and includes all data entered as of the time it was last updated. Check the date and time at the top of this report to see when it was last updated.
2. Note, only selected programs/grants that have Outcome Measure's data will be displayed.
3. The number of valid cases for the perception of care domain applies to data collected at reassessment only.

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# Questions and Answers



# What is CIHS' role?



# Introduction to CIHS and PBHCI Learning Communities

Laura Galbreath, CIHS Director



# About the Center

*In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA).*

## **Goal:**

To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health 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 and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders



# 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

- **Individual Technical Assistance:**
  - Phone and video consultations, e-mail, site visits
  - Medicaid Health Home Consultation to States
  
- **Group Learning Experiences:**
  - Regional and State Based Learning Communities
  - Trainings and Presentations
  - National Webinars
  
- **Tools:**
  - Web-based Resources (Interim Billing Worksheets)
  - White Papers and Factsheets (Medicaid Health Homes)
  - eSolutions Newsletter – trends and new resources
  - Training Curricula



# Building the Integrated Health Workforce

Producing and implementing integrated health education curriculum and resources for

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



# PBHCI Learning Communities



# 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 team under the 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



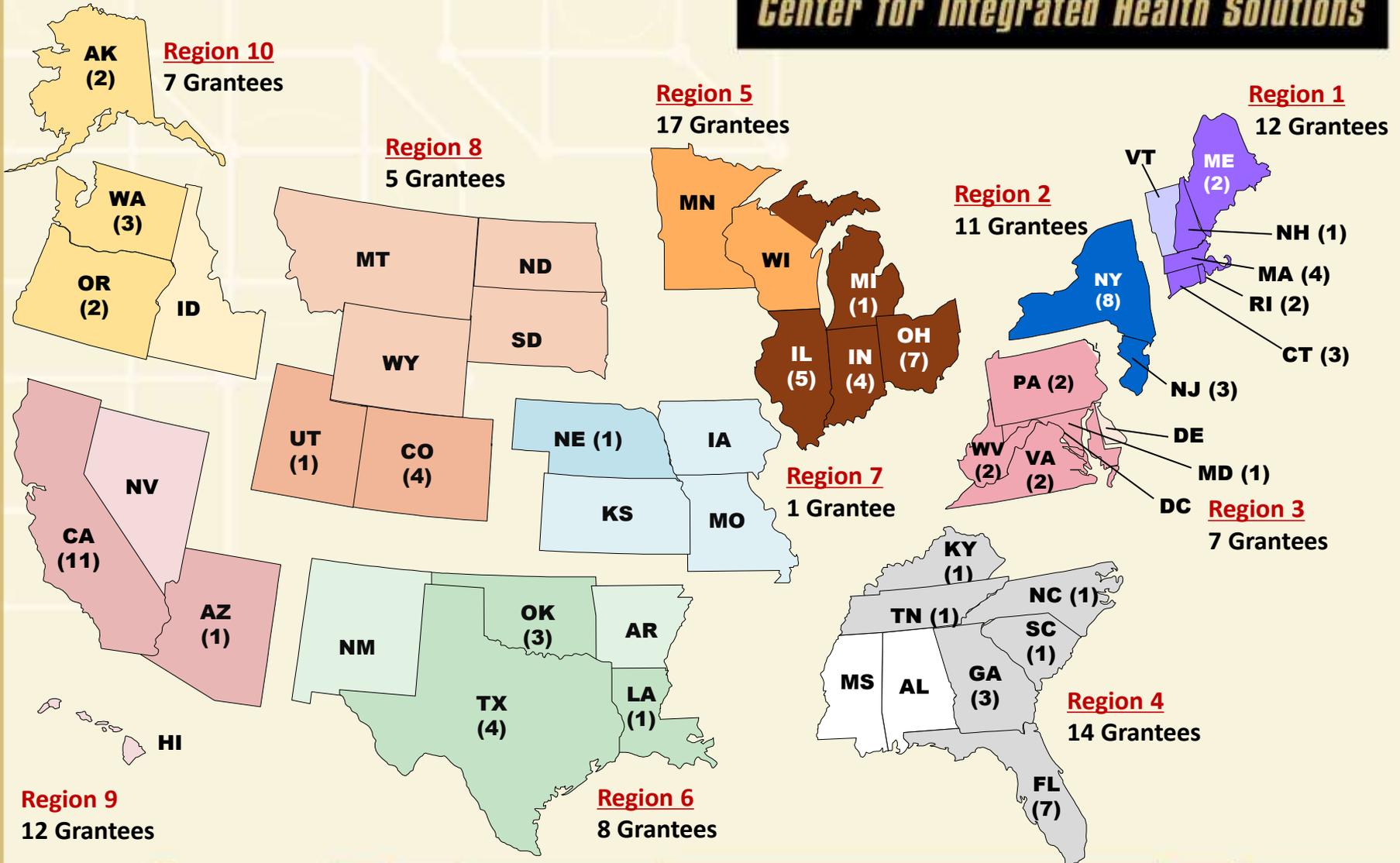
# How is the PBHCI Learning Community Organized?

