



Behavioral Health Integration Complex Care Initiative

Special Report: Baseline Integration



**Baseline BHICCI Site Self Assessment
UCSD Health Services Research Center**

July 18, 2016

Executive Summary

The purpose of the BHICCI SSA tool is to document the cultural changes that will take place within each organization through participation in BHICCI.

The goal of the baseline assessment, which was completed by organizations in May 2016, was to understand organization's current extent of integration for client-centered health care early in the BHICCI implementation process. The following report describes results of the baseline BHICCI SSA across all organizations participating in the initiative.

Results from the baseline administration of the SSA show that organizations are currently at very different stages of BHICCI planning and implementation. While there are some organizations that have integrated several BHICCI components into practice, as evident by high ratings at baseline, most organizations are currently working towards integration and implementation in each BHICCI domain.



Report Contents

Executive Summary	1
Report Contents	2
BHICCI Site Self Assessment (SSA)	3
Administration	4
Integration across health care organizations	4
BHICCI domains across health care organizations	6
Summary	8
Appendix A: Results for all organizations	9
Appendix B: Results for Medical organizations	10
Appendix C: Results for Behavioral Health organizations	11

BHICCI Site Self Assessment (SSA)

The BHICCI Site Self Assessment tool was adapted by the evaluation team from UCSD to measure the extent of integration and coordination of client and family-centered behavioral, mental health and physical health care.

The BHICCI Site Self Assessment tool was adapted from the Maine Health Access Foundation (MeHAF) SSA¹, which was based on the format of the Assessment of Primary Care Resources and Supports for Chronic Disease Self-Management (PCRS)² developed by the Diabetes Initiative of the Robert Wood Johnson Foundation. The PCRS was modeled after the Assessment of Chronic Illness Care (ACIC) instrument³ developed by the MacColl Institute for Healthcare Innovation, for the Improving Chronic Illness Care program funded by the Robert Wood Johnson Foundation.

To design a measure of integration that was appropriate for BHICCI, slight wording changes were made for most of the characteristics from the MeHAF SSA to reflect the lexicon used in the initiative (e.g. patient changed to client, provider changed to health care team). Additionally, some of the response choices were modified using the BHICCI Roadmap as a guide, and refined by incorporating suggestions from the practice coaching team. Six items were added to the tool to separate out screening for substance abuse concerns from behavioral health screening and assess the use of measurement based practices, satisfaction with client and employee experience, integration practices at the organizational level and efforts to sustain changes; three items were eliminated. Two versions of the assessment were designed to capture physical



¹ Scheirer, M.A., Leonard, B.A., Ronan, L., Boober, B.H. 2008, revised 2010. Site Self Assessment Tool for the Maine Health Access Foundation Integrated Care Initiative. Augusta, Maine: Maine Health Access Foundation.

² Brownson, C.A., Miller, D., Crespo, R., Neuner, S., Thompson, J.C., Wall, J.C., et al (2007). Development and use of a quality improvement tool to assess self-management support in primary care. *Joint Commission Journal on Quality and Patient Safety*, 33(7):408-416.

³ Bonomi, A.E., Wagner, E.H., Glasgow, R.E., VonKorff, M. (2002). Assessment of Chronic Illness Care (ACIC): A practical tool to measure quality improvement. *Health Services Research*, 37(3): 791-820.

health integration for behavioral health/substance abuse disorder settings, and mental health and substance abuse service integration for medical care organizations.

The purpose of the BHICCI SSA tool is to document the cultural changes that will take place within each organization through participation in BHICCI. The first assessment, which was completed by organizations in May 2016, provides a baseline assessment of each organization's current extent of integration for client-centered health care early in the BHICCI implementation process.

The BHICCI SSA tool is also meant to support learning: to show health care teams their current status along several dimensions of integrated care, and help identify opportunities for improvement. Future repeat administrations of the BHICCI SSA form in November 2016 and May 2017 will help organizations and the evaluation team to track progress towards practice transformation.

Administration

The BHICCI SSA measures 21 characteristics of client-centered, integrated care: eleven characteristics related to services (more directly impacting clients) and ten characteristics related to organizations (more directly impacting health care team members). Health care teams rate each characteristic using a 1-10 scale. The term "healthcare team" describes the team members that work together to manage integrated, complex care for clients. Characteristics are divided into levels that describe various stages in integration. The higher point values indicate that the characteristic described is more fully implemented. As one of the aims of BHICCI is the sustainability and spread of client-centered, integrated care, teams were also asked to indicate whether each characteristic occurs for primarily BHICCI target population/team or across the entire organization.

