

BHICA and IPAT FAQ

1. Do we complete the BHICA online or on paper?
Please complete the tools on paper and email to your CIHS coordinator.
2. For the IPAT and BHICA, do we address where we are now in our process?
Yes. Complete the BHICA and IPAT to assess current state of integration. CIHS will check in to reassess and monitor changes during coaching calls.
3. Should we send SAMHSA and CIHS the fully completed BHICA and IPAT or summary of goals?
Please send fully completed tools.
4. For the BHICA, if there are partnering organizations, should we complete the tools for each organization? Complete the tools for each organization involved.
5. Do you have any guidelines for deciding whether something will be high or low impact?
No guidelines – this is an opportunity to consider the relative impact of different changes on your patient population. While there are many positive changes that can be made, thinking about the potential impact can help with prioritization.
6. The BHICA assessment often asks, “do you track.” If we record progress notes on some things, but do not track them, how do we answer those questions?
Progress notes on some things would not count as systematic tracking, unless there is a mechanism to analyze data and measure over time. The purpose of tracking different items is to help with measurement and evaluation of your efforts.
7. With the BHICA, we found that we had pockets of integration but not consistent throughout all of our facilities. Should we answer based on the majority?
Depending on the question, you may want to indicate that you have a process in place but that it is not reliable – in this case, it exists in some places, but not consistently, and thus is an area for improvement.
8. The BHICA indicates the number of visits over the last year, is this any visit (e.g. case manager, peer, therapist, psychiatrist) or just the appointment with the psychiatrist?
This would be any visit that the patient has with any member of his or her care team, not just psychiatry appointments.
9. When asked percentage of consumers with multiple chronic conditions, is this referring to just physical conditions or mental illness and physical health?
This refers to is physical health conditions.

10. Also, when asked about safe affordable housing, what is considered safe housing? For example specialized residential, AFC or consumers that live with family and are satisfied with her housing?

No criteria. This question is primarily to assess the proportion of patients who are homeless or who lack stable housing – patient reports of satisfaction is a good way to assess this.

11. We currently do not track information regarding ER visits/medical hospitalizations. We track psychiatric hospitalizations however, we do not know if someone goes to the ER unless they are admitted. Any tips on gathering this information?

A good first step is to develop goals around how to connect with your local hospital's emergency department to see if you could work with them to track ER visits from your patients. This is a good topic to bring up on your CIHS coaching calls.

12. When you say each element on the BHICA, are you referring to 5 sections?

Each element refers to the individual questions.

13. Do grantees complete the flow chart for each section or subsection

The flow chart is for each question on the BHICA – for each question, you will ask whether you have a process in place, and, if yes, whether it is reliable. If there is no process, you would note that, and then decide whether developing this process would have a relatively higher or lower impact on the population served, and whether existing resources could be deployed to develop the process.

14. Sections 2-4 do we answer yes or no only or include a narrative?

These sections have clear response categories for evaluation, but for your own purposes, including some description of what your findings were will likely be useful for your team, even if it is not a requirement for reporting to the funder.

15. What are the requirements for grantees in completing the BHICA and IPAT?

Cohort VIII grantees must complete both the IPAT and BHICA by 11/30/15

Cohort V-VII must complete the BHICA and are STRONGLY ENCOURAGED to complete the IPAT, as this will provide a good picture of where all active PBHCI grantees fall on the continuum of integration.