Coalitions and Community Health:

INTEGRATION OF BEHAVIORAL HEALTH AND PRIMARY CARE

Prepared for:
SAMHSA-HRSA Center for Integrated Health Solutions
1701 K Street, Suite 400
Washington, D.C. 20006

SAMHSA-HRSA
Center for Integrated Health Solutions

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

Substance Abuse and Mental Health Services Administration
SAMHSA

Prepared by:
Coalitions and Community Health: Integration of Behavioral Health and Primary Care was developed by Community Anti-Drug Coalitions of America

CADCA®

APRIL 2013

Table of Contents

ACKNOWLEDGEMENTS 1

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS 1

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA 1

EXECUTIVE SUMMARY 2

INTRODUCTION 2

HOW CAN LOCAL COALITIONS SUPPORT INTEGRATED CARE? 3

- 1. Promote Collaboration 4
- 2. Educate about Integration 4
- 3. Engage in Outreach & Enrollment Activities 5
- 4. Support Integrated Care Service Development & Delivery 6
- 5. Support Integrated Care Workforce Development 7

COALITION IN PRACTICE 8

- DRUG FREE MARION COUNTY (http://www.drugfreemc.org) 8

GETTING TO THE INTEGRATION AND HEALTHCARE REFORM TABLE 9

- How can my coalition get more involved in behavioral health and primary care integration in my community? 9
- What other roles can my coalition play if we are not at the health reform table? 9

COALITION IN PRACTICE 10

- ASAPP'S PROMISE (http://www.asappspromise.org) 10

IN SUMMARY 11

- Final Considerations for Coalitions 11
- GETTING TO THE TABLE: Tips from a Behavioral Health and Social Services Provider 11

RESOURCES FOR COALITIONS MOVING FORWARD 12

- Where can I go for additional information on behavioral health and primary care integration? 12
- What other aspects of healthcare reform should my coalition have on its radar? 13

APPENDIX 1:
What Is Integrated Care? 14

- Three Levels of Integration 14
- Integration is Bidirectional 14
- Integration is Transformational 15
- Integration is Essential to the Patient-Centered Medical Home Model 15

APPENDIX 2 16

- Overview of Major Healthcare Reform Areas 16
- How will Medicaid benefits be expanded? 17
- Where can I get additional information about healthcare reform? 17

ENDNOTES 18

Coalitions and Community Health

INTEGRATION OF BEHAVIORAL HEALTH AND PRIMARY CARE

ACKNOWLEDGEMENTS

Community Anti-Drug Coalitions of America (CADCA) *developed Coalitions and Community Health: Integration of Behavioral Health and Primary Care* for the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) with funds under grant number 1UR1SMO60319-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). The statements, findings, conclusions, and recommendations are those of the authors and do not necessarily reflect the view of SAMHSA, HRSA, or HHS.

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. CIHS is the first "national home" for information, experts, and other resources dedicated to bidirectional integration of behavioral health and primary care.

Jointly funded by the SAMHSA and HRSA, and run by the National Council for Behavioral Health, CIHS provides training and technical assistance to community behavioral health organizations that received SAMHSA Primary and Behavioral Health Care Integration grants, as well as to community health centers and other primary and behavioral healthcare organizations. CIHS' wide array of training and technical assistance helps improve the effectiveness, efficiency, and sustainability of integrated services, which ultimately improves the health and wellness of individuals living with behavioral health disorders.

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Community Anti-Drug Coalitions of America (CADCA) is the nation's leading substance abuse prevention organization representing more than 5,000 community coalitions across the country and internationally. CADCA's mission is to strengthen the capacity of community coalitions to address local substance abuse and related problems by providing technical assistance and training, public policy and advocacy, media strategies and marketing programs, conferences, and special events.

This document is in the public domain and may be used and reprinted without permission except those copyrighted materials noted for which further reproduction is prohibited without the specific permission of copyright holders.

SAMHSA-HRSA

Center for Integrated Health Solutions

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

Substance Abuse and Mental Health Services Administration SAMHSA

CADCA®

EXECUTIVE SUMMARY

To achieve the triple aim of increased quality of patient care, improved health outcomes, and minimized healthcare costs, full integration of behavioral and physical healthcare is essential.[1, 2, 3, 4] (See Appendix 1 for more information on integration.) One important aspect of integration is improving prevention and treatment services for people who need substance abuse, mental health, and physical healthcare. It is in this area that substance abuse prevention coalitions are particularly well positioned to support community efforts. Their deep roots and expertise in building local collaborative partnerships to improve community health illustrate the role coalitions can play alongside providers and community groups in the integration process. Currently, more than 5,000 community coalitions nationwide are engaged in complementary work to reduce alcohol, tobacco, and other drug use through the implementation of a coordinated and comprehensive set of program, practice and policy changes.[5] These strategies, in combination with efforts to integrate behavioral and physical healthcare can further improve prevention, screening, and treatment for substance abuse disorders and ensure a fully comprehensive approach to addressing local substance abuse issues.

Coalitions and Community Health: Integration of Behavioral Health and Primary Care provides an overview for how coalitions can promote integrated care in their communities by building on the work that they are already doing. More specifically, it offers up the following five key roles for coalitions in the integration process that capitalize on their skills and expertise: (1) Promoting Collaboration, (2) Educating About Integration, (3) Engaging in Outreach and Enrollment Activities, (4) Supporting Integrated Care Service Development and Delivery, and (5) Supporting Integrated Care Workforce Development. It also offers suggestions for how coalitions might engage the behavioral health and primary care community in this work. Case studies and resources provide some additional context and information on aspects of health reform legislation that support behavioral health and primary care integration.

This primary goal of this publication is to educate and motivate substance abuse prevention coalitions to engage in local integration efforts and help shape integration implementation in their communities. With the shared goal of improving the whole health of the community, coalitions and key stakeholders can work together to ensure that the full integration of substance abuse screening, prevention, and treatment services is successful at the local level.