Assessments were distributed by the practice coaches to 12 participating health care organizations that had started the planning and implementation phases of the initiative as of May 1, 2016. The instructions that accompanied the assessment encouraged the form to be completed as a team, with assistance from the practice coach.

Integration across health care organizations

As organizations are currently at very different stages of BHICCI planning and implementation, it is fairly likely for teams to have average baseline scores at or below "5" for some (or all) areas of the BHICCI SSA. Additionally, some organizations participating in BHICCI have prior experiences providing integrated care or complex care management, so variability between scores was expected. Average domain scores by organization are listed in Table 1. These scores are presented for descriptive but not comparative purposes.

As anticipated, the most common average score (mode) at baseline for the client-centered, integrated care domain was **5.09**. A rating score of "5" suggests that behavioral health and physical health providers have started to work in consultation and are conducting screenings

and measurement regularly, but clients and family are only sometimes included in conversations about screening results and treatment planning. Average scores for the domain ranged from 3.45 to 7.91. Similarly, the most common average score (mode) for the practice/organization domain at baseline was **4.10**. A rating score of “4” suggests that engagement by the executive leadership and providers’ is limited, coordination of care is not always assured and data systems and registries are not consistently integrated. Average scores for the practice/organization domain ranged from 2.70 to 8.30. Across all sites participating in BHICCI, organizations had lower average organization/practice domain scores than the client-centered, integrated care domain scores. It is possible that this difference may reflect the variability in hiring care team staff. Some organizations have hired new staff or identified existing staff for all care roles, whereas other organizations are still recruiting staff for key roles within the care team.

Organization	Domain 1: Client – centered, integrated care	Domain 2: Organization/Practice
Arrowhead Regional Medical Center – Family Medicine Clinics	4.18	4.60
Borrego Health	5.09	6.30
Desert Clinic Pain Institute	7.91	8.30
MFI Recovery Center	3.82	3.30
Orchid Court	5.10	5.30
Riverside Family Wellness Center at Rustin	6.09	4.10
Riverside University Health System- Hospital Specialty Clinics	3.45	2.70
San Bernardino Adult Day Health Care	5.36	4.50
Riverside University Health System- Lake Elsinore Department of Behavioral Health	4.27	4.20
San Bernardino County Department of Behavioral Health	6.60	6.33
Social Action Corps Health System	4.45	5.90
Telecare Corporation	7.18	4.10
Average across all BHICCI Participating Sites	5.24	4.96

Table 1. Summary of Average SSA domain scores by organization

The greatest variability of scores by characteristic was noted for client/family involvement in shared care planning, assessment of clients’ strengths, preferences and social determinants of health, and services are provided by multidisciplinary team, with organization’s ratings distributed between almost every level from “1” to “10.” Other item characteristics showed a

split between mode scores. One quarter (25.0%) of organizations rated screening for behavioral health/medical concerns below “5”, at a “5” and as an “8”, respectively. Similarly, 33.3% of organizations rated screening for substance abuse concerns below a “5”, and 25.0% of organizations rated themselves at a “5” or “8.” As previously mentioned, some organizations participating in BHICCI have prior experience integrating behavioral health/physical health and substance abuse services, which may account for the split distribution of high, moderate and low ratings at baseline. There is also a split for use of population health registries/tools, with one quarter of organizations indicating that they are not using the registry (“1”) and 33.3% of organizations rating themselves as a “6.”

There appears to be some differences in levels of integration between behavioral health and medical organizations. Average client-centered, integrated care domain scores were slightly higher for behavioral health organizations (mean=5.40, n=7) compared to medical organizations (mean=4.93, n=5). However, 60.0% of medical organizations reported that screening for behavioral health concerns is integrated into routine practice (“8”), whereas 71.5% of behavioral health organizations reported that screening was integrated on a pilot basis only (ratings of “5, 6, or 7”). Average organization/practice domain scores were lower for behavioral health organizations (mean=4.46) compared to medical organizations (mean=5.45). Almost half (42.9%) of behavioral health organizations indicated that there were not using the registry at baseline, whereas all medical organizations reported using the registry in some capacity.

BHICCI domains across health care organizations

In addition to measuring integration, the SSA was adapted to map onto the key BHICCI domains. These domains include: Integrated, Complex Care Management, Team Based Care, Population health management, Client experience, Health Care Team experience and Leadership: Organizational and Collaborative. Average item and BHICCI domain scores across all organization are listed in Appendix A. BHICCI domain scores by organization can be found in Appendices B and C.

