Behavioral Health Integration (BHI) Technical Workgroup

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DHCS 1115 Waiver
Stakeholder Advisory Committee
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Work Done So Far

- **Purpose:** define models to pilot test strategies to integrate primary care & behavioral health services in Medi-Cal

- **Defined integrated behavioral healthcare:**
  
  "...integrated healthcare is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served... The question is not whether to integrate, but how. Neither primary care nor behavioral health providers are trained to address both issues."

  Hogg Foundation for Mental Health
Adopted the NCCBH Four Quadrant Model as the conceptual framework for pilots.

Quadrant II
- Outstationed medical nurse practitioner/physician at MH/SU site (with standard screening tools and guidelines) or community PCP
- MH/SU clinician/case manager with responsibility for coordination w/ PCP
- Specialty outpatient MH/SU treatment including medication-assisted therapy
- Residential MH/SU treatment
- Crisis/ED based MH/SU interventions
- Detox/sobering
- Wellness programming
- Other community supports

Quadrant III
- PCP (with standard screening tools and MH/SU practice guidelines for psychotropic medications and medication-assisted therapy)
- PCP-based BHC/care manager (competent in MH/SU)
- Specialty prescribing consultation
- Wellness programming
- Crisis or ED based MH/SU interventions
- Other community supports

Quadrant IV
- Outstationed medical nurse practitioner/physician at MH/SU site (with standard screening tools and guidelines) or community PCP
- Nurse care manager at MH/SU site
- MH/SU clinician/case manager
- External care manager
- Specialty medical/surgical
- Specialty outpatient MH/SU treatment including medication-assisted therapy
- Residential MH/SU treatment
- Crisis/ED based MH/SU interventions
- Detox/sobering
- Medical/surgical inpatient
- Nursing home/home based care
- Wellness programming
- Other community supports

Quadrant I
- PCP (with standard screening tools and MH/SU practice guidelines for psychotropic medications and medication-assisted therapy)
- PCP-based BHC/care manager (competent in MH/SU)
- Specialty prescribing consultation
- Wellness programming
- Crisis or ED based MH/SU interventions
- Medical/surgical inpatient
- Nursing home/home based care
- Wellness programming
- Other community supports

MH/SU Risk/Complexity
- Low
- High

Physical Health Risk/Complexity
- Low
- High

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.
WORK STILL TO BE DONE

- Identification and agreement on the core elements of the model(s) to be tested and “packaged” for pilots - Will we include model elements in certain pilots? Across all pilots? Across all populations?
- Discussion of organized delivery systems of care, accountable care organizations, management structures, etc. in relationship to model(s) proposed
- Measurement, evaluation, and performance standards (clinical, financial and delivery system) of model(s)
- Determination of criteria, including local “readiness” for potential pilot site recommendations
- Financial implications of models and financing that align with waiver parameters
KEY QUESTION

- How should the work of the BHI TWG be integrated into the work of the other TWGs given the data that supports the presence of complex BH needs within those populations?