INTRODUCTION

Traditionally, healthcare in the United States has treated mental healthcare, support for substance use disorders, and physical healthcare as separate components of healthcare provision. However, growing research makes the case for integrating physical and behavioral healthcare to better meet the needs of individuals, families, and communities.[6, 7, 8, 9] The existing fragmented (and costly) system is especially harmful to people with substance abuse disorders who do not commonly receive coordinated, person-centered care that considers both their substance abuse needs (e.g., history of alcoholism or benzodiazepine addiction, etc) and mental and physical health needs (e.g., co-occurring depression and a seizure disorder, etc).[10, 11, 12] By coordinating care for these individuals, and addressing their behavioral and physical health needs, integration closes these gaps and focuses on whole health outcomes.[13, 14, 15, 16]

With enactment of the Patient Protection and Affordable Care Act (Affordable Care Act) and a national focus on health reform to achieve "quality, affordable health care,"[17] local substance abuse coalitions have a unique opportunity to address substance abuse more broadly and connect with new partners and stakeholders to improve population-level health outcomes. The existing strengths of these coalitions in working collaboratively with community stakeholders to plan, carry out, and sustain community-level interventions to promote safe,

healthy, and drug free communities are assets to integration efforts. Integration is an essential component of a healthy community and involves the enormous undertaking of transforming the current healthcare system. Together, coalitions and community stakeholders can address integration comprehensively and ensure that the community experiences measureable and meaningful improvements in population-level outcomes as a result. *Coalitions and Community Health: Integration of Behavioral Health and Primary Care* contextualizes integration and substance abuse coalitions' potential role in helping communities transform their care delivery to provide integrated care to individuals with substance abuse disorders.

HOW CAN LOCAL COALITIONS SUPPORT INTEGRATED CARE?

Substance abuse coalitions should feel confident in their place at the table with community stakeholders in the planning and implementation of local integration efforts. The strengths that make them extremely powerful change agents include:

- Experience using a public health framework to address substance use concerns
- Ability to ensure representation of diverse sectors, as it is essential to ensure that integrated healthcare meet the unique needs of all community members
- Access to a wealth of local data to understand the conditions that contribute to a community's substance abuse issues and knowledge of how and where to access additional data when needed
- Skill in developing and implementing comprehensive community-wide plans, in collaboration with a variety of community sectors and stakeholders
- A broad membership of volunteers representing the community's diverse sectors with varied backgrounds, expertise, and community connections

Coalitions can bring to the table their broad community reach and their access to community data. As providers, our reach is much more targeted to the specific population we serve, and we often don't have the ability to get data on the entire population without the coalition's support. It is important to have this population-level perspective and a strong understanding of the community problems and needs that affect all of the people we serve."

Deborah Skivington,Deputy Executive Director, The Family Counseling Center of Fulton County, Inc.

With these assets, coalitions are well-prepared to serve as leaders in breaking down organizational silos and encouraging a collaborative environment among all community sectors. On the following pages, five specific roles that coalitions can play in local integration efforts are listed and described. They include: (1) Promoting Collaboration, (2) Educating About Integration, (3) Engaging in Outreach and Enrollment Activities, (4) Supporting Integrated Care Service Development and Delivery, and (5) Supporting Integrated Care Workforce Development. These recommended activities capitalize on the existing strengths and capacities of community substance abuse prevention coalitions and build on the work they are already doing.

1. Promote Collaboration

Local substance abuse prevention coalitions can use their existing strengths in grassroots organizing to identify and initiate collaborations with other coalitions and/or community-based groups that are addressing the physical and behavioral health of vulnerable populations, including individuals living with mental and substance use conditions, to build a shared agenda and approach.

The following are examples of how coalitions can promote collaboration:

- Connect with the local National Alliance on Mental Illness (NAMI) chapter in your community (see page 12 for more information on NAMI) and identify other coalitions and community-based organizations that serve people with mental health and substance abuse conditions, or other vulnerable populations. Collaborations might address the new Medicaid enrollment (see Appendix 2), patient-centered medical home (PCMH) model, and health home initiatives (see Appendix 1) for behavioral health clients, their families, and support systems.
- Identify the strengths of each coalition/community-based organization, including their track record, resources, membership, and current role in working with providers on integration initiatives.
- Determine how best to structure your joint work on behavioral health. For example, should one coalition take the lead? Is a new "umbrella" coalition needed? Should each coalition continue with its current agenda and coordinate informally with other coalitions?
- With the support of your coalition members, identify the work that local providers are already doing around integrated care. Then, facilitate the development of an outreach plan that identifies who will do what and by when, in an effort to forge a collaborative relationship with those providers.

2. Educate about Integration

Initiate and facilitate programs to educate the community, behavioral health consumers (including their families and support systems), and coalition members about integrated care, the integration efforts already underway in communities across the country, and key provisions in the health reform law. The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) (www.integration.samhsa.gov) provides a wealth of resources for coalitions to use for education activities, including information and resources on integrated care models, workforce training, clinical models, operations and administration, and health and wellness.

The following are examples of how coalitions can educate about integration:

- Educate the coalition and community on the PCMH model and what it means to be in a medical home, as well as the recent changes in Medicaid enrollment.
- Educate coalition members about the new coverage and services to support behavioral health consumers that stemmed from the Affordable Care Act (see Appendix 2).
- Identify current coalition healthcare members and ask for their help in connecting with local experts and designing the education for the entire coalition.
- Ask state Medicaid authorities, state/local behavioral health agencies, and current or planned service providers to participate in the education initiatives.

As you plan your community education efforts, consider ways to reach all your community's different sectors. It is important to identify each audience and their needs to inform the development of a tailored dissemination

and marketing plan. A variety of communication outlets including print and broadcast media should be considered. Many resources exist to help communities plan culturally competent education and outreach activities. The following are a few resources for further reading:

Centers for Disease Control and Prevention (CDC), Gateway to Health Communication and Social Marketing Practice (http://www.cdc.gov/healthcommunication)

- *Simply Put: A guide for creating easy-to-understand materials* (http://www.cdc.gov/healthcommunication/toolstemplates/simply_put_082010.pdf)
- *Audience Insights* (http://www.cdc.gov/healthcommunication/audience/index.html)
  Brief publications developed around various target audiences that provide information on how to effectively communicate to those groups (e.g. teens, Hispanics, physicians, etc.)