Leadership: Organizational and Collaborative: Organizational leadership requires that organizational structure, policies, procedures, decisions and actions at all levels of the organization are aligned with the goals and principles of BHICCI and can support population-based health homes. Organizational leaders have the capacity to operate cross-systems and to serve as a catalyst for collective leadership to address the complex issues facing healthcare.

Integrated Complex Care Management is the practice of providing integrated, coordinated, team based clinical care for individuals with complex health care needs that is client-centered and ensures each client has his or her own coordinated plan of care.

Population health management, including analytics, information and technology is the meaningful, use of data processes and systems, such as the registry and electronic health records, which supports the use of structured clinical data to guide clinical care planning and decision-making for target populations.

Client experience is the value of the services provided by the health care organization from the client's perspective. Client's experience of care impacts outcomes, so measuring and considering client's perspective is important to the success of the initiative.

Health Care Teams experience: The experience of health care teams in relation to the organization where they work. These experiences, which are also important to the success of the initiative, include the interactions they experience in relation to the organization, the workplace climate/environment and the individual's sense of efficacy and satisfaction performing their work within the health care organization.

Team based care is delivered by at least two health providers who work collaboratively with clients and their families and caregivers to accomplish shared goals within and across settings to achieve coordinated, high-quality care.



Chart 1. Summary of SSA ratings by BHICCI domain

As reported in Chart 1, at least half of all organizations are engaging in some aspects of complex care management, integrated care, population health management, team based care, measurement of health care team experience and integration of leadership at baseline. Fewer organizations are currently assessing client experience at baseline. Average scores for the client experience range from 1.00 to 8.00, from 2.00 to 8.33 for health care team experience, population health management and team based care most domains, and from 3.00 to 8.00 for complex care management, integrated care and organization/collaborative leadership, which suggests more variability in organizations experiences engaging in each BHICCI domain at baseline.

Average BHICCI domain scores at baseline are more spread out between different levels. For some BHICCI domains, such as organizational/collaborative leadership and population health management, there is some clustering of responses within the lower ratings levels (“3 or 4”), and single responses distributed among higher rating levels. Team based care, integrated care and health care team experience have average mode scores between 5.00 and 5.67, with single responses distributed both above and below the mode. Average mode scores for complex care management were split between two response levels (3.00 and 5.83), with single responses distributed above both modes. These results suggest that organizations may be implementing different components of BHICCI, dependent on their organizations current capacity for change (See Appendix A). For example, an organization that has filled the key roles within the health care team may have higher ratings for organization/collaborative leadership, team based care and health care team experience, but not necessarily for any other domains. Since meaningful use of data is an important component of providing integrated, complex care management, one would anticipate that organizations with higher ratings in the integrated, complex care management domain would have comparable ratings for population health management domain, but this was not consistently reflected in the data.

Summary

In summary, results from the baseline administration of the SSA show that organizations are currently at very different stages of BHICCI planning and implementation. While there are some organizations that have integrated several BHICCI components into practice, as evident by high ratings at baseline, most organizations are currently working towards integration and implementation in each BHICCI domain. These results are promising, and future reporting will focus on changes in BHICCI domains within the first six months of the initiative.

