



# Primary and Behavioral Health Care Integration Technical Assistance Project

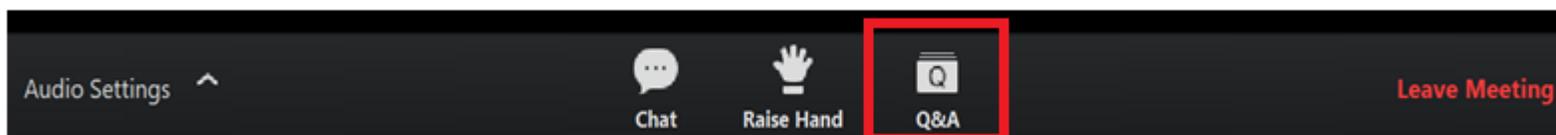
**11/30/2022, 2:00-3:00 PM ET**

**Vision: Healthy Communities, Healthy People**

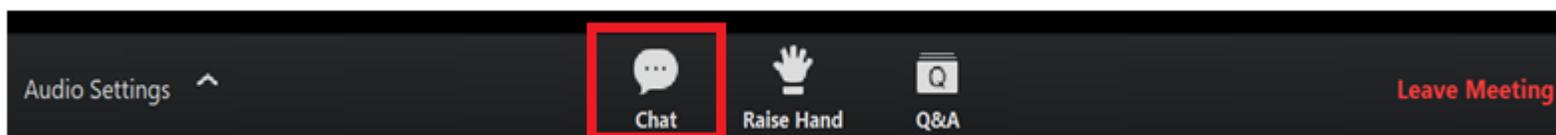


# Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the information session, please message us through the chat feature or email [healthcenter\\_BHTA@jbsinternational.com](mailto:healthcenter_BHTA@jbsinternational.com).



# Continuing Education

- We will be offering **1 CE credit** for attending today's information session.
- You **must** complete the Health Center Satisfaction Assessment after this session.
- **CE credits will be distributed to participants who complete the Satisfaction Assessment within 2 weeks of this Information Session.**
- We will provide details to complete the Satisfaction Assessment at the end of the webinar.



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# Presenters

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**Larry Horlamus, Deputy Director of Quality**

Office of Quality, BPHC/HRSA

**Janette Dupuy, Division Director**

Quality Division

HRSA Office of Quality Improvement

**Jayne Berube**

Team Lead, Care Integration and Workforce

Office of Quality Improvement

**Joseph Hyde, Program Director**

JBS International, Inc.



# Advancing Health Equity

Health centers provide affordable, high-quality primary health care to **more than 30 MILLION** people in the U.S. each year. That includes:

