# Integrated Behavioral Healthcare: What It Is, How It Can Be Implemented, and Why This Matters

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## Thank you!

Texas A&M University Corpus Christi
Tex-CHIP
HRSA BHWET
Community partners
Danielle Hoard (PEP GA and tech support)
Attendees!

TEXAS A&M UNIVERSITY CORPUS CHRISTI

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

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## PEP Team


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## Agenda

I. Introductions
II. What is integrated behavioral healthcare?
III. How is it implemented?
IV. Why this matters?
V. Action plan
VI. Closing and Q&A

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## Learning Outcomes

| Define | Understand | Explore | Examine | Develop |
|---|---|---|---|---|
| Participants will define integrated behavioral healthcare, including levels of integrated practice | Participants will understand the major components of the Primary Care Behavioral Health (PCBH) model | Participants will explore integrated behavioral healthcare implementation through the PITCH Expanded Providers Program | Participants will examine why integrated behavioral health matters relative to the Quintuple Health Aim and Social Determinants of Health | Participants will develop a brief Integrated Behavioral Healthcare Action Plan |

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## Workshop Flow

**Active Engagement**

**Actionable Steps**

**Mutual Learning**

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## Workshop Handouts

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## I. Introductions

Journey to Integrated Care – PITCH to PEP – Breakout Room #1

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## My journey to integrated care

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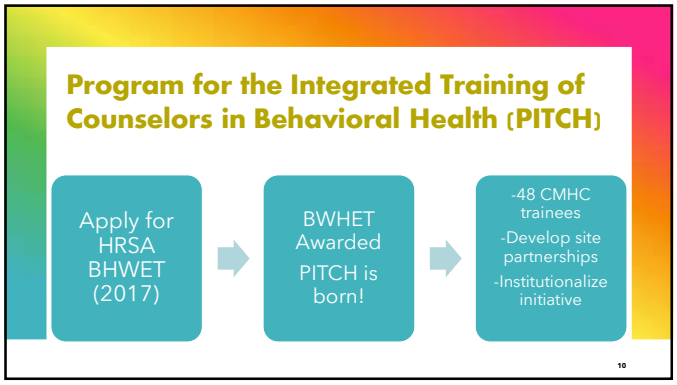
Program for the Integrated Training of Counselors in Behavioral Health (PITCH)
Apply for HRSA BHWET (2017)
BWHET Awarded
PITCH is born!
-48 CMHC trainees
-Develop site partnerships
-Institutionalize initiative
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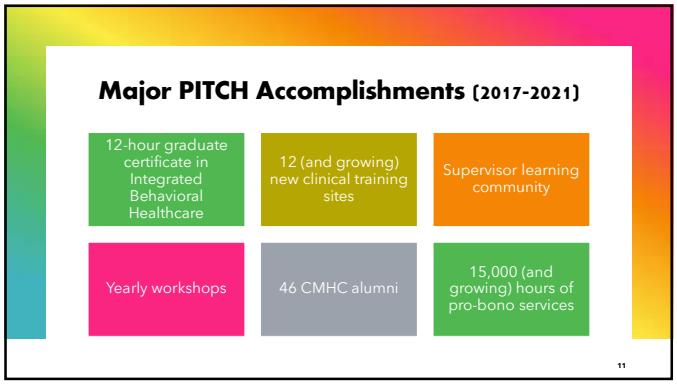
Major PITCH Accomplishments (2017-2021)
12-hour graduate certificate in Integrated Behavioral Healthcare
12 (and growing) new clinical training sites
Supervisor learning community
Yearly workshops
46 CMHC alumni
15,000 (and growing) hours of pro-bono services
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PITCH Expanded Providers (PEP)
2021-2025
PITCH EXPANDED PROVIDERS
PEP
+ Includes 96 CMHC, SC, SW, and PSY trainees
+ Integrated school, community, and primary care placements
+ Specialized track curriculums
+ Interprofessional Education
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## Why I ♥ Integrated Care?