Centers for Disease Control and Prevention (CDC) National Prevention Information Network (NPIN) (www.cdcnpin.org)

- Coalitions may find some useful resources and information on different cultural groups in the "Communities at Risk" section (http://www.cdcnpin.org/scripts/population/index.asp)
- *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign* has useful information for developing educational materials and campaigns for specific populations (www.cdc.gov/tobacco/stateandcommunity/counter_marketing/manual/pdfs/chapter4.pdf)

National Center for Cultural Competence (NCCC), Georgetown University Center for Child and Human Development (http://nccc.georgetown.edu)

- *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials* (www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide.pdf)

The Southern Center for Communication, Health and Poverty (http://southerncenter.uga.edu/)

- *Building Liaisons with Latino Communities:* A video series that may be helpful for coalitions serving the Latino community (http://www.southerncenter.uga.edu/projectcores/public/webcast_files/publiccorewebcasts.htm)

3. Engage in Outreach & Enrollment Activities

First, learn about your area's existing plans to educate and enroll qualified behavioral health consumers in new benefits under Medicaid expansion. Then, assist and, if needed, directly provide opportunities for consumers and families to enroll in these new benefits.

The following are examples of how coalitions can engage in outreach and enrollment activities:

- Offer to support the local enrollment process by collecting input from consumers and their families on the strengths and weaknesses of the proposed approaches. Suggest improvements, and share this information with Medicaid and others involved in developing and implementing the plan.
- Work with local Medicaid and PCMH/health home providers to develop a joint, culturally competent enrollment approach, that engages coalition members in reaching out to clients and assisting them with the enrollment

process. For example, enrollment approaches could include enrollment staff working at the education sessions or facilitating the onsite enrollment of patients during their visits to the PCMH/health home.

- Ask and then regularly participate in Medicaid advisory groups to track the percentage of eligible clients who enroll over time. Assist in developing approaches to improve the ease of enrollment. For example, requirements for re-enrollment every 6 months, rather than annually, have resulted in declining Medicaid enrollment in many states.[18, 19, 20]
- If advisory group participation has not been effective on key issues, advocate at local and state levels with policy leaders, executives, and legislators to ensure continued funding and other policy decisions that will affect Medicaid enrollment.
- Help states enroll newly eligible individuals. It is particularly important to support outreach efforts to people with co-occurring disorders. This difficult-to-reach population incurs high health costs and is key to improving population health outcomes.[21]

4. Support Integrated Care Service Development & Delivery

Provide support to state Medicaid agencies, local accountable care organizations, and providers seeking to become health homes or obtain PCMH status.

The following are examples of how coalitions can support integrated care service development and delivery:

- Work with states, managed care organizations, and providers to ensure that state health home plans and contracts include care for persons with substance use disorders.
- Conduct or cosponsor support groups, education groups, or other community-based resources for people with substance use disorders and/or their families and support systems.
  - A SAMHSA factsheet on mutual support groups for alcohol and drug abuse can be found at http://kap.samhsa.gov/products/brochures/pdfs/saib_spring08_v5i1.pdf.
  - Additional SAMHSA resources for supporting individuals in recovery can be found at www.samhsa.gov/recovery.
- Offer to provide or help providers obtain in-service education on cultural competency, community -based services, substance abuse prevention services, screening, brief intervention and referral to treatment (SBIRT) training, and other topics of expertise to improve service delivery (See page 8 Coalition In Practice - Drug Free Marion County).
- Work with PCMH/health home providers to:
  - Identify the barriers to access perceived by individuals needing care and their families and help develop strategies to address these barriers. For example, coalitions may be well-suited to advocate for a new bus stop to improve transportation or to help community members obtain volunteer childcare

"Mental health providers, substance abuse providers, primary care providers…we all work in silos and this is a problem because behavioral and physical health are integrated even if systems do attempt to separate them. We all share the same clients and it is important that we work together and take a whole person approach. It really takes something like a coalition… an outsider with a different perspective to serve as a convener and remind us all that we can and should work better together."

Deborah Skivington, Deputy Executive Director, The Family Counseling Center of Fulton County, Inc.

services. For other issues such as access to medication, coalitions might support providers by working with Medicaid to ensure it will cover needed medications.
  - Develop working relationships with appropriate community resources that may also be members of the coalition. As needed, help create realistic and clear work plans for both the community agency and the PCMH/ health home provider.
  - Pinpoint critical service delivery issues for which community and consumer education is needed. Coalitions can support the development of appropriate social marketing or more targeted education approaches to inform specific populations. For example, evidence has identified that Latinos are less likely to use mental health services than the general population.[22] Coalitions in areas with significant Latino populations might work with the churches and community centers serving this population to increase understanding, reduce resistance, and provide support groups for those needing mental health services and/or who are using medication assisted therapy.

- Ask to sit in on and regularly participate in advisory groups that evaluate the effectiveness of PCMH/health homes to bring a community and consumer perspective.
- Encourage consumers and family members to participate in consumer satisfaction and other feedback mechanisms to ensure that the measures include an adequate consumer perspective.
- Sponsor and facilitate focus groups or other approaches to include the consumer/community voice.
- If participation in advisory groups has not been effective on key issues, advocate at local and state levels with policy leaders, executives, and legislators to ensure continued funding and other policy decisions will enable effective implementation of PCMH/health homes.

5. Support Integrated Care Workforce Development

Support training and professional skills development of the primary and behavioral health workforce to strengthen integration implementation efforts and build sustainability.

The following are examples of how coalitions can support integrated care workforce development:

- Help develop and implement provider surveys to identify training needs related to integrated care implementation.
  - Coalitions may have templates previously used to identify training needs of members, alcohol retailers, or other community stakeholders. Many coalitions also work with paid evaluators and local universities with expertise in survey development and can lead survey development and gather providers to make appropriate edits. Low-cost web-based survey platforms such as SurveyMonkey are also useful for disseminating surveys, analyzing the results and presenting the findings to local providers.
- Support efforts to identify healthcare provider training needs that would help staff feel comfortable in any new roles (e.g., crossover training, effective use of case management, etc) they may assume in primary and behavioral health care integration.
  - CIHS offers a variety of workforce resources at www.integration.samhsa.gov/workforce/list. Coalitions interested in learning more information might begin with the CIHS publication *Primary and Behavioral Healthcare Integration: Guiding Principles for Workforce Development* (http://www.integration.samhsa.gov/workforce/Guiding_Principles_for_Workforce_Development.pdf)

- Where trainings might be cost prohibitive for one individual provider organization, coalitions could assist in mobilizing other community stakeholders to jointly sponsor trainings and disperse the cost over several local organizations.
- Develop and share any coalition resources and tools that offer guidance and support for providers implementing new screening and referral services.
- Educate primary care and mental health providers in the identification and prevention of substance abuse-related issues. Many have not yet developed these skills[23, 24] and since coalitions already educate the community, they can help providers modify their training programs to meet these new education needs.

