

## Primary and Behavioral Health Care Integration (PBHCI)

*This program supports community-based behavioral health 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 (SMI) and co-occurring SMI and substance use disorders.*

### Purpose

To improve the physical health status of people with serious mental illnesses (SMI) and co-occurring SMI and substance use disorders by supporting community-based efforts to coordinate and integrate primary health care with mental health services in community-based behavioral health care settings

### Objectives

To better coordinate and integrate primary and behavioral health care resulting in:

- improved access to primary care services
- improved prevention, early identification and intervention to reduce the incidence of serious physical illnesses, including chronic disease
- increased availability of integrated, holistic care for physical and behavioral disorders
- better overall health status of clients

### Population Served

People with serious mental illnesses and/or substance abuse disorders and physical health conditions

### Amounts Allocated for Grant Award

FY 2009: \$6.5 million

FY 2010: \$28 million

FY 2011: \$28 million

FY 2012: \$39.2 million (including 1 year health information technology supplement of <\$200,000)  
(Up to \$500,000/year per grantee for up to 4 years)

### Authorizing Legislation

Section 520A of the Public Health Service Act, as amended

### Services Provided

- Facilitate screening and referral for primary care prevention and treatment needs
- Provide and/or ensure that primary care screening, assessment, treatment and referral be provided in a community-based behavioral health agency
- Develop and implement a registry/tracking system to follow primary health care needs and outcomes
- Offer prevention and wellness support services (utilizing no less than 10% of grant funding)
- Establish referral and follow-up processes for physical health care requiring specialized services beyond the primary care setting

### Infrastructure Development Activities

These activities are designed to increase the capacity and capabilities of the mental health service system. Data below were reported by 12 grantees, and only represent their accomplishments for the last quarter of FY 2010.

- **Policy Development:** A total of 12 policy changes were implemented by 8 grantees. These changes were primarily related to information and wellness forms, record keeping, on-site integrated primary care services, exercise clearance, and lab protocols.
- **Workforce Development:** A total of 287 mental health and other related professionals were trained on mental health-related practices and interventions that included trauma-focused therapy, wellness related programs, primary and behavioral health care integration, cultural sensitivity, Medicare/Medicaid laws, homeless resources, and psychopharmacology (10 grantees).

## Infrastructure Development Activities (Cont.)

- Consumer/Family Involvement:** In the first three months of data collection, a total of 37 consumers and family members have been recruited and begun to provide mental health-related services, primarily wellness management and recovery (9 grantees).
- Partnerships/Collaborations:** A total of 57 organizations entered into new collaborations to coordinate, and/or share resources with 9 grantees. These organizations included hospitals, treatment facilities, mental health agencies, health departments, and universities. A total of 15 organizations entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) with 5 grantees to improve mental health-related practices/activities. These organizations included: hospitals, laboratories, universities, behavioral health care centers, and health departments.
- Types/Targets of Mental-Health Activities:** A total of 21 programs/organizations implemented mental health-related practices and/or activities (9 grantees). These focused largely on primary care-related practices and included physical health related programs, illness and recovery management, and smoking cessation. A total of 807 people received mental health-related services that were largely evidence-based and primary care-related (7 grantees).
- Organizational Change:** A total of 20 organizational changes were implemented by 8 grantees to support the improvement of mental health-related practices or activities. These changes included creating new staff positions, redefining job descriptions and expanding duties, creating and/or restructuring steering committees, and developing or changing organizational policies, services, and protocols.

## Prevention and Mental Health Promotion

These activities are focused on physical and mental health promotion through screening and identification of consumers. Data below were reported by 10 grantees, and only represent their accomplishments for the last quarter of FY 2010.

- Consumers Screened:** To identify those in need of services, 1,554 individuals were screened for physical health-related issues (8 grantees).
- Referral:** A total of 1,075 individuals were referred to primary or specialty-care related services (7 grantees). On average, 92% of the individuals referred received mental health or primary care-related services (5 grantees).

## Treatment Demographics

As of 1/3/2012, 14,453 consumers received treatment services from PBHCl grantees and have data in the CMHS Transformation Accountability (TRAC) system.

Race of FY 2010 Consumers*	%
Black	21%
White	58%
Asian	3%
American Indian	2%
Multi-Racial	8%
None of the Above	8%
Refused/Missing	1%

\* <1% for Alaska Native, and Native Hawaiian or other Pacific Islander <1%

- 13.6% of consumers also identified themselves as Hispanic/Latino.

### Gender

- Forty-four percent of consumers were male, 56% female, and <1% transgender. Data were not available (missing/refused) for <1% of consumers.

### Age

Age of FY 2010 Consumers	%
18-24	7%
25-34	17%
35-44	25%
45-54	33%
55-64	16%
65+	2%

Age data were missing for <1%.

## Treatment Outcomes

PBHCI grantees collect data on consumers at admission and in follow-up reassessments every six months, as well as at discharge when possible. These outcomes chart the improvement of consumers for whom both baseline and either reassessment or discharge data were available.

The data below present the most recent reassessment conducted, which for the majority of consumers (93%), was their six month reassessment.

- **Health:** The percentage of consumers who rated their overall health as positive increased by 20% from baseline to most recent reassessment (N=3737).
- **Tobacco Use:** The percentage of consumers who reported they were not using tobacco during the past 30 days increased by 6% from baseline to most recent reassessment (N=3787).
- **Illegal Substance Use:** The percentage of consumers who reported that they were not using an illegal substance during the past 30 days increased by 12% from baseline to most recent reassessment (N=3568).

**Social Connectedness:** The percentage of consumers who reported positive social connectedness (having someone to talk to about problems, support from family or friends in a crisis) increased by 41% from baseline to most recent reassessment (N=4578).

National Outcome Measure	Positive at Baseline	Positive at Most Recent Reassessment
Were Healthy Overall	42%	51%
Were Not Using Tobacco	44%	46%
Were never using illegal substances	81%	88%
Social Connectedness	59%	67%

- **Discharge:** In FY 2010, 321 consumers were discharged from their programs. The most common reasons were: no contact within 90 days of last encounter (58%), withdrew from/refused treatment (14%), and mutually agreed cessation of treatment (8%).

## Amount Allocated for Grant Award

FY 2009-2014: \$500,000 per year for up to 4 years

In FY 2011, awarded a 1 year health information technology supplement of <\$200,000 to each of 47 grantees.

Grantees reporting FY2010 budget data (N=12) indicated that the majority of their funds will be used in FY 2011 to support three activities: direct treatment services (53%), grant administration (16%), and infrastructure development (12%). Activities are generally implemented in the FY following the year funding was awarded.

## Grantees

Grantees (n=64)

63% partnering with a Federally Qualified Health Center (FOHC)

- Cohort I—13 grantees (2009)
- Cohort II—9 grantees (2010)
- Cohort III—34 grantees (2010)
- Cohort IV—8 grantees (2011)

## Training and Technical Assistance

SAMHSA/HRSA Center for Integrated Health Solutions

Web site: [www.integration.samhsa.gov](http://www.integration.samhsa.gov)