**1 in 9**

children & adolescents



**1 in 5**

rural residents



**1 in 3**

living in poverty



**63%**

identify as racial and/or ethnic minorities



Nearly **1.3M** experiencing homelessness

**1M+** agricultural workers

Nearly **770K** school-based health center patients

Nearly **390K** Veterans

**HRSA**  
Health Resources & Services Administration



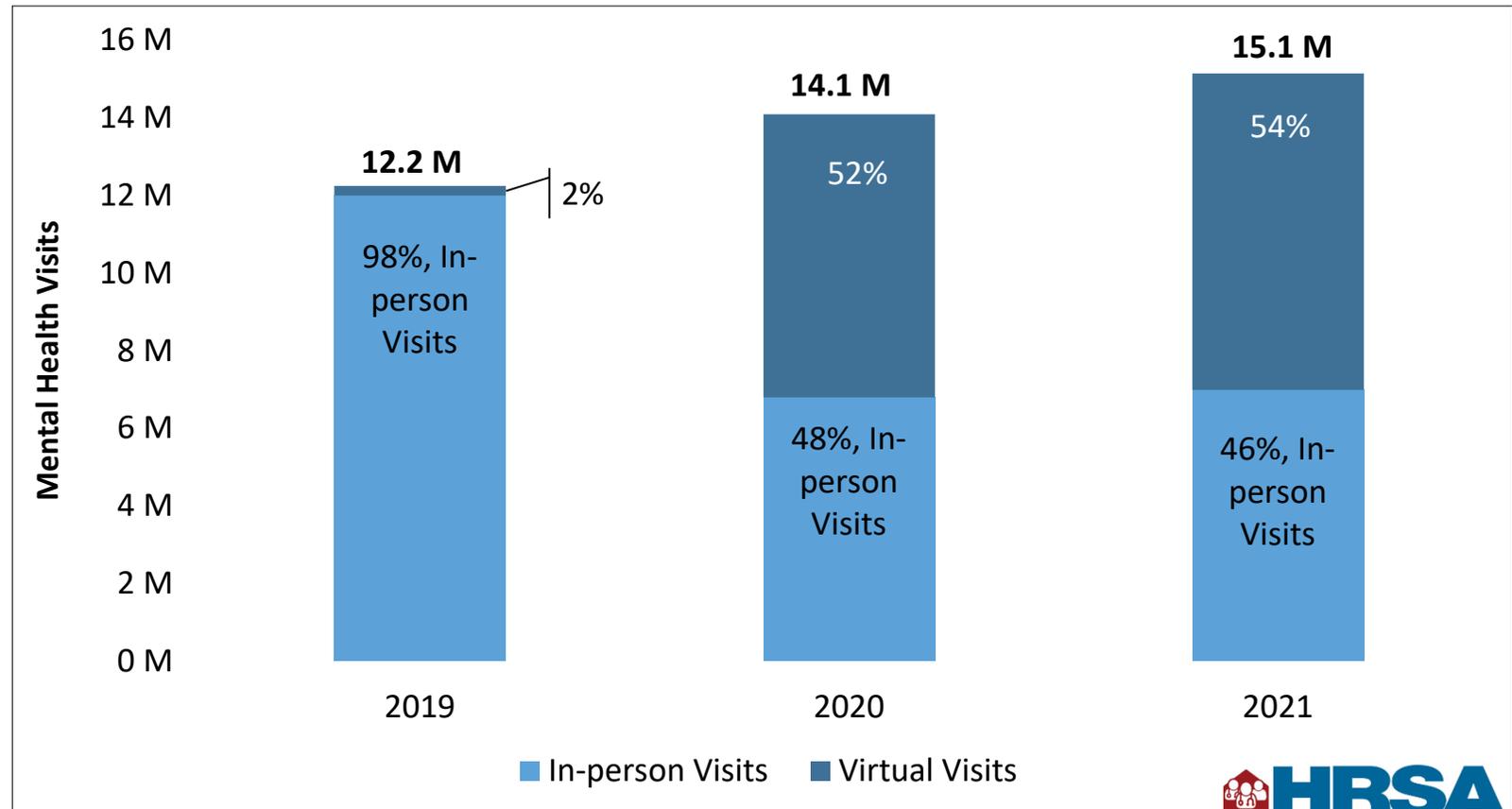
Source: Uniform Data System, 2021 - Table 3A, Table 3B, Table 4, Table 6A

\*Poverty defined as having income  $\leq$ 100% Federal Poverty Guidelines

# Responding to Increasing Mental Health Needs

In 2021, health centers responded to increasing demand for mental health services and expanded care by providing screenings and virtual services.

- Served **2.7 million** patients seeking mental health services
- **67%** of patients 12 years and older received depression screening and follow-up plans as appropriate
  - + **3 percentage points** from 2020