COALITION IN PRACTICE

DRUG FREE MARION COUNTY (http://www.drugfreemc.org)

Drug Free Marion County serves close to one million residents in Marion County, Indiana's largest county, and home to the state capital, Indianapolis. In their now second decade of work, the coalition and not-for-profit organization plans, promotes, implements, and coordinates community efforts to prevent and reduce the abuse of alcohol, tobacco, and other drugs among youth and adults. Once co-located with their local mental health association, the coalition has strong connections with behavioral health providers.

"Mental health service providers are often not quite as well-versed on substance abuse issues so we have an ongoing opportunity to support them in the development of skills that can help them identify individuals with additional needs," says Randy Miller, Executive Director of the coalition. One specific training effort involved building mental health crisis line workers' skills in issues related to alcohol and drugs, as well as in making referrals to community support services.

The coalition is also actively involved with Marion County's primary care providers and cites a 2-year SBIRT grant as one major project that helped them build these relationships. A local foundation funded this project, which involved coupling healthcare clinics with local substance abuse treatment providers. The coalition set up trainings on how to implement SBIRT at a variety of sites, including hospitals, wellness programs, public health facilities, and an STD (sexually transmitted disease) clinic. "While we were not physically in the clinical setting, our critical role was to build stronger connections between our behavioral health care providers and our primary health care providers," said Miller.

One lesson learned from Drug Free Marion County for coalitions interested in getting more involved with their local healthcare providers is to start with one key project with healthcare connections that the coalition can continue to build upon. Once linked up, a coalition can open up a place for themselves at the table to address other issues. "We have an upcoming opportunity to join the conversation with a large local healthcare system that was involved in the SBIRT project. The discussion will include information about changes related to the Affordable Care Act that will place a stronger focus on prevention," says Miller. Opportunities like this provide coalitions with a platform to share their expertise and make contributions to the group effort.

GETTING TO THE INTEGRATION AND HEALTHCARE REFORM TABLE

How can my coalition get more involved in behavioral health and primary care integration in my community?

To start, a local coalition should work with healthcare reform decision makers to inform community engagement, elicit community input, serve as an internal advocate, or provide support. Coalitions should contact their state Medicaid office or mental health authority to find out which groups currently work in their local area to implement healthcare reform legislation related to integration. There may also be opportunities to serve on advisory boards and councils that work on PCMH, health homes, or other integrated care programs. Coalition participation could ensure community members help shape these programs to meet local needs.

Keep in mind that the coalition's role will be as a participant and not as the entity convening the group or leading the discussion. Once at the table, take time to understand the issues discussed, develop trust, and build relationships so that the larger group perceives your substance abuse prevention coalition as valuable to the integration process.

One critical role the coalition can play is as the designated partner that represents the consumer voice at the behavioral health and primary care integration table. It is critical that initiatives to integrate physical and behavioral healthcare are developed with the community's unique needs in mind. Coalitions are already experts at bringing local resident and community member issues to the forefront of substance abuse prevention efforts. By applying their strong understanding of the community and its changing needs over time, coalitions can play an important and similar role in the integration process.

What other roles can my coalition play if we are not at the health reform table?

An outside advocate role is certainly one that coalitions could assume, but it may be harder to gain the credibility and leverage needed to have an impact from the outside. This is particularly the case if your coalition is seen as "only" substance abuse-focused without a broader base in behavioral health. Advocacy is a critical strength that coalitions can use to support the implementation of health reform provisions. Many care providers may be skeptical about the integration of primary and behavioral healthcare and the systems changes, staff time, and financial burden it may place on their practices. They may need help understanding the importance and value of integrated care for themselves, and for those they serve. Coalitions may be able to play a significant role as champions of integrated care by making the case for better care, outcomes, and the overall reduction of costs. In addition, coalitions can help families understand why they should care about integration and how they can work effectively with healthcare providers to provide integrated services.

Some coalitions may already have provider members. Whether it involves working with an individual already active in the coalition or seeking a new champion, coalitions may be able to serve as conveners (See page 10 Coalition In Practice - ASAPP's Promise) and start a critical dialogue with provider leaders at the state and/or community level (e.g., pediatricians, social workers, counselors). Individuals may be brought together at coalition meetings and other events to discuss issues involved in successful integration of primary and behavioral healthcare. Discussions will likely result in the identification of other family and provider organizations that could support broader implementation of integrated care in the state and community.

COALITION IN PRACTICE

ASAPP'S PROMISE (http://www.asappspromise.org)

ASAPP's Promise serves close to 56,000 individuals in Fulton County, New York. The coalition first formed in 1998 in response to several local murders. A few years later, the coalition merged efforts with another local organization called "Fulton County's Promise" whose mission was to help youth succeed, resulting in the creation of the current coalition in 2002. Historically, the coalition focused solely on substance abuse prevention, but recently the coalition broadened its vision and mission to include the overall health of their county. As a Drug-Free Communities grantee,† the coalition maintains substance abuse as its key purpose, and the restructuring resulted in benefits that include increasing their involvement with local primary and behavioral healthcare providers that also share a passion for improving community health.

"Just because our main funding is about substance abuse and addiction doesn't mean our coalition doesn't have a place at the table to support other issues related to the health of Fulton County," said Jaime Rulison, the coalition's project co-coordinator. In fact, the coalition currently plays a key role in increasing local providers' knowledge and capacity. Each Friday, their local hospital holds continuing education sessions for the physicians and, over the past four years, the coalition has participated by sharing screening tools and referral resources. "Many doctors have shared with us that while they are aware their patients may have substance abuse issues, they have not been trained on what to say next and where to send them for support," says Rulison. The coalition is also actively involved in building local mental health providers' competencies and has formed a training consortium, delivering training on a variety of topic areas.

The coalition determines the needs of local providers by conducting provider surveys. They have found, among other things, that OB-GYN doctors reported that many of their patients smoke and the doctors wanted information and referrals to provide to their patients. The coalition brought pamphlets with information and community resources for the doctors to distribute.

