



The Conception and Development of ICARE

Why ICARE Was Developed

- The last 3 years have been a critical time for mental health service delivery in North Carolina. Public mental health services for many mentally ill populations are shrinking, and the burden of caring for patients with depression and other mental disorders is increasing for primary care practices statewide.
- Accordingly, efforts to integrate primary care and mental health services have been seen as an essential component for successful treatment of many of our state's citizens who have a mental illness and are seen in primary care settings.
- North Carolina has had integrated sites in different parts of the state for several years, even prior to the current mental health crisis described above. Because of the interest and experience gained from these early endeavors, this state was primed for a statewide project such as ICARE.
- Some of these include:
 - 1) The University of North Carolina system has incorporated behavioral health into its curricula for students in family medicine for over 20 years.
 - 2) There has been a groundswell of individual pilots throughout the state where funding has been secured and integrated care projects established. Some of these include:
 - Guilford County (Greensboro) has a Commonwealth Fund grant to integrate care for children
 - Wake Forest University in Winston-Salem had a grant to integrate children's' mental health services
 - Western Carolina has had a series of projects in several counties in the past 5-7 years
 - 3) Community Care of North Carolina (CCNC), which is the medical home and care management system for Medicaid recipients, received a grant from The Duke Endowment to develop a depression algorithm for primary care practices.
 - 4) The NC Academy of Family Physicians has been addressing the issue of mental health in committees for several years.

The Conceptualization and Development of ICARE

- The idea for a statewide initiative on integrated care came primarily from the Assistant Secretary of Health and Human Services), with support from the Director of the NC Office of Rural Health.

- The Assistant Secretary of Health and the NC Foundation for Advanced Health Programs (NCFAHP) convened a group of stakeholders to recommend next steps.
- Prior to the first grants being secured, a very part-time project director was hired and paid for by the NCFAHP (a state incubator to develop various projects on medical issues.) Having an organization that was able to absorb the part-time director's salary was essential in ensuring that the concepts generated developed into a concrete strategy which could be implemented.
- This director began to research the issues and look at sites in the state where there was some level of integration already occurring.
- Within four months, the director had identified a small cohort of state leadership which later evolved into the first members of the advisory committee. These key partners included state agencies and mental health and medical community leaders and met periodically during the next three months and agreed to seek funding sources.
- There were a series of focus groups on different topics that provided further direction for the project
- The partners and the part-time director submitted and received three large grants that were funded approximately one year after the part-time director was hired. The funding allowed the director to develop a three year plan..
- The initial start up funding came from The Duke Endowment, The Kate B. Reynolds Foundation and Astra Zeneca. Both of the privately endowed foundations had shown prior interest in providing dollars to smaller projects throughout the state. The relationships were solid between these funding sources and the state leadership so these submissions and awards were not a shot in the dark.
- Another grant request was submitted to The Duke Endowment and was awarded. This grant completed funding for the 3 year implementation plan.

The Implementation of ICARE

- After funding was secured, a coordination team was hired to carry out the implementation plan that had been written by the part-time director.
- A needs assessment was conducted to guide curriculum development.
- Regularly scheduled meetings were established for the Advisory Committee and the Coordination teams.
- A third team was developed called Process and Policy Change which was designed to identify barriers to integratiand work to eliminate them..
- Pilot sites were identified and funding given to four sites in the state, impacting 19 practices.
- Website was developed- www.icarenc.org
- Training and technical assistance was designed and implemented locally, regionally, statewide and practice based.