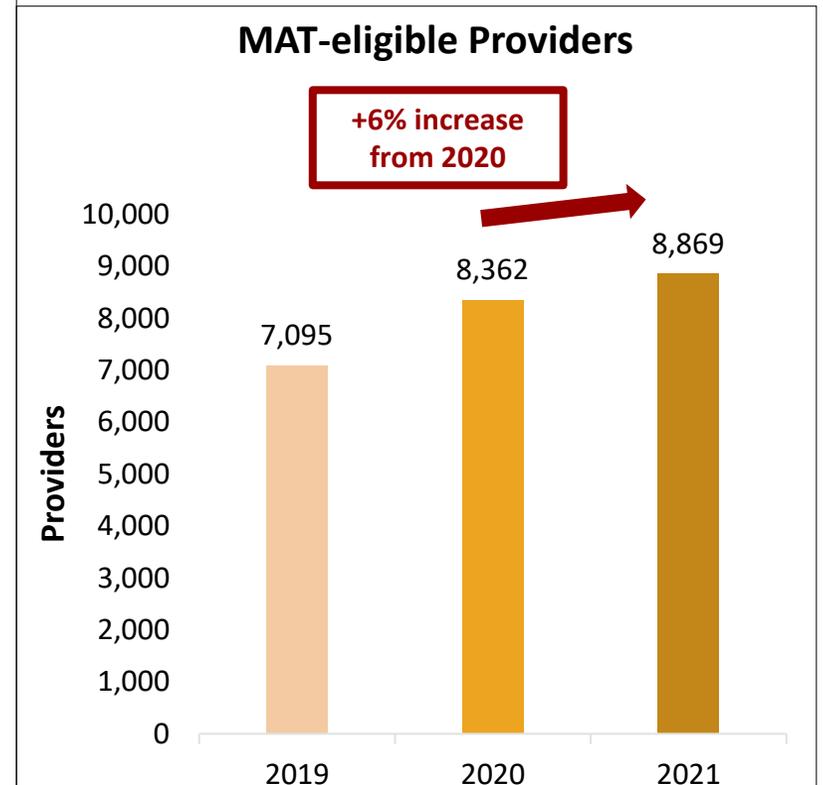
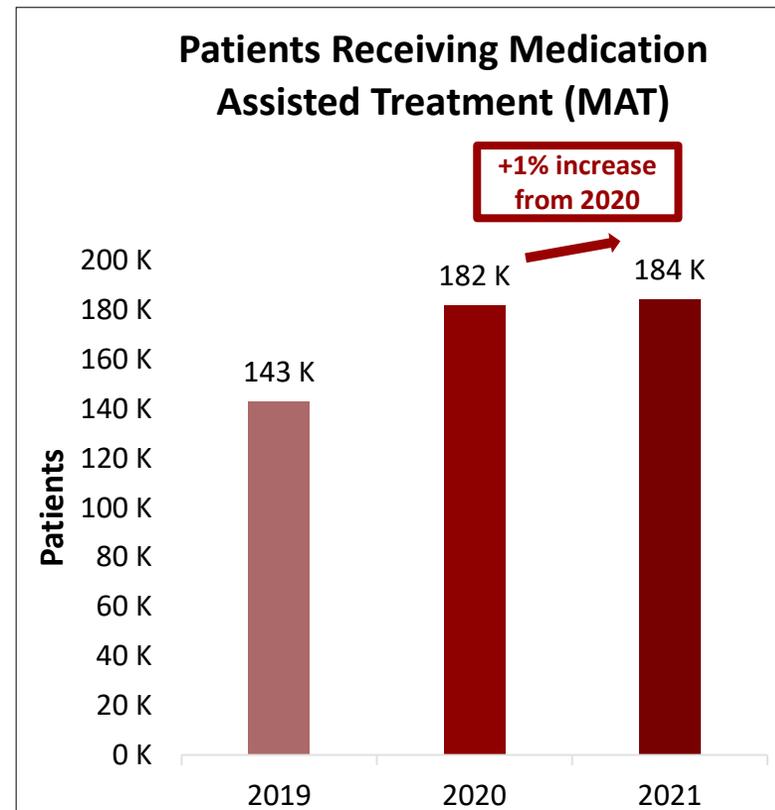
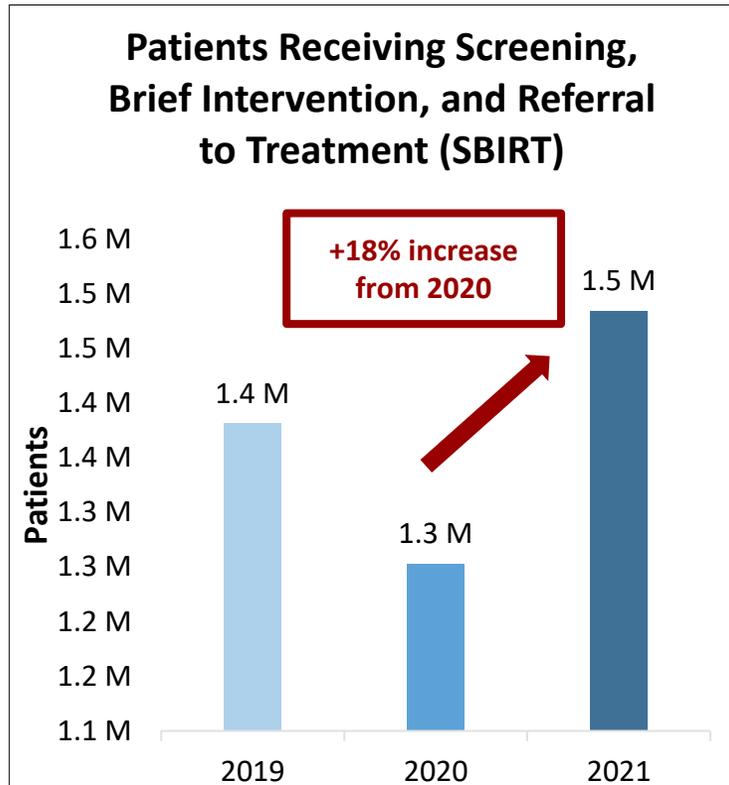