With proven success working jointly with primary and behavioral healthcare providers, the coalition imparts important takeaways for other coalitions. First, focus on building great contacts and relationships and be sure that people in the community see your coalition as a resource. Coalitions can serve as a convener in that way because people know that the coalition can always connect them to the people and/or resources they need. Second, don't be shy about the idea of being a part of someone else's project. It is important to keep your "ears" open and always know what is going on in your community as it relates to health. And finally, as Rulison says, "Let's face it. Substance abuse issues, physical health, behavioral health…they are all related, and substance abuse prevention coalitions shouldn't be afraid to reach out and ask if they can just sit and listen."

---

† The Drug-Free Communities Support Program (DFC) is a federal grant program that provides funding to community-based coalitions that organize to prevent youth substance abuse. Since the passage of the DFC Act in 1997, the program has funded nearly 2,000 coalitions across the country.

IN SUMMARY

As coalitions engage in behavioral health and primary care integration in their local communities, they are encouraged to weave the following points into all of the work that they do:

Final Considerations for Coalitions

- Become familiar with your community's provider networks and use your current networks to plan outreach efforts. Connect with providers already involved in supporting integration efforts, as well as those that are not. Substance abuse prevention coalitions share a similar mission to improve the whole community's health and the coalition's role as advocate, convener, educator, and collaborator, among others, is critical to successful integration. Therefore, it is particularly important to identify and reach out to provider leadership in your community. Your coalition network may have champions who can facilitate this connection.
- Emphasize your coalition's strengths and help healthcare providers understand the contributions you can add to their efforts. Coalitions have unique and strong skills in community engagement. Share with providers your current and past successes, as well as your existing connections to various community sectors, community organizations, and other local stakeholders.
- Don't reinvent the wheel. Excellent materials exist that your coalition can use to reach out to the community. The resources provided in this document will serve as a good starting point.
- Share your integration work with the broader community. In addition to education and outreach to specific groups, consider how your coalition can participate in, plan, and implement dissemination activities for all community members.
- Keep the diverse needs of your community's various sectors at the forefront of your efforts. Increasing access and reducing barriers to involvement such as addressing language, physical, or other limitations are important efforts. Coalitions can champion the development of clear, accessible messages to all community sectors. Be sure to employ your members and engage individuals with strong connections to specific populations.

GETTING TO THE TABLE: Tips from a Behavioral Health and Social Services Provider

Be Persistent. Coalitions will encounter those who greet them with open arms and others who are hesitant to work with them. Don't give up or get discouraged by those that may not be ready to get involved with your coalition. Instead, continue identifying those community members that are open to, and excited about partnering with, your coalition. These critical champions will increase momentum and expand opportunities to engage and involve new partners.

Timing Is Important. Stay abreast of your community's local news and political and fiscal climate. It is often the most challenging times that bring opportunities for community members to connect on issues of shared interest. For example, when resources are limited, people are often more likely to seek collaboration with others and more open to learning about what others have to offer.

Highlight Your Strengths. Coalitions are skilled at demonstrating the value of their work, and will need to use that skill when working with providers. Once a coalition gets their foot in the door, they should use that opportunity to educate providers on the important contributions they can make. This includes making the case for how connecting to the coalition can help them achieve their goals.

RESOURCES FOR COALITIONS MOVING FORWARD

Where can I go for additional information on behavioral health and primary care integration?

The Health Resources and Services Administration (HRSA) (www.hrsa.gov) is dedicated to increasing access to affordable healthcare services for people who are uninsured, isolated, or medically vulnerable. HRSA provides funding and support to around 1,100 health centers across the nation and has more than 8,000 total sites working to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. In partnership with SAMHSA, HRSA jointly funded the SAMHSA-HRSA Center for Integrated Health Solutions (www.integration.samhsa.gov) to promote primary and behavioral healthcare integration to support individuals with mental health and substance use conditions.

The Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov) is devoted to reducing the effect of substance abuse and mental illness on America's communities. SAMHSA's focus on healthcare reform (http://store.samhsa.gov/shin/content//SMA11-4629/07-HealthReform.pdf) includes increasing access to medical homes for individuals with serious mental illness, co-occurring addiction, and other chronic health and behavioral health conditions; supporting primary and behavioral healthcare integration for individuals with mental health and substance use disorders (www.integration.samhsa.gov/about-us/pbhci); strengthening the behavioral health workforce; encouraging states to build person-centered health homes; and jointly funding the SAMHSA-HRSA Center for Integrated Health Solutions. SAMHSA funds and oversees the work of the Community Anti-Drug Coalitions of America (CADCA). To learn more about coalitions or find one in your community, contact CADCA at www.cadca.org. A list of substance abuse coalitions funded by the Drug-Free Communities Support Program of the White House Office of Drug Control Policy can be found at www.whitehouse.gov/ondcp/drug-free-communities-support-program.

The National Council for Behavioral Health (National Council) (www.thenationalcouncil.org) (National Council) is the unifying voice of America's community mental health and addictions treatment organizations. Together with its 2,000 member organizations, the National Council serves the nation's most vulnerable citizens — the more than 8 million adults and children living with mental illnesses and addiction disorders. The National Council is committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. Over the years, the National Council has been a champion of integrated care and operates the SAMHSA-HRSA Center for Integrated Health Solutions (www.integration.samhsa.gov), providing technical assistance on the integration of primary and behavioral healthcare.

National Alliance on Mental Illness (NAMI) (www.nami.org) NAMI advocates for individuals affected by mental illness and advocates for access to services, treatment, support, and research. NAMI operates on the local, state, and national levels. NAMI is a key advocate in primary and behavioral healthcare integration. You can access a map on the NAMI website that will help you identify and contact a local NAMI representative in your community. Some local NAMI groups may already be working with coalitions focused on mental health. Substance abuse prevention coalitions should prepare to make the case for the skills and contributions they bring to the table.