Appendix A: Results of BHICCI Site Self Assessment for All Organizations

BHICCI Domain	Site Self Assessment (SSA) Item	Medical Organizations Averages	Behavioral Health Organizations Averages	Overall Item & Domain Averages
Leadership	Domain II Item 1: Integration of executive leadership	6.0	5.6	5.8
	Domain II Item 2: Integration practices at organizational level	5.8	5.9	5.8
	Domain II Item 10: Plan for sustaining initiative changes	5.0	3.6	4.2
	Average	5.6	5.0	5.3
Integrated Care	Domain I Item 1: Co-location of services of PC, MH and SA	4.8	2.9	3.7
	Domain I Item 2: Medical care needs/Emotional, behavioral health needs	6.4	5.1	5.7
	Domain I Item 3: Substance abuse concerns	4.4	6.6	5.7
	Average	5.2	4.9	5.0
Integrated Complex Care Management	Domain I Item 4: Shared care plans for medical, substance abuse, and mental health care	3.6	3.7	3.7
	Domain I Item 7: Client/family involvement in shared care plan	4.8	5.9	5.4
	Domain I Item 8: Communication with clients about coordinated care	5.6	6.4	6.1
	Domain I Item 10: Support for clients to implement treatment and develop self-mgmt. skills	5.8	6.6	6.3
	Domain I Item 11: Assessing clients strengths, preferences and social determinants of health	4.4	6.9	5.8
	Domain II Item 5: Coordination of primary care and behavioral/mental health	5.6	4.0	4.7
	Average	5.0	5.6	5.3
Population Health Management	Domain I Item 5: Client care that is informed by best practices	5.6	6.4	6.1
	Domain I Item 6: Measurement of treatment and wellness outcomes	4.6	3.7	4.1
	Domain II Item 8: Use of population health registries/tools	5.8	3.4	4.4
	Average	5.3	4.6	4.9
Team Based Care	Domain I Item 9: Follow-up of assessments, tests, treatment, referrals and other services	5.2	5.9	5.6
	Domain II Item 3: Services are provided by multidisciplinary healthcare team	5.4	5.0	5.2
	Domain II Item 7: Integrated data system(s) for client health records	5.6	3.7	4.5
	Average	5.4	4.9	5.1
Health Care Team Experience	Domain II Item 4: Providers' engagement with integrated care initiative	5.4	5.1	5.3
	Domain II Item 9: Education and training on integrated care for healthcare team	5.4	4.9	5.1
	Domain II Item 6*: Assessment of client and employee satisfaction with their experience	5.6	4.0	4.7
	Average	5.5	4.7	5.0
Client Experience	Domain II Item 6*: Assessment of client and employee satisfaction with their experience	5.6	4.0	4.7
	Average	5.6	4.0	4.7
SSA Domain Averages	Domain I: Client-Centered Care	4.9	5.4	5.2
	Domain II: Organization/Practice Integration	5.5	4.5	5.0

* Item included in two domains

Appendix B: Results of BHICCI Site Self Assessment for Medical Organizations

BHICCI Domain	Site Self Assessment (SSA) Item	ARMC	Borrego Health	Desert Clinic COE DEPT	RUHS Hospital Clinics	SAC Health System	Item & Domain Averages
Leadership	Domain II Item 1: Integration of executive leadership	3	7	8	3	9	6.0
	Domain II Item 2: Integration practices at organizational level	4	8	9	2	6	5.8
	Domain II Item 10: Plan for sustaining initiative changes	4	6	7	4	4	5.0
	Average	3.7	7.0	8.0	3.0	6.3	5.6
Integrated Care	Domain I Item 1: Co-location of services of PC, MH and SA	3	5	8	3	5	4.8
	Domain I Item 2: Medical care needs/Emotional, behavioral health needs	3	8	8	5	8	6.4
	Domain I Item 3: Substance abuse concerns	3	4	8	2	5	4.4
	Average	3.0	5.7	8.0	3.3	6.0	5.2
Integrated Complex Care Management	Domain I Item 4: Shared care plans for medical, substance abuse, and mental health care	3	4	7	2	2	3.6
	Domain I Item 7: Client/family involvement in shared care plan	5	4	8	3	4	4.8
	Domain I Item 8: Communication with clients about coordinated care	5	6	9	4	4	5.6
	Domain I Item 10: Support for clients to implement treatment and develop self-mgmt. skills	5	6	8	5	5	5.8
	Domain I Item 11: Assessing clients strengths, preferences and social determinants of health	5	5	7	1	4	4.4
	Domain II Item 5: Coordination of primary care and behavioral/mental health	5	6	9	3	5	5.6
	Average	4.7	5.2	8.0	3.0	4.0	5.0
Population Health Management	Domain I Item 5: Client care that is informed by best practices	5	6	8	5	4	5.6
	Domain I Item 6: Measurement of treatment and wellness outcomes	4	3	8	5	3	4.6
	Domain II Item 8: Use of population health registries/tools	4	6	8	5	6	5.8
	Average	4.3	5.0	8.0	5.0	4.3	5.3
Team Based Care	Domain I Item 9: Follow-up of assessments, tests, treatment, referrals and other services	5	5	8	3	5	5.2
	Domain II Item 3: Services are provided by multidisciplinary healthcare team	4	7	9	2	5	5.4
	Domain II Item 7: Integrated data system(s) for client health records	5	7	8	1	7	5.6
	Average	4.7	6.3	8.3	2.0	5.7	5.4
Health Care Team Experience	Domain II Item 4: Providers' engagement with integrated care initiative	5	5	8	4	5	5.4
	Domain II Item 9: Education and training on integrated care for healthcare team	5	7	9	2	4	5.4
	Domain II Item 6*: Assessment of client and employee satisfaction with their experience	7	4	8	1	8	5.6
	Average	5.7	5.3	8.3	2.3	5.7	5.5
Client Experience	Domain II Item 6*: Assessment of client and employee satisfaction with their experience	7	4	8	1	8	5.6
	Average	7.0	4.0	8.0	1.0	8.0	5.6
SSA Domain Averages	Domain I: Client-Centered Care	4.2	5.1	7.9	3.5	4.5	4.9
	Domain II: Organization/Practice Integration	4.6	6.3	8.3	2.7	5.9	5.5