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## Breakout Room #1 Introductions

- Name (Bonus: Joyful Jessica)
- Experience in integrated care
- Your why
- One thing hope to gain from workshop
- Add name/role in Zoom box if not already present

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## Connections from Introductions

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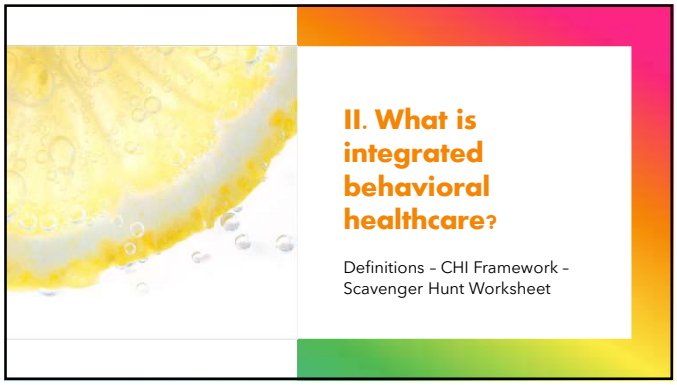
II. What is integrated behavioral healthcare?
Definitions – CHI Framework – Scavenger Hunt Worksheet

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What words come to mind when considering integrated care?

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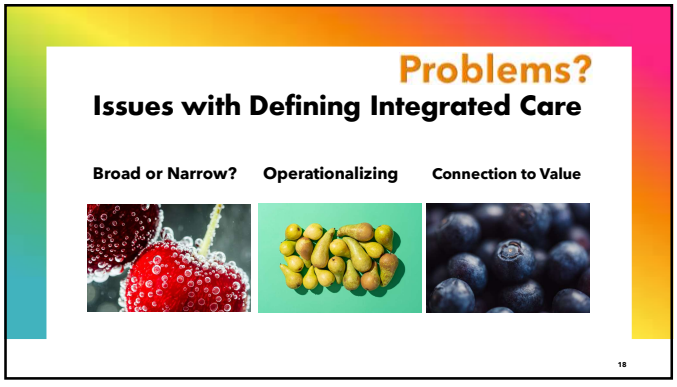
Problems?
Issues with Defining Integrated Care
Broad or Narrow?
Operationalizing
Connection to Value
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## What is integrated care?

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## Major IBH Resources

Agency for Healthcare Research & Quality

- The Academy Integrating Behavioral Health & Primary Care

Center of Excellence for Integrated Health Solutions

- SAMSHA Operated by National Council for Wellbeing

Collaborative Family Healthcare Association

HRSA

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## Definition of Integrated Services

**In any physical health (PH) or behavioral health (BH) setting, "integrated services" means the provision and coordination by the treatment team of appropriately matched interventions for both PH and BH conditions, along with attention to SDOH, in the setting in which the person is most naturally engaged." (CHI, 2022, p. 2)**

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## Barriers to Integrated Behavioral Health Implementation

- Lack of flexibility
- Lack of measures of "integratedness"
- Lack of metrics connected to value
- Lack of financing

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## Comprehensive Healthcare Integration (CHI) Framework

- Released by the National Council for Wellbeing in April 2022
- Help providers, payers and population managers to (1) measure progress in organizing delivery of integrated services – referred to in this report as "integratedness" (2) demonstrate the value produced by progress in integrated service delivery and (3) provide initial and sustainable financing for integration

Click to add text
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## 8 domains of integration


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## Three Integration Constructs


The Three Integration Constructs are:

1. Screening and Enhanced Referral
2. Care Management with Consultation
3. Comprehensive Treatment and Population Management

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## CHI Framework Domains Sub-Domains 1-4

| 1. Screening, Referral to Care and Follow-Up | 2. Evidence-based Care for Common Medical and BH Conditions | 3. Ongoing care management | 4. Self-Management Support |
|---|---|---|---|
| • 1.1. Screening and follow-up<br>• 1.2 Facilitation of referrals | • 2.1. Use of screening and prevention guidelines and protocols<br>• 2.2. Use of treatment guidelines or protocols<br>• 2.3. Use of medication | • 3.1. Longitudinal clinical monitoring and engagement | • 4.1 Use of tools to promote patient activation and recovery |

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## CHI Framework Domains Sub-Domains 5-8

| 5. Multi-disciplinary Team | 6. Systematic Quality Improvement | 7. Linkages with Community/SDH | 8. Sustainability |
|---|---|---|---|
| • 5.1 Care team<br>• 5.2. Sharing of treatment information, case review, feedback<br>• 5.3 Integrated care team training | • 6.1 Use of quality metrics | • 7.1 Linkages to housing, entitlement and other social support system | • 8.1 Process for billing and outcome reporting<br>• 8.2 Process for expanding regulatory and/or licensure opportunities |