- NAMI created a family guide on integrated mental health and pediatric primary care. While the guide is intended for families, it has useful suggestions on how to engage in your community's integrated care movement. It can be accessed at www.nami.org/Template.cfm?Section=child_and_teen_support&template=/ContentManagement/ContentDisplay.cfm&ContentID=131028

The Commonwealth Fund (www.commonwealthfund.org)
A private foundation, the Commonwealth Fund promotes a high performing healthcare system to achieve better access, improved quality, and greater efficiency. The foundation places emphasis on supporting

vulnerable populations such as low-income people, the uninsured, minority populations, young children, and older adults through grant making and advancing research on healthcare issues. The Commonwealth Fund has also supported policy change to address the fragmented health care system for a number of years.

- View a recently launched video series designed to increase the understanding of important changes to the U.S. healthcare system through the Affordable Care Act at www.commonwealthfund.org/Blog/2012/Sep/Introducing-a-New-Series-of-Health-Reform-Videos.aspx?omnicid=20).

What other aspects of healthcare reform should my coalition have on its radar?

Community Health Needs Assessment

To maintain tax-exempt status, all nonprofit hospitals must conduct a community health needs assessment at least once every three years. They must then develop and implement a strategy to meet the needs identified. The assessment process should include feedback from the community and local public health partners, with the goal of implementing effective strategies that will improve community health. Coalitions have an important opportunity to connect with public health and other healthcare sectors to provide valuable input into the community health needs assessment. Communities around the country are currently engaged in conducting their Community Needs Health Assessments, so it is of critical importance that coalitions identify their community's tax-exempt hospitals and make sure the voices of their community members' coalitions are included in the assessment process.

Community Transformation Grants

The Centers for Disease Control and Prevention (CDC) takes a broad public health approach to healthcare reform. The Community Transformation Grants (CTG) program administered by the CDC supports community-level efforts to reduce chronic health conditions such as heart disease, cancer, stroke, and diabetes. It is here that prevention efforts of healthcare reform most closely align with community coalition efforts. CTG promotes healthy lifestyles and aims to improve health, reduce health disparities, and control healthcare costs. CDC has awarded approximately $103 million in prevention funding to 61 states and communities. Thirty-six states, including seven tribes and one U.S. territory, have received CTG funding and at least 20% of grant funds are directed to rural and frontier areas.[25]

- Visit www.cdc.gov/communitytransformation/funds/index.htm to learn if your community or state has received a CTG grant. If it has, connect with the grantee organization(s) to see how you can align efforts.

National Prevention Council and National Prevention Strategy

Healthcare reform legislation appointed various federal leaders to form a new "National Prevention, Health Promotion and Public Health Council" (National Prevention Council). The group resides within the U.S. Department of Health and Human Services and supports the coordination of efforts to improve prevention, wellness, and health promotion; the public health system; and movement toward integrated healthcare. The National Prevention Council was also tasked with developing the nation's first National Prevention and Health Promotion Strategy (National Prevention Strategy), along with detailed action plans, recommendations, and annual status report updates on their efforts to improve the health of Americans and reduce incidences of preventable illnesses and disabilities. The National Prevention Strategy includes health promotion and disease prevention plans to help people reduce unhealthy behaviors and increase healthy behaviors. The expectation is that by addressing important lifestyle behavior modifications, the nation can reduce the prevalence of the leading preventable disease-related deaths that occur each year.

- Coalitions can play a role in carrying out the National Prevention Strategy. The National Prevention Council is required to support continued public input in the implementation process by involving individuals at the state, regional, and local levels.

APPENDIX 1:
What Is Integrated Care?

Traditionally, healthcare in the United States has treated mental healthcare, support for substance use disorders, and physical healthcare as separate components of healthcare provision. However, a growing body of research makes the case that by integrating physical and behavioral healthcare the nation can better meet the needs of individuals, families, and communities.[26, 27, 28, 29] For persons with substance use disorder, this costly, fragmented system is particularly harmful.[30, 31, 32] As a result, this population does not receive coordinated, person-centered care that considers both their substance abuse needs (e.g., history of alcoholism or benzodiazepine addiction) and mental and physical health needs (e.g., co-occurring depression and seizure disorder). Integrated care, addressing both the behavioral and physical health needs of individuals, aims to close these gaps in the current system with coordinated care focused on whole health outcomes.[33, 34, 35,36]

Three Levels of Integration[37]

There are three general levels of integration: 1) coordinated care, 2) co-located care, and 3) fully integrated care. A person receiving coordinated care might receive their primary and behavioral healthcare services in different buildings. However, their providers would collaborate and communicate as a team to ensure comprehensive care. If a person with a history of alprazolam addiction received coordinated care, he or she would have a primary care provider that asks about addiction history and would refer the person to therapy, rather than prescribe a benzodiazepine for anxiety symptoms. If that same person received care in a co-located care setting, he or she might just need to walk across the building to that therapy appointment and may even be seen that day. In a fully integrated care setting, primary care and substance abuse providers share electronic health records, eliminating the need for the primary care provider to ask the substance abuse provider about the patient's addiction history. Fully integrated care enables healthcare professionals to access all needed health information in one place, making it easier to monitor the health of each individual.

Integration is Bidirectional[38]

In all levels of integration, there needs to be a bidirectional focus on addressing the whole health of the individual and ensuring that physical and behavioral health treatments complement one another and do not work against each other. Integrated care is not the responsibility of one group or sector of community stakeholders. All providers must engage and implement practice changes that promote integration. For example, federally qualified health centers (FQHCs)† and hospital providers have a responsibility to embed substance use professionals into their settings and screening tools such as SBIRT into routine physician practice. Similarly, substance abuse and mental health providers have a responsibility to embed primary care providers into their practice, collect whole health Healthcare Effectiveness Data and Information Set (HEDIS)†† measures (e.g., blood pressure, etc.), and ensure that psychiatric treatments do not exacerbate physical health conditions (e.g., by collecting hemoglobin A1c results for patients treated with atypical antipsychotic medications to track diabetes risk, etc).

---

† Federally qualified health centers are public and private nonprofit healthcare organizations that meet certain criteria under the Medicare and Medicaid Programs of the Social Security Act and receive health center program funds (Section 330 of the Public Health Service Act).

†† The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service. This tool makes it possible to compare the performance of health plans.

Integration is Transformational[39, 40, 41]

Integrated care requires a shift in the way healthcare providers are trained and how resources are allocated. Therefore, it involves major systems changes that require the commitment and collaboration among healthcare providers and the input and involvement of healthcare consumers and the broader community of stakeholders. There are several excellent resources for coalitions looking to educate their members about integrated care, as well as resources to support members in creating integrated care processes, training staff, and engaging in integrated care partnerships. To access these resources, please visit www.integration.samhsa.gov.

