INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH: AN OVERVIEW

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AGENDA

• Overview
• SIM
• PBHC I
• SBIRT
• BHH
OVERVIEW

- **Integration**: Embedding behavioral health care into a physical health care setting or embedding physical health care into a behavioral health care setting

- **Care Coordination**: Ensuring access to medical, behavioral health, pharmacological and recovery support services
Persons with serious MH/SU conditions could be served in all settings. Plan for and deliver services based upon the needs of the individual, personal choice and the specifics of the community and collaboration.

STATE INNOVATION MODEL

• Recently completed the design of **Advanced Medical Home (AMH) Vanguard Program**
  • Emphasizes person-centered care, **integrated behavioral health**, health equity, prevention, and oral health
  • Includes 52 practices, which are currently in the process of receiving technical support and guidance from Qualidigm and Planetree to become Advanced Medical Homes

• Also completed the design of the **Community and Clinical Integration Program (CCIP)**
  • Promotes new capabilities focused on complex care management, health equity, and **integrated behavioral health**, along with medication management, e-consult, and oral health
  • Anticipates that the final standards and program model will be finalized early in 2016
PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION (PBHCI)

- **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.
PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION (PBHCI)

- **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.
  - Establish referral and follow-up processes for physical health care requiring specialized services beyond the primary care setting.
CONNECTICUT PBHCI GRANTEEES

• Present:
  • Community Health Resources and First Choice Health Center
  • Community Mental Health Center and Cornell Scott Hill Health Center

• Past:
  • BH Care, Bridges and Cornell Scott Hill Health Center aka Communicare
  • Community Mental Health Affiliates and Hospital of Central Connecticut
INDEPENDENT INTEGRATION EFFORTS

• Behavioral Health agencies → FQHC’s
  • 2 agencies (InterCommunity, Inc. and Wheeler Clinic, Inc.) designated as federally qualified health center look-alikes (FQHC LAL) in spring 2015

• State Operated facility → primary care practice
  • Capitol Region Mental Health Center in Hartford seeking DPH licensure to open primary care clinic
The Department was awarded a five-year grant in the amount of $8.3 million from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) to establish the CT Screening, Brief Intervention and Referral to Treatment (SBIRT) program. The grant is in effect through August 2016.

The purpose of the CT SBIRT Program is to dramatically increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse or diagnosed with a substance use disorder through the implementation of SBIRT services in partnering Federally Qualified Health Center (FQHC) sites statewide.
SCREENING, BRIEF INTERVENTION, REFERRAL AND TREATMENT (SBIRT)

SBIRT SERVICES: The CT SBIRT Program will utilize evidence-based practices for the following modalities:

1. Routine screening with validated instruments;

2. Brief Intervention using manual-guided procedures recommended by the World Health Organization;

3. Brief Treatment protocols modeled on a CSAT clinical trial;

4. Differential Assessment utilizing standardized diagnostic instruments; and

5. Referral to Treatment based on ASAM (2001) criteria.
SBIRT COMMUNITY PARTNERS

- Federally Qualified Health Centers Participating in CT-SBIRT
  - CIFC Greater Danbury Community Health Center
  - Community Health Center (Meriden, New London, New Britain)
  - Community Health & Wellness Center of Greater Torrington
  - Community Health Services
  - Cornell Scott-Hill Health Center
  - Fair Haven Community Health Center
  - First Choice Health Centers
  - Intercommunity
  - Optimus Health Care
  - Southwest Community Health Center
  - StayWell Health Center
  - United Community & Family Services
  - Wheeler Clinic
SBIRT COMMUNITY PARTNERS

- The Connecticut Dept of Mental Health and Addiction Services (DMHAS)
- The Community Health Center Association of Connecticut (CHCACT)
- The University of Connecticut Health (UCH) Program Evaluation
- Other partners that work with the CT SBIRT program are:
  - Community Health Network of CT
  - CT Community Care, Inc.
  - CT National Guard
  - Department of Aging
  - Department of Children & Families
  - Department of Social Services
  - DMHAS Military Support Program
  - Regional Action Councils
  - St. Luke’s Eldercare Gatekeeper Program
BEHAVIORAL HEALTH HOMES

- Infusion of medical expertise into the behavioral health system
- 14 designated providers statewide
- State partner project
  - Dept of Mental Health and Addiction Services
  - Dept of Social Services
  - Dept of Children and Families
- Requires Medicaid State Plan Amendment
BEHAVIORAL HEALTH HOMES

- Eligibility criteria:
  - **Severe and Persistent Mental Illness diagnosis**
    - Schizophrenia and Psychotic Disorders;
    - Mood Disorders;
    - Anxiety Disorders;
    - Obsessive Compulsive Disorder;
    - Post-Traumatic Stress Disorder; and
    - Borderline Personality Disorder.
  - **Medicaid Eligibility**
    - Medicaid claims > $10k/year
6 BEHAVIORAL HEALTH HOME
CORE SERVICES

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Patient and family support
- Referral to community support services
BEHAVIORAL HEALTH HOME EXPECTATIONS

• Increase care navigation, health promotion, wellness and recovery
• Person-centered care that improves health and recovery outcomes and individual experience in care
• Reduce unnecessary inpatient hospitalization and emergency room visits
• Reduce reliance on long-term care and improve quality of life in the community
• Enhance transitional care between inpatient settings and the community
• Reduce overall health costs
QUESTIONS?

Thank you!