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*Integrating Publicly Funded Physical
and Behavioral Health Services:
A Description of Selected Initiatives
FINAL REPORT*

*Prepared for
The Robert Wood Johnson Foundation*

February 2007

**The 2007 Santa Fe Summit
Mind and Body Reunited:
Perspectives on
Integrating Behavioral and
Physical Healthcare**

SUMMARY OF FINDINGS

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**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

1. Regulatory Environment
2. Current Practices
3. National Initiatives
4. What Works Clinically
5. How Services Can Be Purchased
6. Developing Potential Models






WHAT WE PROPOSED

WHAT WE FOUND

WHAT WE LEARNED

WHAT NEXT?

1. Regulatory Environment
 2. **Current Practices**
 3. National Initiatives
 4. What Works Clinically
 5. How Services Can Be Purchased
 6. Developing Potential Models
- 



**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Implementers

Mental Health

Substance Abuse

FQHC

Physicians

Managed Care





**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Implementers

Mental Health

Substance Abuse

FQHC

Physicians

Managed Care

Goals

Increase Referrals

Create Linkages

Improve Outcomes

Use EBPs

Increase Capacity





**WHAT WE
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Strategies

Coordination

Collaboration



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Strategies

Coordination

Collaboration

Elements

Screening

Case Management

Co-Location

Information Tech.

Integrated Funding



**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Complexity

Low

Moderate

High





**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Complexity

Low

Moderate

High

Outcomes

Clinical

Quality of Life

Financial





**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Complexity

Low

Moderate

High

Outcomes

Clinical

Quality of Life

Financial

Sustainability

Savings / Payer





**WHAT WE
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**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Complexity

Low

Moderate

High

Outcomes

Clinical

Quality of Life

Financial

Sustainability

Savings / Payer

Barriers

Financial

Organizational

Environmental





WHAT WE
PROPOSED

WHAT WE
FOUND

WHAT WE
LEARNED


WHAT NEXT?

Business Case

Clinical Outcomes

Fiscal Outcomes

System Impact





**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Business Case

Clinical Outcomes

Fiscal Outcomes

System Impact

Involve Payers

Start Up Funding

Training Resources

Evaluation Funds



**WHAT WE
PROPOSED**

**WHAT WE
FOUND**

**WHAT WE
LEARNED**

WHAT NEXT?

Business Case

Clinical Outcomes

Fiscal Outcomes

System Impact

Involve Payers

Start Up Funding

Training Resources

Evaluation Funds

Rid Obstacles

Reimbursement

Licensure/Cert.

Confidentiality

Cultural

Organizational





**WHAT WE
PROPOSED**

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Clinical Outcomes

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System Impact

Involve Payers

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Licensure/Cert.

Confidentiality

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Organizational

Communicate

Implementers

Strategies

Results

Expectations



Summary of Integration Approaches (On Page 9 Of Report)

Initiative Title (Implementer/Services By)	Integration of Primary Care with:		Populations		Primary Strategy		Integration Elements ^{1,2}			Information Technology ³		Funding Type
	MH	SUD	Child	Adult	Coordination	Collaboration	Co-Location	Use of EBP's	Integrated Funding	Decision Support System	Electronic Medical Record	
Center for Adolescent Health –New Hampshire (Specialty adolescent program / specialty adolescent program, primary care practice, community mental health centers (CMHC))		✓	✓			✓	✓	✓			✓	Grants
Cleveland Coalition for Pediatric Mental Health – Ohio (Community coalition / pediatric medical practices)	✓		✓		✓					✓		Grants Service revenue
Colorado Access (Medicaid managed care organization / primary care practices)	✓			✓	✓			✓	✓	✓	✓	Grants Service revenue
Community Care of North Carolina (Primary care case management program / primary care practices)	✓	✓	✓	✓		✓	✓				✓	Grants Service revenue
Community Health Center, Inc. Connecticut (Federally qualified health center (FQHC) / FQHC)	✓	✓	✓	✓		✓	✓	✓			✓	Service revenue
Hogg Foundation for Mental Health – Texas (Mental health foundation / primary care practices, FQHC, pediatric group practice)	✓		✓	✓		✓	✓	✓				Grants
Horizon Health Services – New York (CMHC / CMHC)	✓	✓		✓	✓		✓	✓			✓	Service revenue
Kaiser Permanente of Southern California (Integrated health system / CMHC)	✓			✓	✓		✓	✓	✓		✓	Service revenue
Massachusetts Behavioral Health & Primary Care Integration Initiatives (Behavioral health partnership / FQHCs, CMHCs)	✓	✓	✓	✓	✓*	✓*	✓	✓		✓	✓	Grants Service revenue
Rebuilding Lives PACT Team Initiative – Ohio (Community shelter board / CMHC, FQHC, Supportive Housing provider)	✓	✓		✓	✓		✓	✓		✓	✓	Grants Service revenue
Vermont Depression in Primary Care & Medical Home Projects (State Medicaid Agency / CMHCs, primary care practices)	✓			✓	✓		✓		✓			Grants Service revenue
Washington Medicaid Integration Pilot (Medicaid managed care organization / primary care practices, CMHCs)	✓	✓		✓	✓			✓	✓	✓	✓	Service revenue
Washtenaw Community Health Organization (Local service organization /CMHCs, primary care clinics)	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	Grants Service revenue

¹All initiatives incorporated Screening/Assessments into strategies; ²All but one initiative (Cleveland) provided case management services; ³Most programs used varying forms of Information Technology (e.g., patient registries, 24/7 call centers, web-based diagnostic/assessment and tracking tools, patient electronic care systems). *Programs with multiple sites that used either coordination or collaboration strategies.