- 96 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 a SAMHSA GPO, CIHS liaison, and CIHS Coordinator



# PBHCI Grantees by HHS Regions

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



# Learning Community Activities:

## Face-to-face meetings

- **Regional Meetings**
  - Two meetings within the Learning Community region (Jan/Feb 2013 and Aug/Sept 2013).
  - Designed to offer grantees opportunities to present on successful efforts, discuss challenge areas and learn from the experiences of other grantees addressing the same challenges
- **All-grantee Meeting – Grant Requirement**
  - 3-Day Meeting – networking, strategic ideas, new strategies (Summer 2013)
- **Individual Site Visits**
  - Select number of grantees based on need and expressed interest



# Learning Communities Activities:

## Phone based communication

### *Quarterly Grantee Calls (SAMHSA and CIHS)*

- Review quarterly reports
- Identify and reinforce work plan progress
- Discussion of high priority concerns of the grantee
  - Offer assistance directly during the call
  - Consult with CIHS to explore helpful resources

### *Individual Technical Assistance*

- Phone/video consultation with access to content expertise. Initiated by grantees and/or GPO to address specific concerns and needs

### *Group calls*

**Ad hoc** regional or group technical assistance



# Learning Community Activities:

## Web-Based Communication

### ***PBHCI Only Listserv***

- Quick access to tips and advice from fellow grantees
- Important SAMHSA announcements

### ***PBHCI Webinars***

- Quarterly topic specific webinars (60-90 minutes) coordinated through the CIHS and focus on topics of interest to grantees
- Issue Specific Series – Tobacco Cessation, H Indicators
- Quarterly Evaluator Calls/Webinars

### ***Weekly Email Updates***

- Important PBHCI updates
- New resources

### ***PBHCI Website***

- Learning Community materials
- Webinar archives



# Archived PBHCI Grantee Webinars

- Tobacco Cessation
- Making HIT Decisions
- Clinical Workflows 101 and 201
- Introduction to Billing and Reimbursement of Integrated Health Services  
PBHCI Grantee Client Reassessment
- Meeting the Challenge: Engagement for Whole Health and Wellness
- From Engagement to Commitment: The Role of Leadership / Managing Change
- PBHCI Project Sustainability
- FQHC Billing
- Team Approaches to Care Coordination
- Implementing Collaborative Documentation, Making it Happen!
- Billing Primary Care When You Are a Behavioral Health Center
- Billing Behavioral Health Services – A Primer for FHQC/Medical Staff
- The State of Dental Care
- Pain Management



<b>Clinical</b>	Behavioral Health	Best Practices	Care Coordination		Clinical Guidelines
	Co-Occurring MH & SUD	Health Behavior Change	Medical & BH Screening Tools		Mental Health
	Motivational Interviewing	Pain Management	Primary Care		Telemedicine
<b>Consumer Engagement</b>	Community Educators	Consumer Inclusion	Family Inclusion		Peer Educator
	Peer Support Specialist	Recovery	Shared Decision Making		Wellness Coaches
<b>Finance</b>	Billing Tools	Medicaid	Medicare		Private Payers
	Self-Pay	State Specific Models	Sustainability		Uninsured
<b>Health IT</b>	Data Sharing	EHRs	Interoperability with Primary Care Partners		
	Meaningful Use	Patient Registries	Workflow		
<b>Integrated Care Models</b>	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			
<b>Operations</b>	Access and Retention	Confidentiality	Contracts/MOUs	FQHC Scope of Work Change	
	Medical Space Guidelines	Organizational Change	Policies & Procedures	Workflow	
<b>Performance Measurement</b>	Assessment	Data Collection	Data Management	Quality Improvement	
<b>Policy</b>	Affordable Care Act	Federal Policy	State Policy		
<b>Special Populations</b>	Children/Adolescents	Cultural Competency	Homeless	Military/Veterans	
	Older Adults	Racial/Ethnic Populations	Rural Communities	Uninsured	
<b>Substance Use</b>	Medication-Assisted Treatment	SBIRT	Substance Use Prevention	Substance Use Treatment	
<b>Wellness, Peer Support &amp; Resiliency</b>	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	
	Whole Health Action Management Training (WHAM)				
<b>Workforce &amp; Training</b>	Behavioral Health Staff in Primary Care	Case-to-Care Navigator Training	Continuing Education	Graduate Education	
	National Health Service Corps	Primary Care Staff in Behavioral Health	Staff Retention	State Licensure Requirements	

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



# Looking ahead.....

- Quarterly Grantee Calls (November 2012)
- Quarterly PBHCI Webinar (November 2012)
- Tobacco Cessation Series (Nov 2012 -March 2013)
- Evaluator Call (1:00pm, November 16, 2012)
- Regional Learning Community Meetings (Jan/Feb 2013)
- Annual PBHCI Grantee Meeting (Summer 2013)



# Community Rehabilitation Center



WHAT WOULD YOU  
ATTEMPT TO DO  
IF YOU KNEW YOU  
COULD NOT FAIL?

it  
ALWAYS  
SEEMS  
IMPOSSIBLE  
UNTIL  
it is  
DONE.



Care Plus NJ

“Individual commitment to a group effort -- that is what makes a team work, a company work, a society work, a civilization work.” – Vince Lombardi



**Glenn County, California  
Health Care Collaborative**  
*Team Picture*



**Energy and persistence conquer all things.**

~Benjamin Franklin

# Questions and Answers



# Contact Information

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