Source: Uniform Data System 2019-2021 – Table 5, Table 6B  
Virtual visit data first reported in UDS in 2019



# Addressing Substance Use Disorder Needs

*Health centers provided substance use disorder services to 286,000 patients in 2021, representing a similar proportion of total patients to past years.*



Source: Uniform Data System, 2019-2021 - Table 6A, Appendix E: Other Data Elements

Definition of MAT providers expanded to include physician assistants & certified nurse practitioners in 2017

Please note, as of October 2022, the number of MAT-eligible providers changed due to a correction in the UDS dataset from 16,769 to 8,869.



# Health Center Workforce Well-being Survey

- Look for an email from:  
**HRSA Workforce Team**  
[hrsa\\_workforce\\_wellbeing@surveys.jsi.com](mailto:hrsa_workforce_wellbeing@surveys.jsi.com)
- Visit our website for answers:  
[bphc.hrsa.gov/www](https://bphc.hrsa.gov/www)
- Questions? Use the [BPHC Contact Form](#)



# Agenda

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- 1. Brief introduction to the BHTA-TA Team**
- 2. Overview of JBS's TA Model**
- 3. Overview of TA Options & Opportunities**
- 4. Potential TA Areas for Health Centers**
- 5. How to Request TA**
- 6. Questions & Answers**

# Objective

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**Learn about the Technical Assistance (TA) for integrating behavioral health care available to HRSA-funded health centers**



# Polling Question #1

On a scale from 1 – 5, how well are behavioral health services integrated into your clinical setting?

1. Not co-located or integrated
2. Co-located, but not integrated
3. Co-located and minimally integrated
4. Co-located and somewhat integrated
5. Co-located and fully integrated



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# About JBS International

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- Founded in 1985 as a women-owned business
- Subsidiary of Blue Cross and Blue Shield of South Carolina since 2017 (Celerian Group)
- JBS staff and expert consultants have worked in every state and U.S. territory supporting behavioral health integration in primary care.
- Focused work areas in rural and urban behavioral health and health care systems:
  - Capacity building,
  - Evaluation and research,
  - Training and technical assistance



