

ATTACHMENT 8

Quarterly Report Format Primary and Behavioral Health Care Integration

The Primary and Behavioral Health Care Integration (PBHCI) program is a landmark Federal initiative, and SAMHSA requests regular information from each grantee to learn about the innovative and creative approaches you are taking to accomplish PBHCI program goals. These reports should be submitted directly to your Program Officer, Trina Dutta, and can be sent by e-mail to trina.dutta@samhsa.hhs.gov. Report items can be answered in brief bullet format and the report should be no longer than 3-5 pages.¹ For each question, identify any technical assistance needed. You can include appendices of press releases or other relevant documents that pertain to the questions in the report. Appendices and materials that are not electronically available can be mailed to Trina at:

Trina Dutta, MPP, MPH
SAMHSA/CMHS
Office of the Director
1 Choke Cherry Road, Room 6-1076
Rockville MD 20857

Report Labeling: VERY IMPORTANT!

At top of report, put your grant number, the name of your site and program, the name of the Project Director, and the name of the person to contact about the report (if different than the Project Director).

Label the report for the dates covered and the date submitted.

Put the quarter number and year.

Please label your electronic attachments with something that includes the abbreviated site name, Quarter #, and Year. So a filename might look like ANN ARBOR CMHC 1st QTR 1/31/10

¹ Note—each question should be answered with regards to both your program’s core (i.e., screening/assessment/treatment and referral, registry/tracking system, care management, prevention/early intervention/wellness support, and processes for referral/follow up regarding off-site treatment) and optional features (i.e., use of SBIRT and/or other evidence-based practices, primary care supervising physician, embedded nurse care manager, etc.). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0371. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Outline for Report Content

Note: In completing this report, please see the glossary (pp. 8-9) for definitions of key terms.

1. Describe your program's accomplishments.
2. Describe any changes in staffing since the last quarter. Specify the clinical discipline (e.g., MD/ primary care, MD/ psychiatrist, Advanced Practice Nurse, etc.), role (e.g., care manager, primary care service provider, mental health specialty provider, peer counselor, etc.), and duties of any new staff hired by the grant. Specify any changes in % effort of existing staff. Include attachments of their resumes and copies of any formal correspondence made between your site and SAMHSA about staffing changes.
3. Describe the involvement of consumers and families in your project.
4. Detail any barriers you have experienced in implementing your program, the solutions you generated (if the problems have been resolved), or your plans to resolve them. Detail any delays in the program as you originally proposed it and how the program plan has changed in content or timing.
5. Describe the infrastructure activities engaged in by your site, the staff involved, and the nature of the expenditures for those activities. For example, if you spent money on changing your medical records, describe the activity and the staff involved, and provide an estimate of the expenditures in direct costs.
6. Describe the wellness-related education and programming activities engaged in by your site and the staff involved. For example, if you spent money on developing a smoking cessation program, describe the activity and the staff involved, program duration, and provide an estimate of the expenditures in direct costs.
7. Detail your progress regarding data collection activities, including software being used, use of a clinical registry/tracking system, TRAC, qualitative data collection methods, etc. For each method of data collection, indicate your plans to monitor, analyze, and/or share the data with relevant parties.
8. Describe any specific program components (e.g., consumer outreach strategies, primary care linkages, improvements in service infrastructure support) implemented as a function of grant activity.
9. Describe the funding sources (e.g., Medicaid, state grants, other) currently available for key primary care services provided via your program. Comment on the prospects of sustaining the provision of these services beyond the official grant period.
10. Describe which patients are eligible to receive PBHCI services through your program. This could include all SMI patients on your current caseload; only new SMI patients who present for services; all current and/or new SMI patients with certain physical health conditions; only SMI patients receiving psychotropic medication, etc.
11. Describe staff involvement in the PBHCI program's group activities or with the SAMHSA Project Officer. For example, describe involvement in group conference calls, grantee meetings and meeting planning, and site visits and interaction with the Project Officer or Technical Assistance Provider(s).
12. Describe any other sources of funding your program is receiving in addition to PBHCI funding (e.g., funding from other SAMHSA grants, other sources, etc.). What proportion of PBHCI consumers are also participating in programs funded by these other sources?

Glossary

Assessment: Actions taken following a positive screen to provide a more comprehensive or in-depth picture of an individual patient's specific physical health condition(s) and to determine the best service plan to address them

Care management: Activities designed to assist patients and their support systems in managing medical conditions and related psychosocial problems more effectively, with the aims of improving patients' functional health status, **enhancing the coordination of care**, eliminating the duplication of services, and reducing the need for expensive medical services.

Clinical discipline: A person's professional training e.g., Medical Doctor (MD) / psychiatrist/ Advanced Practice Nurse (APN)/ social worker, etc.

Clinical registry/tracking system: The system your program uses to track when and how often patients are seen, the timing and results of physical health screenings (SAMHSA-required physical health indicators, e.g., lipids, blood pressure), and timing of scheduled follow-up appointments. This system may include more (although not likely less) information.

Early intervention: Interventions that are appropriate for, and specifically target, people displaying the early signs and symptoms of a physical health condition.

Infrastructure activities: Activities that change resources and systems used for administrative or patient care purposes in your clinic. For example, if you spent money on changing your medical records, describe the activity and the staff involved, and provide an estimate of the expenditures in direct costs.

Key primary care services: Assessment, screening, treatment of physical health conditions, referral to physical health specialists

Mental Health / Behavioral Health: Substance use, psychology, psychiatry.

Prevention: Interventions that occur before the initial onset of a physical health condition to prevent the development of that condition.

Qualitative data collection methods: Interviews, focus groups, etc.

Role: The position and/or function a person serves in a clinic (e.g., care manager, primary care service provider, mental health specialty provider, peer counselor, etc.)

Screening: Refers to a preliminary procedure, such as a test or examination (e.g., blood pressure for hypertension, cholesterol for coronary artery disease), to detect the most characteristic sign(s) of a physical health condition that may require urgent attention or further investigation.

TRAC: (TRansformation ACcountability). Web-based database system. The TRAC will capture performance measures generated by key foci of CMHS programs: client services and infrastructure development. TRAC is the web-based system that supports the NOMs tool; NOMs data are entered into TRAC.

Treatment: The application of an evidence-based care plan for individuals with diagnosed physical health conditions, which includes progress indicators, expected outcomes, and access to medical, surgical, and rehabilitation treatments as appropriate.

Wellness: Health in mind, body and spirit.

Wellness-related education and programming activities: Activities that promote wellness in mind, body, and spirit. They may include educational activities (e.g., nutrition education, physical activity education), physical activities (e.g., yoga classes, walking groups), and psychosocial activities (e.g., peer support programs, health-focused social functions).