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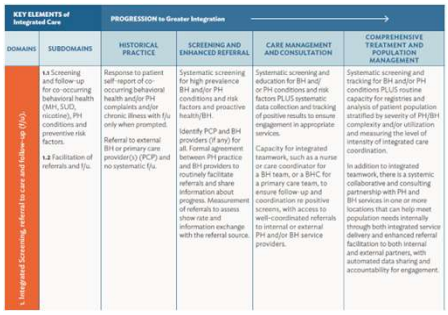
**CHI Framework – Domain 1 Key Elements and Integration Progress**



| KEY ELEMENTS of Integrated Care | | PROGRESSION to Greater Integration → | | | |
|---|---|---|---|---|---|
| DOMAINS | SUBDOMAINS | HISTORICAL PRACTICE | SCREENING AND ENHANCED REFERRAL | CARE MANAGEMENT AND CONSULTATION | COMPREHENSIVE TREATMENT AND POPULATION MANAGEMENT |
| 1. Integrated Screening, referral to care and follow-up (f/u). | 1.1 Screening and follow-up for co-occurring behavioral health (MH, SUD, nicotine), PH conditions and preventive risk factors.<br>1.2 Facilitation of referrals and f/u. | Response to patient self-report of co-occurring behavioral health and/or PH complaints and/or chronic illness with f/u only when prompted.<br>Referral to external BH or primary care provider(s) (PCP) and no systematic f/u. | Systematic screening for high prevalence BH and/or PH conditions and risk factors and proactive health/BH.<br>Identify PCP and BH providers (if any) for all. Formal agreement between PH practice and BH providers to routinely facilitate referrals and share information about progress. Measurement of referrals to assess show rate and information exchange with the referral source. | Systematic screening and education for BH and/or PH conditions and risk factors PLUS systematic data collection and tracking of positive results to ensure engagement in appropriate services.<br>Capacity for integrated teamwork, such as a nurse or care coordinator for a BH team, or a BHC for a primary care team, to ensure follow-up and coordination re positive screens, with access to well-coordinated referrals to internal or external PH and/or BH service providers. | Systematic screening and tracking for BH and/or PH conditions PLUS routine capacity for registries and analysis of patient population stratified by severity of PH/BH complexity and/or utilization and measuring the level of intensity of integrated care coordination.<br>In addition to integrated teamwork, there is a systemic collaborative and consulting partnership with PH and BH services in one or more locations that can help meet population needs internally through both integrated service delivery and enhanced referral facilitation to both internal and external partners, with automated data sharing and accountability for engagement. |

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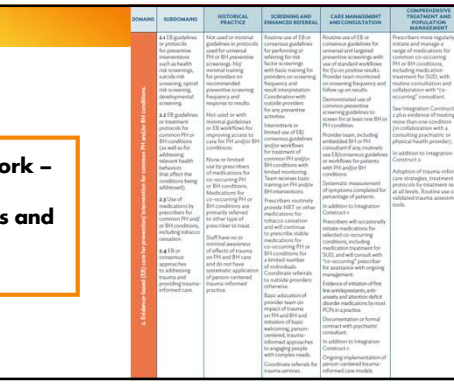
**CHI Framework – Domain 2 Key Elements and Integration Progress**