# Your JBS T/TA Team and Partners

JBS  
International

Advocates for  
Human  
Potential

The Bizzell  
Group

Team of  
Subject Matter  
Experts



# JBS Team

Joe Hyde

*Program Director*

Amber  
Murray

*Deputy Program  
Director*

Colleen  
O'Donnell

*Project Manager*

Natalie Slaughter

*Technical Expert  
Lead*

Andrea Coleman

*Technical Expert  
Lead*

Fathia Muridi

*Technical  
Assistance Manager*

Sophia Shepard

*Technical  
Assistance Manager*

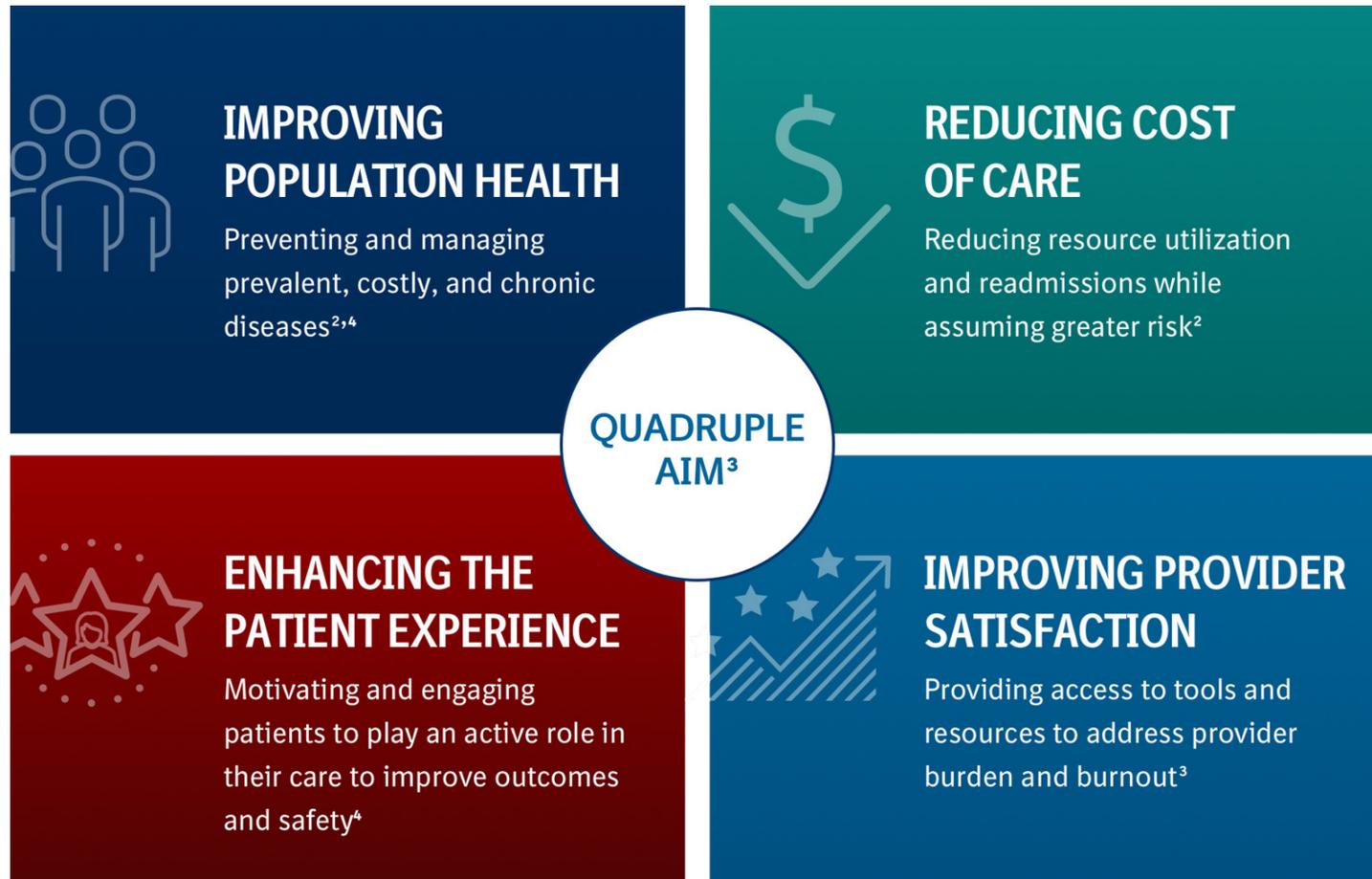
Donna Blasdell

*Technical  
Assistance Manager*



# Getting Value From TA for Integrated Care

## Actualize the “Quadruple Aim”



# Polling Question #2

Which of the Quadruple Aims could your health center use the most support with?

1. Improving **population health**
2. Reducing **cost of care**
3. Enhancing **patient experience**
4. Improving **provider satisfaction**



