



SAMHSA/HRSA Center for Integrated Health Solutions; Community Based Considerations for Interprofessional Trainees

***Improving health and health equity through access to quality services,
a skilled health workforce and innovative programs***

September 9, 2016

SAMHSA-HRSA Center for Integrated Health Solutions

eSolutions newsletter

About Us

Integrated Care Models

Workforce

Financing

Clinical Practice

Operations & Administration

Health & Wellness

Glossary



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Building an Integrated Team that Works

A high functioning care team is essential to delivering effective integrated health care. >

1 2 3 4



ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

> LEARN MORE

HOT TOPICS

- Health Homes
- eSolutions
- Health IT
- Wellness
- Screening Tools
- SBIRT
- Billing Tools
- Workflow
- Million Hearts
- Confidentiality
- MAT
- Motivational Interviewing
- Tobacco Cessation
- Partnerships
- Trauma Informed Care

CALENDAR OF EVENTS

MAY
14

Human Trafficking: The Role of the Health Care Provider
MAY 14-14, 2014

TOP RESOURCES

MAY 4, 2014

National Children's Mental Health Week

View Our RSS Feed

MAY 1, 2014

Expanding Treatment for Opioid Use Disorder: The Role of

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

| COORDINATED KEY ELEMENT: COMMUNICATION | | CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY | | INTEGRATED KEY ELEMENT: PRACTICE CHANGE | |
|--|--|--|--|---|---|
| LEVEL 1 Minimal Collaboration | LEVEL 2 Basic Collaboration at a Distance | LEVEL 3 Basic Collaboration Onsite | LEVEL 4 Close Collaboration Onsite with Some System Integration | LEVEL 5 Close Collaboration Approaching an Integrated Practice | LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice |
| Behavioral health, primary care and other healthcare providers work: | | | | | |
| In separate facilities, where they: | In separate facilities, where they: | In same facility not necessarily same offices, where they: | In same space within the same facility, where they: | In same space within the same facility (some shared space), where they: | In same space within the same facility, sharing all practice space, where they: |
| <ul style="list-style-type: none"> ▶▶ Have separate systems ▶▶ Communicate about cases only rarely and under compelling circumstances ▶▶ Communicate, driven by provider need ▶▶ May never meet in person ▶▶ Have limited understanding of each other's roles | <ul style="list-style-type: none"> ▶▶ Have separate systems ▶▶ Communicate periodically about shared patients ▶▶ Communicate, driven by specific patient issues ▶▶ May meet as part of larger community ▶▶ Appreciate each other's roles as resources | <ul style="list-style-type: none"> ▶▶ Have separate systems ▶▶ Communicate regularly about shared patients, by phone or e-mail ▶▶ Collaborate, driven by need for each other's services and more reliable referral ▶▶ Meet occasionally to discuss cases due to close proximity ▶▶ Feel part of a larger yet ill-defined team | <ul style="list-style-type: none"> ▶▶ Share some systems, like scheduling or medical records ▶▶ Communicate in person as needed ▶▶ Collaborate, driven by need for consultation and coordinated plans for difficult patients ▶▶ Have regular face-to-face interactions about some patients ▶▶ Have a basic understanding of roles and culture | <ul style="list-style-type: none"> ▶▶ Actively seek system solutions together or develop work-a-rounds ▶▶ Communicate frequently in person ▶▶ Collaborate, driven by desire to be a member of the care team ▶▶ Have regular team meetings to discuss overall patient care and specific patient issues ▶▶ Have an in-depth understanding of roles and culture | <ul style="list-style-type: none"> ▶▶ Have resolved most or all system issues, functioning as one integrated system ▶▶ Communicate consistently at the system, team and individual levels ▶▶ Collaborate, driven by shared concept of team care ▶▶ Have formal and informal meetings to support integrated model of care ▶▶ Have roles and cultures that blur or blend |

SAMHSA/HRSA Center for Integrated Health Solutions

Mission of the Center – To Build Bidirectional Integration

- *Technical Assistance and Training Center on Primary and Behavioral Health Integration:*

- ❖ Integrated Care Models

- ❖ Workforce

- ❖ Financing

- ❖ Clinical Practice

- ❖ Operations & Administration

- ❖ Health & Wellness

- *Improving Access to Primary Care for Behavioral Health Patients & Access to Behavioral Health for Primary Care Patients.*

- *Contractor - National Council on Community Behavioral Health Care and a large cadre of partners.*

SAMHSA/HRSA Center for Integrated Health Solutions

- Use the ***Standard Framework for Levels of Integrated Healthcare*** to understand where your organization is on the integration continuum.
www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare
 - The Integrated Practice Assessment Tool (IPAT) - places practices on the level of collaboration/integration defined by the standard framework.
 - Organizational Assessment Toolkit for Primary and Behavioral Healthcare Integration (OATI)
<http://www.integration.samhsa.gov/operations-administration/assessment-tools#OATI>
- Use the ***Quick Start Guide to Behavioral Health Integration*** to walk you through some of the questions to consider when integrating primary care and behavioral health and find the resources your organization needs.
www.integration.samhsa.gov/resource/quick-start-guide-to-behavioral-health-integration
- The ***Core Competencies for Integrated Behavioral Health and Primary Care*** provide a reference for the vision of an integrated workforce and the six categories of workforce development so you can have all the necessary providers around the table. www.integration.samhsa.gov/workforce/core-competencies-for-integrated-care

SAMHSA/HRSA Center for Integrated Health Solutions

Telebehavioral Health Learning Collaborative

- Divided into six sessions, the training will provide you with the tools and resources necessary to identify and implement a telebehavioral health program.

<http://www.integration.samhsa.gov/operations-administration/telebehavioral-health>

Listing of Date-Specific Provider Trainings

- one-stop resources on provider training regarding opioid abuse

http://www.integration.samhsa.gov/clinical-practice/substance_use/trainings

What Makes for an Effective Behavioral Health/Primary Care Team

- Review identifies four essential elements for effective integrated behavioral health and primary care teams and provides a roadmap for organizations designing their own teams.

<http://www.integration.samhsa.gov/workforce/team-members/Essential Elements of an Integrated Team.pdf>

SAMHSA/HRSA Center for Integrated Health Solutions

Billing/Coding Worksheets

- CIHS compiled these state billing worksheets to help clinic managers, integrated care project directors, and billing/coding staff bill for services related to integrated primary and behavioral health care.

<http://www.integration.samhsa.gov/financing/billing-tools>

Advancing Behavioral Health Integration Within NCQA Recognized Patient-Centered Medical Homes.

www.integration.samhsa.gov/search?query=pcmh

Return on Investment – Can I Afford Behavioral Health Staff?

- Addresses the business case for integration of behavioral health into primary care and provides guidance on how to evaluate this business case at an individual Community Health Center.

www.integration.samhsa.gov/resource/the-business-case-for-the-integration-of-behavioral-health-and-primary-care

[Find all resources at: www.integration.samhsa.gov/]

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