



INTEGRATED BEHAVIORAL HEALTH PROJECT

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About Us....

- ◆ Launched in March 2006 as a project of



to accelerate the integration of behavioral health services into primary care settings

- ◆ Funded for four years; sunsets 2010
- ◆ Focusing on California services only



Our goals ...

- ◆ Increase access to behavioral health services
- ◆ Reduce stigma associated with treatment-seeking
- ◆ Improve treatment outcomes
- ◆ Strengthen the linkage between mental health and primary care

by....

- ✓ Identifying, studying and disseminating emerging promising practices
- ✓ Establishing a learning community, sponsoring training and designing a resource website
- ✓ Advocating for need policy and system changes

DEMONSTRATION PHASE

- ◆ Meeting with key stakeholders; visiting clinics; identifying elements, strategies and treatment approaches;
- ◆ Developing selection criteria;
- ◆ Selecting seven primary care clinics and two clinic consortia;
- ◆ Building capacity at demonstration sites to collect and analyze process and outcome data, and to train/mentor other sites;
- ◆ Mining data, studying operations and evaluating approaches at these sites;
- ◆ Disseminating successful strategies and providing tools to replicate them

CALIFORNIA'S PERFECT FINANCIAL STORM



- ◆ **Mental Health Services Act (MHSA aka Prop 63)**
 - From “fail first” to “help first”
 - A \$1.8 billion windfall
- ◆ **The California Endowment**
- ◆ **CMSP**
- ◆ **HRSA**
- ◆ **Kaiser**



Trying to bridge the gap between the two cultures...

Addressing mutual differences and
reservations

Holding training conferences introducing
one system to the other

Presenting webcasts: Shasta, San Diego
and San Mateo County models of
collaboration

Working with policy-makers



But there are miles to go...

- Same day service reimbursement bill (SB 260)



Shot down by Arnold

- No reimbursement for care management, informal consultation
- Reimbursement rules discourage group therapy

But we're getting there...