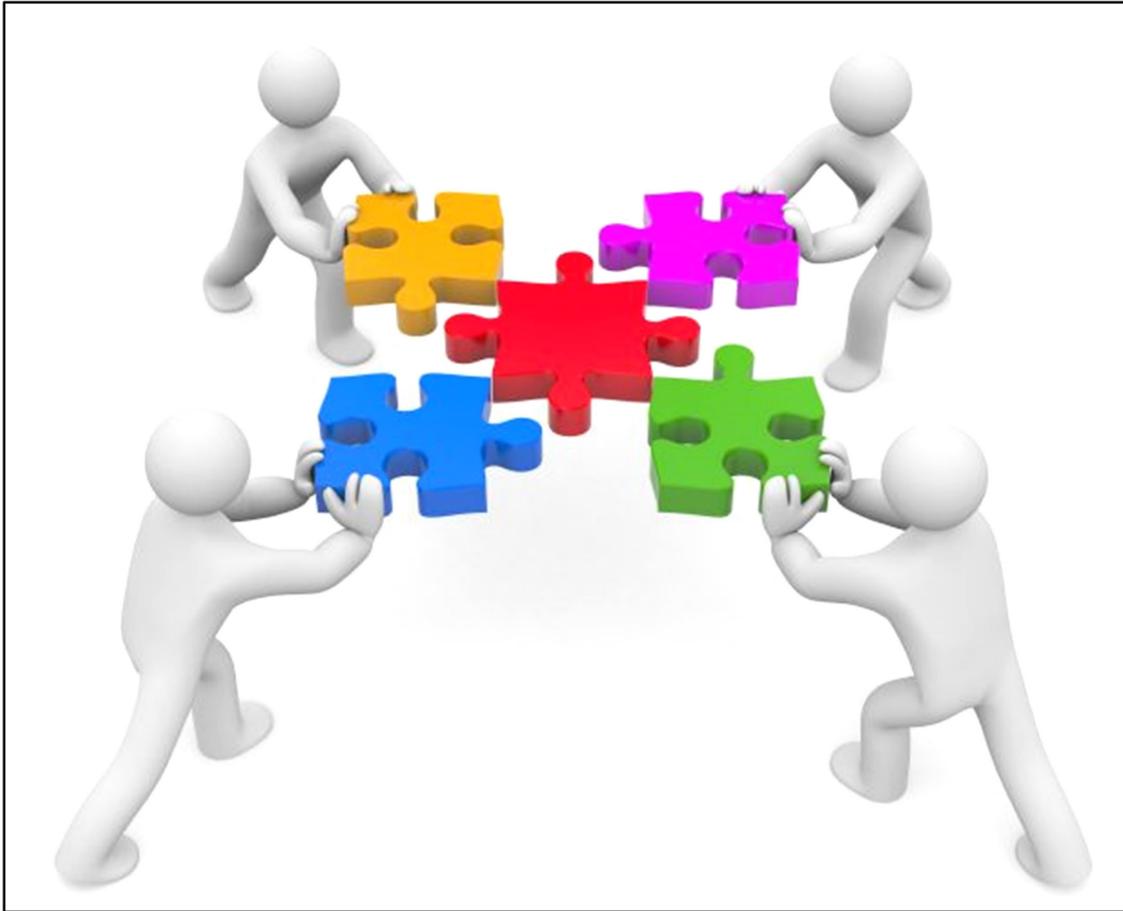
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# Our Purpose and Values

Support your behavioral health/substance use services integration through capacity building for sustainable provision of integrated care

Success comes down to relationships: responsive, flexible, understanding your needs, your context, your readiness, your capacity

# Our Goal = Your Success



- Collaborating to identify needs and opportunities for TA
- Providing TA that has meaningful impact
- Providing TA support along each step of your journey
- Sharing successes and lessons learned

# TA Details

There is **no cost to you or your organization for TA**

Requesting **TA is encouraged!** It demonstrates your commitment to improving your clinic's services and improving outcomes for your patients

**TA content and modality are tailored to fit your needs** – virtual or in-person, with an emphasis on flexibility and finding pathways to success

# Successfully Implementing Integrated Care

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*Or,*

*“Things I really wish I knew when I first started...”*



From a series of focus groups on integrated care conducted by JBS, Inc. (2017)



# Success Depends On

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1. A model of care, also called a “vision” that is easily understood
2. Realistic performance goals and objectives
3. An implementation plan with action steps and progress indicators
4. Clearly defined project management team and roles
5. Leadership buy-in for program readiness (practice site champions)
6. Open and active lines of communication among essential stakeholders with easy access for “ad hoc” communication

# Success Depends On

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7. Protocols for program operations, including use of technology, common sets of tools, and processes
8. Participatory decision-making among implementation team members
- 9. *Ongoing training, technical assistance, monitoring and coaching to support implementation***
10. Use of evaluation to support and monitor implementation
11. Sensitivity to unique contextual conditions at the practice sites, the populations served and any associated need for adaptation

# Integrated Care TA Topic Areas

- New program implementation support
- Integrated Care Models
- Child and youth behavioral health
- Training of the Trainers (TOTs)
- Brief treatment implementation
- SBIRT adoption
- Building practice site readiness
- Workflow mapping
- Changing staff roles
- Business practice models
- Value-based reimbursement
- Responding to COVID
- Adopting sustainable practice models
- Sustainability planning
- Integrated treatment for opioid use disorder (MAT)
- Pain Management
- Tele-behavioral health
- Financial Sustainability
- Addressing social determinants of health
- Reducing health disparities
- Program adaptations due to the pandemic
- Quality Assurance/Quality Improvement
- Informatics
- Leveraging health information technology
- Other topics????