* Item included in two domains

Appendix C: Results of BHICCI Site Self Assessment for Behavioral Health Organizations

BHICCI Domain	Site Self Assessment (SSA) Item	SB	SBC	Telecare	MFI	Orchid Court	RUHS		Item & Domain Averages
		ADHC	DBH				Lake Elsinore	Rustin	
Leadership	Domain II Item 1: Integration of executive leadership	3	9	1**	6	7	6	7	5.6
	Domain II Item 2: Integration practices at organizational level	3	7	7	5	7	6	6	5.9
	Domain II Item 10: Plan for sustaining initiative changes	4	6	1	3	4	3	4	3.6
	Average	3.3	7.3	3.0	4.7	6.0	5.0	5.7	5.0
Integrated Care	Domain I Item 1: Co-location of services of PC, MH and SA	3	6	1	2	1	5	2	2.9
	Domain I Item 2: Medical care needs/Emotional, behavioral health needs	7	6	3	4	5	5	6	5.1
	Domain I Item 3: Substance abuse concerns	5	10	8	8	5	3	7	6.6
	Average	5.0	7.3	4.0	4.7	3.7	4.3	5.0	4.9
Integrated Complex Care Management	Domain I Item 4: Shared care plans for medical, substance abuse, and mental health care	6	3	4	4	2	4	3	3.7
	Domain I Item 7: Client/family involvement in shared care plan	6	5	10	2	2	7	9	5.9
	Domain I Item 8: Communication with clients about coordinated care	7	8	8	2	8	4	8	6.4
	Domain I Item 10: Support for clients to implement treatment and develop self-mgmt. skills	5	6	10	5	7	4	9	6.6
	Domain I Item 11: Assessing clients strengths, preferences and social determinants of health	5	8	10	3	8	6	8	6.9
	Domain II Item 5: Coordination of primary care and behavioral/mental health	4	5	2	2	8	4	3	4.0
	Average	5.5	5.8	7.3	3.0	5.8	4.8	6.7	5.6
Population Health Management	Domain I Item 5: Client care that is informed by best practices	5	6	7	8	8	3	8	6.4
	Domain I Item 6: Measurement of treatment and wellness outcomes	5		8	2	1	3	3	3.7
	Domain II Item 8: Use of population health registries/tools	6	6	7	2	1	1**	1**	3.4
	Average	5.3	6.0	7.3	4.0	3.3	2.3	4.0	4.6
Team Based Care	Domain I Item 9: Follow-up of assessments, tests, treatment, referrals and other services	5	8	10	2	9	3	4	5.9
	Domain II Item 3: Services are provided by multidisciplinary healthcare team	7	6	1	4	8	3	6	5.0
	Domain II Item 7: Integrated data system(s) for client health records	4		5	2	3	5	3	3.7
	Average	5.3	7.0	5.3	2.7	6.7	3.7	4.3	4.9
Health Care Team Experience	Domain II Item 4: Providers' engagement with integrated care initiative	5	7	6	3	6	5	4	5.1
	Domain II Item 9: Education and training on integrated care for healthcare team	5	6	4	3	6	6	4	4.9
	Domain II Item 6*: Assessment of client and employee satisfaction with their experience	4	5	7	3	3	3	3	4.0
	Average	4.7	6.0	5.7	3.0	5.0	4.7	3.7	4.7
Client Experience	Domain II Item 6*: Assessment of client and employee satisfaction with their experience	4	5	7	3	3	3	3	4.0
	Average	4.0	5.0	7.0	3.0	3.0	3.0	3.0	4.0
SSA Domain Averages	Domain I: Client-Centered Care	5.4	6.6	7.2	3.8	5.1	4.3	6.1	5.4
	Domain II: Organization/Practice Integration	4.5	6.3	4.1	3.3	5.3	4.2	4.1	4.5

* Item included in two domains

** Footnote. Telecare was in the process of hiring a CMO when the assessment was completed.

RUHS-BH electronic health record system (ELMR) serves as a population health registry tool being used at the Rustin Family Wellness/Lake Elsinore Adult BHICCI sites. Data that are routinely being recorded into the system have the ability to inform the collaborative care team on patient care during population health meetings, once these meetings have been implemented.

