

Behavioral Health Integration

Addressing behavioral and mental health needs in a primary care setting to provide a more holistic experience of care.

Key Changes

- **Define** behavioral health needs of your population that should be addressed and assess performance.
- **Choose** a behavioral health integration strategy. **Involve** patients and families in self-management support to maintain health, and work more robustly with patients who have complex psychiatric and substance use disorders as indicated by your population analysis.
- **Enhance** the capacity to provide evidence-based, collaborative care for all these populations.
- **Develop** the team skills and capacity for warm hand-offs.
- Based on frequency, **consider** the need for alcohol and substance abuse services.

Examples

- Work with patients individually and in focus groups to understand current barriers to behavioral health care in your community.
- Identify and partner with community behavioral health service providers in your community.
- Review integrated behavioral health models for collaborative care. Review the AIMS Center Implementation guide:
<https://aims.uw.edu/sites/default/files/CollaborativeCareImplementationGuide.pdf>
- Examine Core Competencies for Behavioral Health Providers Working in Primary Care:
<http://farleyhealthpolicycenter.org/wp-content/uploads/2016/02/Core-Competencies-for-Behavioral-Health-Providers-Working-in-Primary-Care.pdf>
- Match behavioral FTE to behavioral health demand in your patient population. This may be only contracting for some BH specialist time or hiring one or more for your practice or teams.
- Understand the acuity of behavioral health needs in your practice and match staff from navigators and community health workers to nurses, counselors, psychologists, social workers, to psychiatrists:
<http://improvingprimarycare.org/sites/default/files/topics/BH-Step3-Table%20of%20role%20functions-from%20AHRQ%20Lexicon-pg23.pdf>
- Clearly define care team roles for all patient-facing staff.
- Develop clinical flow chart for services and test models in practice.
- Pilot a population-based tracking system for outreach to behavioral health sub-population such as major depression, ADHD, or substance abuse or patient complexity.
- Choose evidence-based clinical guidelines to follow in the primary care setting, and ensure clinical consensus around guidelines.
- Develop access (internal or external) to alcohol and substance use disorder services (Certified Alcohol Counselors, addiction specialists).
- Use person-centered language (“person with substance use disorder” instead of “addict”) and begin changing from a culture of separate services (behavioral vs. physical health) into whole-person care.

Search ImprovingPrimaryCare.org for more resources

Primary Care Team Guide Assessment-Related Question

Referral Management

	Components	Level D	Level C	Level B	Level A
22	Patients in need of specialty care, hospital care, or supportive community-based resources...	cannot reliably obtain needed referrals to partners with whom the practice has a relationship.	obtain needed referrals to partners with whom the practice has a relationship.	obtain needed referrals to partners with whom the practice has a relationship and relevant information is communicated in advance.	obtain needed referrals to partners with whom the practice has a relationship, relevant information is communicated in advance, and timely follow-up after the visit occurs.
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

Behavioral Health Integration

	Components	Level D	Level C	Level B	Level A
23	Behavioral health services...	are difficult to obtain reliably.	are available from mental health specialists but are neither timely nor convenient.	are available from community specialists and are generally timely and convenient.	are readily available from behavior health specialists who are on-site members of the care team or who work in a community organization with which the practice has a referral protocol or agreement.
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

How Primary Care Teams Achieve the Quadruple Aim