Integration is Essential to the Patient-Centered Medical Home Model

Managed care providers, accountable care organizations, and integrated care providers across the United States are promoting the patient-centered medical home (PCMH) model.[42, 43] In 2011, the National Committee for Quality Assurance (NCQA) developed an accreditation program for PCMH healthcare settings. In a PCMH, patients choose and have easy access to their primary care provider who knows their medical history and needs. To provide patients with comprehensive healthcare services, the primary care provider collaborates and coordinates care with other providers, as necessary.

If an individual receives care under this approach, they can expect that across their lifespan all of their health care needs, including prevention, will be guided by their primary care provider in collaboration with other specialty healthcare professionals, themselves, and their family. This means that their behavioral health and primary care professionals will communicate with each other on a regular basis and exchange important information about their health to ensure needed services are received.

The Affordable Care Act expands PCMHs' use by adding a provision to promote the use of health homes. (see Appendix 2). States are setting up health homes to meet the unique needs of Medicaid and/or Medicare beneficiaries diagnosed with chronic medical and behavioral health conditions (e.g., substance abuse disorder, serious and persistent mental health diagnosis, asthma, obesity, diabetes). To read more about the role of health homes in the recent healthcare reform legislation, visit www.samhsa.gov/healthreform/healthhomes.

APPENDIX 2

Overview of Major Healthcare Reform Areas

The federal healthcare reform legislation addresses many different issues and is very complex. Various organizations and government agencies have developed resources to summarize and simplify the major areas of reform for the general public.[44, 45, 46] The information below is an outline of the key components that coalitions and communities should become familiar with:

Coverage and insurance reforms

- No denials for preexisting conditions
- Expansion of Medicaid benefits by January 1, 2014

Subsidies for individuals and small businesses to buy health coverage

- Essential benefit requirements, including mental health and substance abuse treatment
- Public reporting of a range of health plan cost and quality information
- Coverage for clinical preventive services (immunizations, mammograms, etc.)
- Establishment of health insurance exchanges to help individuals and groups buy health coverage

Service delivery system reforms

- Payment to hospitals based on quality performance, including unnecessary readmissions, etc.
- Accountable care organization pilots
- Patient-Centered Medical Home
- Health homes for Medicaid enrollees with chronic conditions
- Innovation sites

Medicare/Medicaid payment changes

- Reduction in Disproportionate Share Programs (for hospitals that serve a high % of uninsured)
- Rural community health integration models

Workforce and Graduate Medical Education

- Increase the supply of the health care workforce; emphasizing primary care providers such as physicians, nurses, dentists and community health care workers in areas with short supply
- Workforce development initiatives (i.e., education, loan repayment, training funds) to include Mental Health and Substance Abuse providers
- Increased funding for Federally Qualified Health Centers (FQHC)

Wellness and Prevention

- Coverage of preventive health services without copays (these are clinical preventive services, such as immunizations, done in a clinical office)
- Establishment of a Prevention and Public Health Council with an advisory group on prevention/health promotion
- Prevention and Public Health Fund 2011 allocations including some that are relevant to coalitions:
  - Community Transformation Grants focused on reducing tobacco use, preventing obesity, and reducing health disparities
  - Behavioral health screening and integration with primary health
- Public health and prevention innovations

Quality, disparities, and comparative effectiveness

- Requirement for the public provider to report on quality
- Hospital reimbursement disincentives related to specific hospital acquired conditions
- Public reporting of provider quality and cost data

Regulatory oversight and reform

- Tax exempt hospital requirements mandating that hospitals complete a community health needs assessment within the next two years (depends on tax year of hospital) that includes people served by that hospital who represent broad interests of the community. They must develop and communicate a resulting plan that responds to identified high priority needs.

How will Medicaid benefits be expanded?[47,48]

Medicaid is a federal program that provides health insurance to low-income individuals and families in the United States. While there are some variations among states, the program determines income requirements based on the federal poverty level (FPL). At this time, the majority of those covered include children (ages 0-19 years), pregnant women, some of the lowest income working and non-working adults with children, as well as some older adults, visually impaired individuals, and people with disabilities. Changes written into the Affordable Care Act address a significant gap in the currently uninsured. Most notable is the expansion of Medicaid benefits to adults under the age of 65 with no children. In addition, Medicaid expansion will cover more children between the ages of 6 and 19, as well as additional working and non-working parents.

While this new language is included in the Affordable Care Act, a Supreme Court ruling determined that the federal government cannot impose a penalty on states that decide not to expand Medicaid. Therefore, the final decision lies with the states. However, the major cost savings associated with expanding benefits to this new currently uninsured group, and the federal government's offer of support to cover 100% of the expansion costs for 3 years and 90% thereafter, are major incentives for states to expand Medicaid.

Medicaid expansion aims to provide greater access to care for vulnerable populations, including decreasing the number of previously uninsured individuals seeking non-emergency care in emergency departments and increasing their visits to doctor's offices. In addition, the newly covered group under the Medicaid expansion will be able to receive mental health and substance use services that were available to Medicaid beneficiaries before the Affordable Care Act was written into law.

Where can I get additional information about healthcare reform?

More information about healthcare reform can be found here:

Understanding Health Reform – What Does Health Reform Do? (SAMHSA): www.samhsa.gov/healthReform/docs/ConsumerTipSheet_HealthReform.pdf

Health Care Reform Resource Center: What's in the Affordable Care Act? (The Commonwealth Fund): www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx

ENDNOTES

1 SAMHSA-HRSA Center for Integrated Health Solutions. (2012). Behavioral health homes for people with mental health and substance use conditions. Retrieved from www.integration.samhsa.gov/clinical-practice/CIHS_Health_ Homes_Core_ Clinical_Features.pdf.

