

# Care/Case Management Model Cover Sheet

Program Name: <sup>IBH Model Proposal</sup>

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## Population Focus:

Urban Indian Health, Cost Care, Sunburst Mental Health - (Rural, Urban - Statewide)

## Program Objectives:

Increased and utilization of Integrated Behavioral Health Model to improve efficient and timely access to various necessary service providers (SUD, Medical, MH and otherwise as needed). Utilizing collaborative agreements between partners will improve access to care and expedite access to necessary resources for those in need of wraparound service models.

## Program Description:

By improving screening, intervention and referral within the community(ies), Sunburst and partner agencies will seek to eliminate gaps in care as well as ensure appropriate services for necessary service level intensity identified (individualized). With improved coordination of care individuals served can better access mental health, substance use disorders, health care services as well as services for basic needs including resources, advocacy groups, volunteer services, and more.

## Required Care/Case Management Staff:

Traditional TCM, Peer to Peer supports, Lower level of TCM model if available (service brokerage/care coordination) and community resource specialists/rehab and support.

## Program Demographics

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Monthly member count: Pending

Average monthly program cost per member:

Average monthly total benefit cost per population member:

Monthly provider count:

Average # of members per provider:

Average monthly provider program revenue:

## Program Measurements

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Sunburst recognizes need for 6 months research and development period. That said, there are many models in place which track efficacy of IBH programs and collaborators could consider and potentially implement these systems i.e. LOI, 4 Quadrant Acuity Assessment, Community Needs Assessments, and other programs to ensure efficacy and quality assurance of administrative efforts.