# Polling Question #3

## Which integrated care TA topic areas are you most interested in? (select up to 4)

- New program implementation support
- Integrated Care Models
- Child and youth behavioral health
- Training of the Trainers (TOTs)
- Brief treatment implementation
- SBIRT adoption
- Building practice site readiness
- Workflow mapping
- Changing staff roles
- Business practice models
- Value-based reimbursement
- Responding to COVID
- Adopting sustainable practice models
- Sustainability planning
- Integrated treatment for opioid use disorder (MAT)
- Pain Management
- Tele-behavioral health
- Financial Sustainability
- Addressing social determinants of health
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- Program adaptations due to the pandemic
- Quality Assurance/Quality Improvement
- Informatics
- Leveraging health information technology
- Other



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# The TA Process: Working with JBS

We collaborate to understand your:

- Needs and intended outcomes
- Your Team
- Your organization
- Context and culture
- Community and population of focus
- Your readiness and capacity
- How best to get there

*In crafting and providing effective TA, we address both the “what” and the “how to” in ways that make sense for you and for your systems.*

# Past TA Sessions: What participants have said

- *“Finally having guidance as we move forward with implementation and not feeling alone in the process.” - Communities of Practice (CoP) attendee*
- *“Being able to discuss our challenges with someone who has an objective perspective and can provide insights and actionable advice for improvement.” – One-on-one coaching attendee*
- *“The tips given to us for program implementation provided a good guideline that will surely be of help as I connect with patients in the future.” – Site Visit attendee*
- *“Just the organic conversation that came out of the presentations and the generosity of those presenting to share their real-life experiences of the model.” – Webinar attendee*
- *“This Brown Bag opened up my eyes to the need for integrating behavioral and oral health.” – Brown Bag attendee*



# Clarity of Intended TA Outcome

## *A Key Distinction: Outcomes vs. Outputs*

### Outputs

A series of **activities** or **written products**.

### Outcomes

What you/we seek to **achieve**.



Generally, outcomes are best decided at the beginning of the TA planning process

# Building Provider Readiness and Capacity



## Leadership and Essential Stakeholders (internal and external)

- Integrated Care is consistent with the health center mission and adds value to services provided to population served
- Leadership understands benefit of integrated care, that it is better than business as usual
- Leadership is committed to Champion intervention as a solution

## Capacity of the Implementation Team

- Adequate staff to accomplish task
- Empowerment of implementation team to plan and act
- Adequate content knowledge for PCBH
- Adequate systems knowledge
- Adequate skills for planning, implementation, and evaluation
- Necessary Supports

## Systems Capacity

- Adequate workforce to accomplish task
- Workforce knowledge and skills
- Expanded array of services
- Adequate HIT to support PCBHI
- Other infrastructure
- Process improvement (PDSA)
- Culture Change



*Oral and Mental Health*

# *Technical Assistance Modalities*



**Webinars**



*Lunch & Learn Virtual TA*



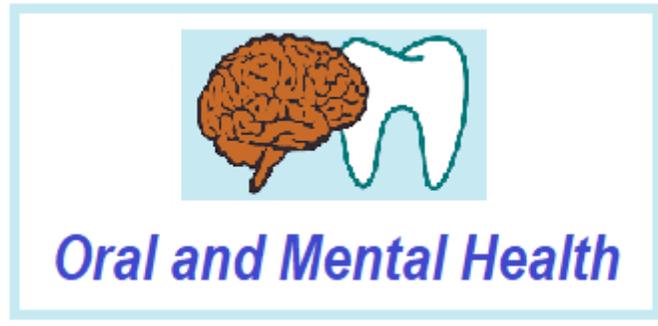
**Onsite Visits**

# Cherokee Integrated Care Training Academy



- Virtual two-day training (10 hours total)
- \$5,000 value offered at no cost to Health Center staff
- Day 1 - Clinical considerations
- Day 2 - Operations and financial sustainability
- 12/14-15/2022, 10:00 – 5:00 PM (2-hour breaks)
- *Insert link to BPHC Portal page*

# NEW! Integration of Oral & BH Learning Collaborative



- Six Didactic Seminars (60-90 minutes)
- Six Facilitated Discussions (60-90 minutes)
- Led by Dr. Tamanna Tiwari, BDS, MDS, MPH
  