2 Substance Abuse and Mental Health Services Administration. (n.d.). Understanding health reform: Integrated care and why you should care. Retrieved from www.samhsa.gov/healthReform/docs/ConsumerTipSheet_IntegrationImportance.pdf

3 World Federation for Mental Health. (2009). Mental health in primary care: Enhancing treatment and promoting mental health. Retrieved from www.wfmh.org/WMHD%2009%20Languages/ENGLISH%20WMHD09.pdf

4 World Health Organization and World Organization of Family Doctors. (2008). Integrating mental health into primary care: A global perspective. Retrieved from http://whqlibdoc.who.int/publications/2008/9789241563680_eng.pdf

5 Community Anti-Drug Coalitions of America (2009). About CADCA. Retrieved from www.cadca.org

6 Cabassa, L.J., Zayas, L.H., & Hansen, M.C. (2006). Latino adults' access to mental health care. Retrieved from: www.ncbi.nlm.nih.gov/pmc/articles/PMC2551758

7 National Committee for Quality Assurance (n.d.). Patient-centered medical home. Retrieved from www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx

8 SAMHSA-HRSA Center for Integrated Health Solutions. (2011). Workforce issues: Integrating substance use services into primary care. Retrieved from www.integration.samhsa.gov/workforce/ONDCP_Proceedings_FINAL.pdf

9 Woltmann, E., Grogan-Kaylor, A., Perron, B., Georges, H., Kilbourne, A., & Bauer, M.S. (2012). Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: Systematic review and meta-analysis. American Journal of Psychiatry, 169(8), 790-804.

10 U.S. Department of Health and Human Services, HealthCare.gov. (n.d.). Authorities: The Affordable Care Act and the Department of Health and Human Services. Retrieved from www.healthcare.gov/law/resources/authorities/health-reform-and-hhs.html

11 Parks, J., Pollack, D., Bartels, S., & Mauer, B. (2005). Integrating behavioral health and primary Care Services: Opportunities and challenges for state mental health authorities. Retrieved from www.nasmhpd.org/docs/publications/MDCdocs/Final%20Technical%20Report%20on%20Primary%20Care%20-%20Behavioral%20Health%20Integration.final.pdf

12 SAMHSA-HRSA CIHS. Behavioral health homes for people with mental health and substance use conditions.

13 Abrams, M.T. (2012). Coordination of care for persons with substance use disorders under the Affordable Care Act: Opportunities and challenges. Retrieved from www.hilltopinstitute.org/publications/CoordinationOfCareForPersonsWithSUDSUnderTheACA-August2012.pdf.

14 American College of Emergency Physicians. (2008). The patient-centered medical home model. Retrieved from http://www.acep.org/Content.aspx?id=42740

15 Collins, C., Hewson, D.L., Munger, R., & Wade, T. (2010). Evolving models of behavioral health integration in primary care. Retrieved from www.milbank.org/uploads/documents/10430EvolvingCare/EvolvingCare.pdf

16 Dall, A. (2011). Integrated primary care and behavioral health services: can the model succeed? Retrieved from www.ibhp.org/uploads/file/lit%20review%20integrated%20care%20final.pdf

17 American Public Health Association. (n.d.). Supreme Court decision. Retrieved from www.apha.org/advocacy/Health+Reform/court_cases/#SCFAQ

18 American Public Health Association. (n.d.). Medicaid expansion. Retrieved from http://www.apha.org/advocacy/Health+Reform/ACAbasics/medicaid.htm

19 Perkins, J. (2012). Fifty reasons Medicaid expansion is good for your state. Retrieved from www.healthlaw.org/images/stories/2012_08_02_50_reasons.pdf

20 Sommers, B.D., Tomasi, M.R., Swartz, K. & Epstein, A.M. (2012). Reasons for the wide variation in Medicaid participation rates among states hold lessons for coverage expansion in 2014. Health Affairs, 31(5), 909-919.

21 Cabassa, L.J., et. al. Latino adults' access to mental health care.

22 Ibid.

23 American College of Emergency Physicians. The patient-centered medical home model.

24 SAMHSA-HRSA CIHS. Workforce issues.

25 Centers for Disease Control and Prevention, Division of Community Health, National Center for Chronic Disease Prevention and Health Promotion. (2012). Community Transformation Grant (CTG) program fact sheet. Retrieved from http://www.cdc.gov/communitytransformation/funds/index.htm

26 Cabassa, L.J., et. al. Latino adults' access to mental health care.

27 Parks, J., et al. Integrating behavioral health and primary Care Services.

28 Sanchez, K., Chapa, T., Ybarra, R., & Martinez, O.N. (2012). Enhancing the delivery of health care: Eliminating health disparities through a culturally & linguistically centered integrated health care approach. Retrieved from www.hogg.utexas.edu/uploads/documents/FinalReport%20-ConsensusStatementsRecommendations.pdf

29 Woltmann, E., et al. Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings.

30 Parks, J., et al. Integrating behavioral health and primary Care Services.

31 SAMHSA-HRSA CIHS. Workforce issues.

32 U.S. Department of Health and Human Services, HealthCare.gov. Authorities.

33 Abrams, M.T. Coordination of care for persons with substance use disorders under the Affordable Care Act.

34 American College of Emergency Physicians. The patient-centered medical home model.

35 Collins, C., et al. Evolving models of behavioral health integration in primary care.

36 Dall, A. Integrated primary care and behavioral health services.

37 Ibid.

38 Collins, C., et al. Evolving models of behavioral health integration in primary care.

39 Alexander, L. & Wilson, K. (nod). Understanding primary and behavioral health care integration. PowerPoint presentation retrieved from www.thenationalcouncil.org/galleries/resources-services%20files/Understanding%20Primary%20and%20Behavioral%20Health care%20Integration.pdf.

40 Collins, C., et al. Evolving models of behavioral health integration in primary care.

41 Parks, J., et al. Integrating behavioral health and primary Care Services.

42 American College of Emergency Physicians. The patient-centered medical home model.

43 Alexander, L. & Wilson, K. Understanding primary and behavioral health care integration.

44 American Public Health Association. (2013). ACA basics and background. Retrieved from http://www.apha.org/advocacy/Health+Reform/ACAbasics/

45 The Henry J. Kaiser Family Foundation. (2013). Summary of new health reform law. Retrieved from http://www.kff.org/healthreform/8061.cfm

46 U.S. Department of Health and Human Services, HealthCare.gov. (n.d.). Key features of the law. Retrieved from http://www.healthcare.gov/law/features/index.html

47 American Public Health Association. Medicaid expansion.

48 American Public Health Association. Supreme Court decision.

SAMHSA-HRSA

Center for Integrated Health Solutions

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE