RHP 9 & 10 Collaborative Connections – Impacting Care
A Learning Collaborative Summit

Breakout Session I – Day 2: Tuesday, February 10, 2016

TOPIC: Category 3 – Behavioral Health Integration/Substance Abuse (i.e., Various Checklist & Assessment Use, Care Planning for Dual Diagnosis, Quality of Life/Functional Status Assessments)

FACILITATORS: Melanie Navarro, Dr. Kirk Broome, and Derrick Villa

This breakout session is focused on Category 3 – Behavior Health Primary Care Integration and Substance Abuse Areas. This is an opportunity for providers to discuss behavioral health primary care integration and/or the substance abuse patient population and associated category 3 measures. A set of questions based on a variety of sources which include but are not limited to the responses from RHP 9 & 10 providers on the registration survey, RHP 10 Clinical Quality Committee and Needs Assessment Feedback, and ongoing RHP 9 provider feedback.

There are two types of questions for this topic:
- Data Collection and Management for Cat 3 at project level, regional level, & state level
- Project Evolution and Expansion

Instructions:
- Read the questions on the back of this page.
- Select at least one question from data collection and management and one question from project evolution and expansion.
- Discuss and answer the question’s selected.
- Make notes on the flipchart sheets regarding information for sharing with larger group.

Timing:
- 5 min – logistics
- 20 minutes for discussion
- 35 minutes to present to team
DISCUSSION QUESTIONS

Data Collection and Management

1. How are you identifying your metrics?
2. What are key success factors to capturing and meeting your metrics?
3. How can you show for your projects value/ROI?
4. What have been your greatest challenges in capturing this data, how are you overcoming it?
5. What are your thoughts on how this could be measured at a regional or state level?
6. What would you find helpful to know from others on these metrics?

Project Evolution and Expansion

a. How are you staffing your programs? How do you deal with turnover and getting new resources up to speed quickly?
b. What have you done to maximize continuity of care for the patient in an effort to bridge the divide between Behavioral and Primary Care Health?
c. How are you breaking the Mental Health and Primary Care paradigms to transition and change provider cultures in integrating either mental health or primary care into your practices?
d. How are you addressing or helping ER and 1st responder systems in getting patients to the right care? (i.e., what tools are you using to inform them of services)
e. What resources are you using or do you need for providing care for Mental Health patients with Substance Abuse – this has been identified as a particularly challenging area.