

DRAFT Integrated Behavioral Health and Primary Care Analysis for Connecticut: Focus on Existing Workforce for Medical and Behavioral Health Counselors

Current state/local level initiatives:

1. *State Innovation Model Test Award* – Round 2 for \$45 million:

CT Health Care Transformation Plan (CCIP) Report (May, 2016) – identified three populations for SIM focus to include patients with: 1) complex health care needs, 2) experiencing equity gaps, and 3) with unidentified behavioral health needs. Outcomes cited for integrating behavioral health and primary care were in reducing “overall medical care utilization and cost ... through identified patient needs earlier and addressed them appropriately (Community Health Network of Washington, 2013) Mechanisms to address the needs of these populations include Advanced Networks of care, Intensive Case Management, behavioral health integration into FQHCs and primary care integration into behavioral health organizations.

Practice Transformation Taskforce: involved in setting standards for SIM activities. Mixture of insurance companies, consumers, advocates. Stakeholders who are interested in transforming the health care system. Standards for behavioral health integration are to:

- 1) Identify individuals with behavioral health needs
- 2) Address behavioral health needs
- 3) Behavioral health communication with primary care source of referral
- 4) Track behavioral health outcomes/improvement for identified individuals

Medicaid Quality Improvement and Shared Savings Program (MQISSP) is a SIM related initiative....incorporating advanced care coordination elements within a shared savings model and in coordination with the Medicare shared saving program.

2. *The Behavioral Health Oversight Counsel* – the oversight committee for the BC/BS insurance. Meets monthly of consumers/community and hospital providers. Cochair – Sharon Langer from CT Voices for Children. Sharon Langer and Rep Mike Demicco, Co-Chairs.

3. *The Annapolis Coalition* – a think tank/consulting coalition who has worked on behavioral health and primary care workforce needs and have created competencies for integration as applied to behavioral health AND medical providers.

4. *The Behavioral Health Home Initiative* – Cheryl Stockford

5. *Workforce Connecticut* - conducts 1-4 training modules that are accessed on-line

Historical initiatives:

1. *SAMHSA Mental Health Transformation State Incentive Grant* – (? 2005-2010) CT one of 5 states awarded grants to overhaul the mental health delivery system to improve infrastructure. Mark Hoge oversaw the Mental Health Workforce Committee, one of the outcomes being the creation of a train the trainers program in *Current Trends in Family Intervention: Evidence Based and Promising Practice Models of In-Home Family Treatment in CT*. This was disseminated to faculty in 14 local graduate training programs, who received 30 hours of training to incorporate this 3 credit course into the their graduate curricula.

2. *Educating Practices in Community (EPIC)* (2010) – sponsored by the Child Health and Development Institute, where modules were developed for clinicians and staff on behavioral health integration. Modules for behavioral health providers include: 1) common language, 2)

screening and detection, 3) pediatric office based interventions to help parents manage child behavior, 4) connecting children and families to behavioral health services.,. Tools provided included “academic detailing” to practices, lectures, power points, patient education materials, screening tools. These particular four modules were developed by Elisabeth Cannata, Ph.D. , Barbara Ward Zimmerman, PhD and Delbert Hodder, MD (pediatrician) through DMHAS funding to Wheeler Clinic as a “train the trainer” initiative to provide tools to assist children’s Enhanced Care Clinic staff to forge expanded relationships/ partnerships with pediatricians and family physicians .

3. The Freedom Commission Report (Tom Kirk): resulted in the CT Behavioral Health Collaborative (cwcbh.org)

Current Large system initiatives: (ex, in Maine, there are large systems who have integrated behavioral health and primary care systems and have their own training programs)

1) *CHR Health*: provides outreach to primary care practices on office and enterprise levels

2) *The Wheeler Clinic*:

Co-locate Behavioral Health in primary care practices. Today, we are a federally qualified health center with three locations in Bristol, New Britain and Hartford. We have transformed health care practice into a fully integrated health care facility with primary care, behavioral health, dental, addiction medicine and a **broad range of services that address the social determinants that impact healthcare outcome**

Early training for behavioral health staff included: 1) expanded understanding of primary care needs of behavioral health clients to consider a “whole person model of health care”; 2) language of medicine; 3) comorbidities of behavioral health and medical diagnoses; 4) talking to patients about the reasons to pay attention to medical needs and how primary care follow up can help them; 5) talking to medical providers about the value and skills of behavioral health providers regarding assistance with adherence issues; 6) incorporating physical needs into their treatment plans.

Identification of additional training needs for medical providers in an integrated care context including topics such as: family influence on health; providing trauma informed medical care, screening for behavioral health concerns.

3) *Integrated Care Partners* – Jeff Walter

Current Institutions for Graduate Degree Curriculum initiatives:

1. *the Annapolis Coalition* – Michael Hoge, PhD: consulting nationally with the Center for Integrated Health Solutions to develop competencies for medical and behavioral providers in integrated offices and systems.

2. Yale PhD Psychology program: 2-3 doctoral students at Yale-New Haven in specialty care (Cancer, transplant, etc..)

2. 11 graduate training programs that currently offer the provider-developed Evidenced Based In- Home Treatment course (provides excellent foundation for further collaborative course development)

Key informants:

- 1) Heather Gates, President and Chief Executive Officer, CHR Health
- 2) Elisabeth Cannata, PhD, VP Community-Based Family Services & Practice Innovation, Wheeler Clinic
- 3) Michael Hoge, PhD, Yale University

Suggested others:

- 1) John Sellinger, West Haven VA: john.sellinger@yale.edu
- 2) Cheryl Stockford, DMHS re: the Behavioral Health Home Initiative:
Cheryl.Stockford@ct.gov
- 3) Leyton Huey, Community Health Center
- 4) Daniela Giordano, NAMI
- 5) Deb Pollan, re: FQHC behavioral health and primary care integration