

Bi-Directional Integration: Leadership and the Changing Landscape

On February 4th, 2011, BHN held its fourth annual conference: The Behavioral Health Care Home and Bi-Directional Integration, Leadership and the Changing Landscape. Incredibly successful, the conference brought together clinicians and administrators from community mental health centers, federally qualified health centers and other medical practices, congressional staff, state policy makers, HRSA representatives and more.

The morning began with a warm welcome from BHN's Executive Director, Traci Sawyers followed by: Barbara Cimaglio, Deputy Commissioner of the Vermont Department of Health, Alcohol and Drug Abuse Programs; Christine Oliver, Commissioner of the Vermont Department of Mental Health; and Chris Bersani, National Lead for HRSA / Office of Regional Operations Behavioral Health Team. Following the welcoming remarks, Lisa Dulsky Watkins and Donna Izor gave a thorough overview of the Blueprint expansion and BHN work to date.

Dale Jarvis of Dale Jarvis and Associates Consulting was BHN's keynote speaker. After spending the previous day meeting with Vermont state administrators, BHN members and staff and Vermont Council staff, Dale provided the attendees with an animated keynote address. In his address, Dale presented his thoughts on how the emerging national model for health care reform is the foundation for bi-directional integration. It was a presentation that set the stage for a day filled with lively discussion. Dale has continued to be an incredible resource, providing the state and BHN members and staff with significant amounts of data.

The conference continued with a panel discussion

highlighting the innovative, local models of integration at HowardCenter, United Counseling Service, Clara Martin Center and Lamoille Community Connections. The panel sparked a spirited question and answer period that focused on the working relationships between CMHCs and FQHCs.

The concurrent afternoon workshops targeted: the four quadrant model, a local integration model, collaboration between FQHCs and CMHCs and quality standards for behavioral health.

BHN is very appreciative of all the workshop leaders who put a significant amount of time, energy and commitment into the development of the workshops. A special thank you goes out to Kathleen Reynolds from the National Council for Community Behavioral Healthcare who braved the snow storm in order to fly in from D.C.

Thank you again to all of our conference co-sponsors: Bi-State Primary Care Association; Health Resources and Services Administration; the Vermont Council of Developmental and Mental Health Services; the Vermont Department of Health: Alcohol and Drug Abuse Programs; and the Vermont Department of Mental Health. The conference was hugely successful and we could not have done it without you!



From left to right: Simone Rueschemeyer, BHN Program Manager; Traci Sawyers, BHN Executive Director; Dale Jarvis, Keynote Speaker; Linda Chambers, BHN Board President and Clara Martin Center Executive Director; Ralph Provenza, Executive Director, United Counseling Service; and Chris Bersani, Health Resources and Services Administration

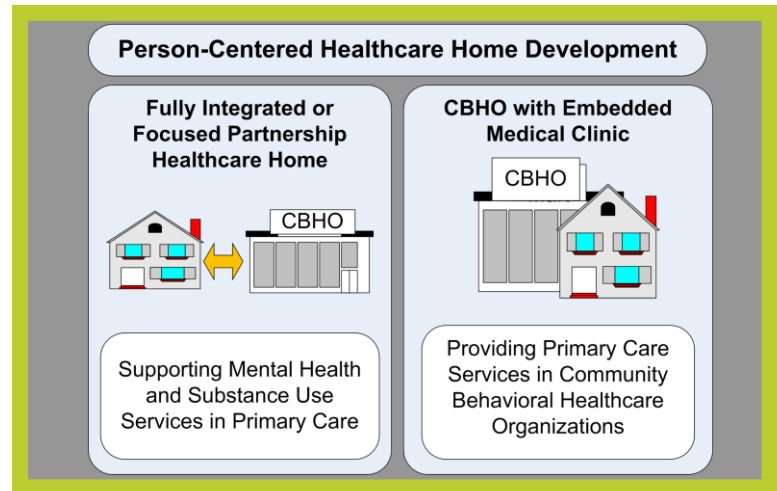


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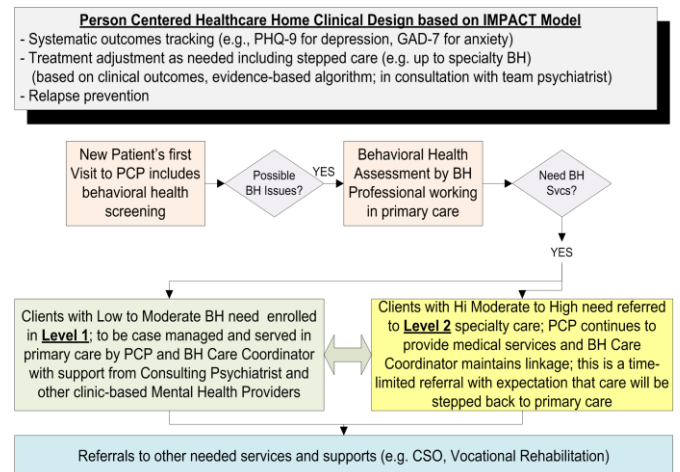
Statistics Demonstrate Need

- Mental health problems are 2-3 times more common in those with chronic medical illnesses such as diabetes, arthritis, chronic pain, headache, back and neck problems, and heart disease
- 3 out of every 5 people with severe and persistent mental illness die from preventable health conditions.
- The life expectancy of a person with SMI is 25 years earlier than the general population
- A Maine study of Medicaid patients with SMI had higher prevalence of major preventable medical conditions than the age and gender matched Medicaid population
 - 24.5% of people with SMI had diabetes compared to 7.8% in the general population
 - 48.6% of people with SMI smoked compared to 21.1% in the general population
 - 49.7% of people with SMI were obese compared to 23.2% in the general population
- People with SMI are 3.4 times more likely to die from heart disease, 6.6 times more likely to die from pneumonia and influenza, and 5 times more likely to die from other respiratory diseases.
- Cardiovascular death among those with SMI is 2-3 times that of the general population.
- On site, integrated primary care in the behavioral health setting is associated with improved quality and outcomes of care for those with severe mental illness

Bi-Directional Integration



A Well Defined Clinical Model As described by Dale Jarvis



Much of the integration work being initiated around the country and here in Vermont is based on the Four Quadrant Model and the Person Centered Healthcare Home Model. Using the Four Quadrant Model results in persons with low to moderate behavioral health complexity and risk (Quadrants I and III) able to receive their behavioral healthcare in the primary care setting and persons with moderate to high complexity and risk (Quadrants II and IV) able to receive their behavioral healthcare at Community Mental Health Centers.

Why is the System so Segregated?

As a patient, and often as a clinician, administrator or policy maker, we often wonder why our community health care system is so segregated. Why has behavioral health been separated from primary care? Why is it that CMHCs and FQHCs haven't consistently been working in tandem and in partnership?

As Dale Jarvis reminded us at the conference, during the 1960's and 1970's CMHCs and FQHCs were considered sister organizations both funded by designated components of the Public Health Services (SAMHSA and HRSA). Part of the "shift and shaft" strategy that began in 1981, resulted in the de-federalization of the CMHCs, leaving the success or failure up to each state's leadership and funding levels and the ability of local CMHCs to succeed (or not) in a highly regulated and underfunded environment. It is relieving to see that models of integration are occurring and that the state through the Blueprint for Health is placing such a priority on integrating behavioral health into primary care.

Equally critical is the integration of primary care into behavioral health as well as the redesign of referral systems and modes of communication. As IT systems are prioritized and as cultural differences between the two systems of care are increasingly understood, communication among and between providers will improve, thus enabling the quality of care coordination to improve as well.

BHN is excited to be working in partnership with many around the state to continue to develop and enhance the relationships between CMHCs and FQHCs.

TELEHEALTH UNITS have been installed in all of the Community Mental Health Centers. Since the state has approved some telehealth reimbursement for the CMHCs, agencies are beginning to use the equipment for not only administrative purposes but for clinical encounters as well. A unified data collection system to measure use and quality is being developed as are policies and procedures to assure high quality care and continued access to this extremely beneficial technology.



From The Director,

Happy spring! It is hard to believe we are coming to the end of another fiscal year. This one has been exciting as we have realized BHN's goal of getting telehealth units into each BHN member agency and using this equipment regularly for administrative purposes. The state has approved clinical reimbursement and the units will soon be used for training purposes as well. BHN has been working with consultant Debra Stenner on telehealth business planning and BHN's next three year road map.

BHN's primary care and behavioral health integration conference this winter was highly successful and much work has been done related to integrating behavioral health formally into the Blueprint for Health, specifically with regard to researching and documenting the urgent need for bi-directional care by BHN's Simone Rueschemeyer and consultant Donna Izor. BHN continues to work closely with Bi-State Primary Care Association to identify ways that our offices and membership can more formally work together. Many thanks go to Denis Barton for his strong support.

It was an honor and inspiring to be part of the HRSA Rural Health Policy and Leadership Workshop/Institute a few weeks ago, spending time with others across the country who are focused on making a difference for patient and clients through collaboration and new thinking. As the health care landscape continues to rapidly change, there will be many challenges. Most importantly however, there will many new and exciting opportunities and BHN is poised and ready to work on both. Thank you very much for your support and we look forward to another important year.

Behavioral Health Network of Vermont

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BHN DIRECTOR CHOSEN FOR HRSA LEADERSHIP AND RURAL HEALTH POLICY WORKSHOP / INSTITUTE

BHN Director Traci Sawyers was one of 20 HRSA grantees (out of 93 nominees or applicants) chosen to participate in a three day HRSA Leadership and Rural Health Policy Workshop/Institute in Washington, DC this past April. The program included time with high level leadership and policy experts including: Alan Morgan, CEO of the National Rural Health Association; Paul Moore, a Senior Health Policy Advisor for HRSA; and Laura Tobler of the National Conference of State Legislatures. The workshop also included an afternoon with HRSA Administrator Dr. Mary Wakefield. Dr. Wakefield and others discussed the numerous opportunities for high quality integrated care and new thinking about how health care is delivered. They also talked at length about the federal government's specific focus on accountability for a population which is front and center in the Affordable Care Act (HRSA is responsible for 50 of the ACA provisions and a key partner on another 16) and a priority for the Obama administration. The DC program focused heavily on HRSA's core interest in collaboration with the goal of improving the system of care and ultimately the health of patients/clients, which directly relates to BHN's own mission and work. BHN's association with HRSA has been tremendously positive and we look forward to a continued relationship with this key agency as major health care reform continues and new opportunities abound.



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