| DOMAINS | SUBDOMAINS | HISTORICAL PRACTICE | SCREENING AND ENHANCED REFERRAL | CARE MANAGEMENT AND CONSULTATION | COMPREHENSIVE TREATMENT AND POPULATION MANAGEMENT |
|---|---|---|---|---|---|
| 2. Evidence-based (EB) care for preventive interventions for common PH and/or BH conditions. | 2.1 EB guidelines or protocols for preventive interventions such as health risk screenings, suicide risk screening, opioid risk screening, developmental screening.<br>2.2 EB guidelines or treatment protocols for common PH or BH conditions (as well as for addressing relevant health behaviors that affect the conditions being addressed).<br>2.3 Use of medications by prescribers for common PH and/or BH conditions, including tobacco cessation.<br>2.4 EB or consensus guidelines to addressing trauma and providing trauma-informed care. | Not used or minimal guidelines or protocols used for universal PH or BH preventive screenings. No/minimal training for providers on recommended preventive screening frequency and response to results.<br>Not used or with minimal guidelines or EB workflows for improving access to care for PH and/or BH conditions.<br>None or limited use by prescribers of medications for common PH and/or BH conditions. Medications for co-occurring PH or BH conditions are primarily referred to other type of prescriber to treat.<br>Staff have no or minimal awareness of effects of trauma on PH and BH care and lack trauma-informed, person-centered practice. | Routine use of EB or consensus guidelines for performing or referring for risk factor screenings with basic training for providers on screening frequency and result interpretation. Coordination with outside providers for any preventive activities.<br>Intermittent or limited use of EB/consensus guidelines and/or workflows for treatment of common PH and/or BH conditions for patients with limited monitoring. Team receives basic training on PH and/or BH interventions.<br>Prescribers routinely provide NRT or other medications for tobacco cessation and will continue to prescribe stable medications for co-occurring PH or BH conditions for a limited number of individuals. Coordinate referrals to outside providers otherwise.<br>Basic education of provider team on impact of trauma on PH and BH and initiation of basic welcoming, person-centered, trauma-informed approaches to engaging people with complex needs.<br>Coordinate referrals for trauma services. | Routine use of EB or consensus guidelines for universal and targeted preventive screenings with use of standard workflows for f/u on positive results. Provider team monitored on screening frequency and follow up on results.<br>Demonstrated use of common preventive screening guidelines to screen for at least one BH or PH condition.<br>Provider team, including embedded BH or PH consultant if any, routinely use EB/consensus guidelines or workflows for patients with PH and/or BH conditions.<br>Systematic measurement of symptoms completed for percentage of patients.<br>In addition to Integration Construct 1:<br>Prescribers will occasionally initiate medications for selected co-occurring conditions, including medication treatment for SUD, and will consult with "co-occurring" prescriber for assistance with ongoing management.<br>Evidence of initiation of first line antidepressants, anti-anxiety and attention deficit disorder medications by most PCPs in practice.<br>Documentation or formal contract with psychiatric consultant.<br>In addition to Integration Construct 1:<br>Ongoing implementation of person-centered trauma-informed care models | Prescribers more regularly initiate and manage a range of medications for common co-occurring PH or BH conditions, including medication treatment for SUD, with routine consultation and collaboration with "co-occurring" consultant.<br>See Integration Construct 2 plus evidence of treating more than one condition (in collaboration with a consulting psychiatric or physical health provider).<br>In addition to Integration Construct 2:<br>Adoption of trauma-informed care strategies, treatment and protocols by treatment team at all levels. Routine use of validated trauma assessment tools. |

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**Domains of Integration Scavenger Hunt – Break Out Room #2**

Use Domains of Integration Scavenger Hunt Worksheet

Note which domains stood out
Note how present/absent at sites
Note what want to learn more about

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## Summary/Wrap Up

+ Introductions
+ Definitions
+ CHI Framework (Domains, Integration Constructs)
+ Scavenger Hunt

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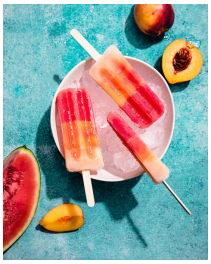
## BREAK



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## Welcome Back

+ How integrated care can be implemented
+ Why this matters?
+ Action plan development

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## Primary Care Behavioral Health

- PCBH is a prominent approach to the integration of behavioral health services in primary care settings (Reiter et al., 2018, 109)
- "When we say PCBH, we mean PCBH"

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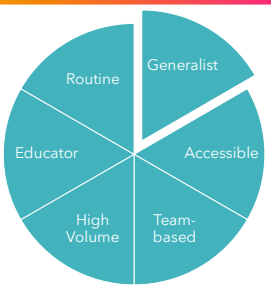
Operationalizing the role of Behavioral Health Consultants (BHCs) in PCBH

G.A.T.H.E.R.




Dobmeyer, 2017

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## How this looks in our training curriculum

- TWO DIDACTIC COURSES
- SPECIALIZED INTERNSHIP SECTIONS
- SUPERVISOR LEARNING COMMUNITY
- SITE COACHING

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## Core Components of a BHC Visit

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## Visit Example

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## PCBH Mock Visit Tapescript Evaluation

| | | |
|---|---|---|
| **STEP 1: GREET PATIENT AND SAY INTRO SCRIPT**<br>-WHO THEY ARE AND ROLE IN CLINIC<br>-HOW LONG VISIT WILL BE<br>-WHAT WILL HAPPEN DURING VISIT<br>-TYPES OF FOLLOW-UP MIGHT OCCUR<br>-NOTES WILL GO IN EMR<br>-PCP WILL GET FEEDBACK | **(1 MINUTE)** | _/1 |
| **Step 2: Provider brief BH screener to patient** | (1 minute) | _/.5 |
| **Step 3: Identify/clarify presenting program** | (1 minute) | _/1 |
| **Step 4: Review BH screening results with patient** | (1 minute) | _/1 |
| **Step 5: Contextual Interview (LWP)**<br>-Relationship status<br>-Living situation<br>-Family<br>-Social<br>-Work/Income<br>-Spiritual Lifeun/hobbies<br>-Substance use/cigs/caffeine<br>-Diet (regular meals)<br>-Exercise<br>-Sleep | (5-7 minutes) | _/2 |
| **Step 6: Contextual Interview (3Ts)**<br>-When did problem start<br>-Something recent make it worse<br>-Triggers/situations for problem<br>-What makes it better/worse (previous tx?)<br>-Problem impact on life/LWP | (3-5 minutes) | _/2 |