- Kick-off Webinar 1/4/2023, 1:00 – 2:00 PM ET
- *Insert link to BPHC Portal page*

# NEW! Virtual Brown Bag Sessions

*Lunch  
& Learn  
Virtual TA*



- Eight interactive sessions, led by Subject Matter Experts
- 30 minutes presentation/30 minutes Q&A
- “Oral Health and Integrated Care” presented by the National Network for Oral Health Access (NNOHA)
- 11/22/2022, 11:00 AM ET
- *(Insert link to BPHC portal page)*

# Communities of Practice



- Eight facilitated, interactive 90 minute sessions with subject matter experts.
- Conducted biweekly (twice a month)

- “Workforce Resiliency and Retention” starts 1/10/2023
- “Treating Anxiety and Depression in the Health Center” starts 1/17/2023
- “Transition Aged Youth – Addressing Behavioral Health Needs” starts 1/19/2023

*Insert link to BPHC Portal page*

# One-to-One Coaching



- Collaborative, solution-focused
- May be one engagement or a series of engagements
- Plan tailored to organization capacity and capability
- Supports measurable, sustainable change

*- Insert link to BHTA Portal Page*

# Virtual or On-Site Intensive TA



- Outcomes-driven, co-created plan tailored to your organization
- Onsite or virtual
- Support for implementing and sustaining systems change

*Insert link to BHTA Portal page*

# How to Learn About TA Opportunities

## BPHC BH TA PORTAL ONLINE REQUEST FORM

<https://bphc-ta.jbsinternational.com>

## EMAIL

[healthcenter\\_BHTA@jbsinternational.com](mailto:healthcenter_BHTA@jbsinternational.com)

## BH TA WEEKLY UPDATE

[healthcenter\\_BHTA@jbsinternational.com](mailto:healthcenter_BHTA@jbsinternational.com)



# Polling Question #4

## Which type of TA most interests you at this time?

1. Webinars
2. Communities of Practice
3. One-to-One Coaching for Practice Transformation
4. Intensive TA for Health Centers (Site Visits)
5. Lunch & Learn Virtual TA Sessions
6. Oral and Behavioral Health Learning Collaborative



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# TA is a Dynamic Process

- TA goals and objectives, while initially established to address specific programmatic need(s) may change as staff and JBS Team explore issues.
- You, in collaboration with JBS TA Lead and HRSA, may assess, discuss, and modify the scope of your TA.





# Polling Question #5

Which of the TA offerings in December/January are you considering attending? (check all that apply)

1. MCH & Behavioral Health Webinar
2. Adolescent Behavioral Health Webinar
3. Cherokee's Integrated Care Academy Webinar Series
4. Pediatric/Adolescent Behavioral Health CoP
5. SDoH - PRAPARE Toolkit CoP
6. Adolescents & Social Media Virtual TA Office Hours
7. Applying Lessons Learned from Cherokee's Integrated Care Model Virtual TA Office Hours



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# In Closing...

Remember, we are all in this together!!!



# Thank You!

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Joe Hyde, BH TA Project Director  
Email: [jhyde@jbsinternational.com](mailto:jhyde@jbsinternational.com)



# Continuing Education Revisited

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# Health Center Satisfaction Assessment

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- We will also email you a link to the Satisfaction Assessment.

**Please take 2 – 3 minutes to complete the Satisfaction Assessment directly following this session.**



# Other Helpful Resources

- **HRSA Telehealth Center of Excellence** [https://www.umc.edu/Healthcare/Telehealth/Telehealth\\_Home.html](https://www.umc.edu/Healthcare/Telehealth/Telehealth_Home.html)
- **HRSA Center of Excellence for Behavioral Health Technical Assistance** (*accessible through November 2020*) <https://bhta.hrsa.gov/>
- **HRSA Rural Centers of Excellence on Substance Use Disorders**
- **University of Vermont** <https://uvmcora.org/>
- **University of Rochester** <https://recoverycenterofexcellence.org/>
- **HRSA Chronic and Infectious Disease Resources** <https://www.hrsa.gov/library/chronic-and-infectious-diseases>
- **The Providers Clinical Support System (PCSS) addressing opioid Use Disorders** <https://pcssnow.org/>
- **Center of Excellence for Integrated Health Solutions** <https://www.thenationalcouncil.org/integrated-health-coe/>