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## PCBH Mock Visit Tapescript Evaluation Cont.

| | | |
|---|---|---|
| **Step 7: Conceptualization**<br>-Provides brief summary of CI and biopsychosocial impressions/formulation or problem | (1-3 minutes) | _/1 |
| Click to add text | | |
| **Step 8: Conceptualization**<br>Clarify with patient that conceptualization is correct | (1 minute) | _/.5 |
| **Step 9:**<br>-Offer patient opportunity to think of best option for addressing problem (try first)<br>-Offer patient 2-3 specific, personalized tx options with rationale<br>-Options address improved sx picture/improved functioning/improved QoL/health | (1-3 minutes) | _/2 |
| **Step 10:**<br>-Patient chooses tx option(s) to target during remainder of appt. | (1 minute) | _/1 |



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## PCBH Competencies

**Practitioner-based Competencies**

- Identification and Assessment of BH Needs
- Treatment of BH Needs
- Primary Care Culture
- Patient Engagement
- Whole Person Care and Cultural Competencies
- Team-based Care and Collaboration
- Communication
- Professional Values and Attitudes



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## PCBH Competencies

Team-based Competencies


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## Case Example

- Cecelia is a 43-year-old woman who presents with insomnia. As you talk to her, it becomes clear she is suffering from anxiety due to work stress and parenting challenges (she has two teenage children).
- Within a traditional medical setting, you provide supportive counseling and discuss medication options. She elects to talk to a therapist, and you give her the number to make an appointment. Three weeks later she calls back to say she hasn't slept in days and her appointment with the therapist is still weeks away. She requests a sleep aid.

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## Case Example
## Breakout Room Discussions #3

- How would you intervene with Cecelia in an integrated setting?
- How might this look at different levels of integration?
- What benefits and challenges exist to working with Cecelia in an integrated setting?

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## Quintuple Aim of Healthcare Improvement

1. Improvement of population health
2. Enhancement of the care experience
3. Reduction of costs
4. Improvement of provider wellbeing
5. Enhancement of health equity

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## Social Determinants of Health

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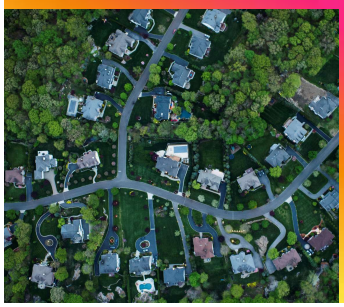
**Social Determinants of Health: The Unaddressed Variable**

**Accounting for 80% of Health Outcomes**

(Deng & Shih, 2020)



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## V. Integrated Behavioral Health Action Plan

Quintuple Aim – Social Determinants of Health

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## V. Action Plan Development

+ Use Integrated Behavioral Health Action Plan Handout
+ Includes major takeaways, goals, supports needed, and questions remaining
+ Will be given ~10 minutes to work individually, then invited to share with larger group

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Action Plan
Share Outs
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Summary
How integrated care can be implemented?
PCBH Model
PEP Training
Why this matters?
Quintuple Aim
Social Determinants of Health
Integrated Care Action Plan
Q&A
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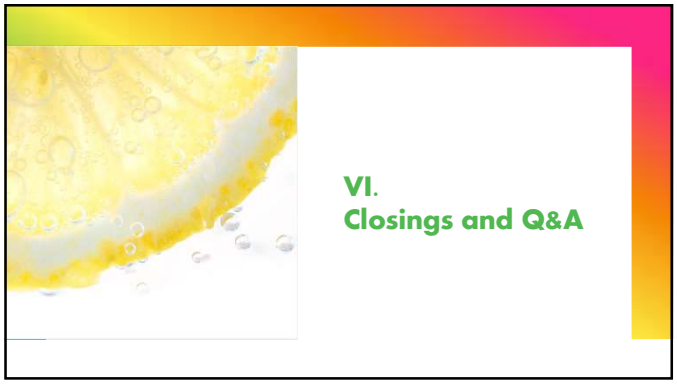
VI.
Closings and Q&A

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**Thank you**

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